

Maryland Board of Physicians

Board Chairman: Paul T. Elder, M.D. • Executive Director: C. Irving Pinder, Jr.

Spring 2010



2010 Physician Renewal—100% Online

Physicians whose last names begin with the letters A-L must renew their medical licenses between July 15, 2010 and September 30, 2010. The renewal will be 100% online. The Board will not accept a paper renewal application. Payment options will continue to be the same: payment online with a credit card (VISA or MasterCard, not debit cards), submission of a paper check to the Board after completing the online application, or third party submission of a paper check after you complete the online application. The renewal fee is \$512.

Under Maryland law, the Board of Physicians is not permitted to renew a license unless the Comptroller has verified that you have no outstanding, undisputed tax liability. You will be notified by mail from the Board if you are affected. Renewal reminder letters will be mailed in late June to the last confidential address the physician supplied to the Board. It is your responsibility to renew your license, even if you do not receive a reminder. Application forms **will not** be mailed and will not be available to download from the website.

To renew online, physicians should access the Board's website (www.mbp.state.md.us), click on physician online renewal, complete the form online, and send it to the Board online. If a paper check will be submitted by either you or a third party, please print the invoice at the end of the renewal and submit it with your payment to the post office box address shown on the invoice. You are not renewed until the Board receives payment.

Physicians are encouraged to renew online, 24 hours a day, 7 days a week. If you have used the online renewal system previously, you will be able to update any information which has changed, but you will not have to re-enter information which has not changed. Should you have an inability to access a computer during the renewal period, you may come to the Board office for assistance with your application. Please call

ahead for an appointment. MedChi has also agreed to provide computer access for physicians needing assistance; for times and locations, contact MedChi at 410-539-0872.

Online renewal allows the Board to collect and update information more efficiently. In addition, it facilitates collection of additional data on physician practices needed by the Maryland Health Care Commission and other organizations in planning for future health care needs in Maryland. We apologize for the length of the application, but we believe that collecting this data directly from the source (you, the providers) will provide the most accurate information on physician supply. Please take the time to answer as accurately as you can.

As always, physicians must earn 50 category I CME credits for renewal. The dates when your credits were earned must fall within the current licensing cycle. For those renewing this year, credits must have been earned between October 1, 2008 and September 30, 2010. Physicians who were licensed since October 1, 2008 must take the New Physician Orientation, available on the Board's website, but do not need to earn 50 CME credits. Licensees whose licenses have been reinstated since October 1, 2008 provided information about CME credits to the Board at that time and do not have to earn additional credits for renewal.

The fastest way to renew is to pay online. Physicians who send a check in payment will not be renewed until the application is processed and the check is deposited. If the check is not postmarked by September 30, 2010, the physician will no longer be licensed to practice medicine in Maryland on October 1, 2010. To avoid this problem, complete the renewal process early or, if you cannot avoid a last minute renewal, use a credit card to pay online. Physicians practicing without a valid license are subject to fines up to \$50,000. Late applications, including checks postmarked after September 30, are subject to an additional \$100 late fee.

Special Equipment? Whose Job?

The continued growth of allied health professions and the sometimes aggressive tactics of medical equipment marketing personnel lead to confusion about who can use which pieces of equipment, what training is necessary, and how much physician supervision is required. Vendors may assure you that the brief training they will provide is all that is needed to use the equipment. Remember that vendors are focusing on the sale, not on patient safety or compliance with the law.

(continued on page 6)

Lyme Disease

Lyme disease continues to be the most commonly reported vector-borne illness in the United States, especially along the Eastern seacoast. When it is diagnosed and treated early, treatment with antibiotics may be successful. Early symptoms include the characteristic "erythema migrans" rash at the site of the bite, chills, fever, headache, stiff neck, tiredness, joint pains, swollen lymph nodes, and a rash spreading to other parts of the body. Without treatment, the disease may progress to arthritis, meningitis, facial nerve paralysis, or hearing abnormalities.

There is a considerable controversy about the appropriate therapy when Lyme disease is not diagnosed early or does not respond to the standard course of treatment. Many patient advocacy groups claim that medical boards are disciplining physicians for use of non-standard treatment models, thus discouraging physicians from deviating from standard treatment protocols. The Maryland Board of Physicians has never sanctioned a physician for over-prescribing antibiotics or for treatment of patients with confirmed or suspected Lyme disease.

The Board of Physicians recommends that any physician using non-standard treatments for any patient adhere to the following principles:

1. Adequate diagnosis and an explanation of options should be provided to the patient;
2. The non-scientific method should not be used to the exclusion of scientifically proven effective methods;
3. Use of alternative therapies does not relieve a physician from the duty to refer to appropriate professionals or to keep a complete medical record;
4. If the patient rejects a scientific modality of diagnosis or treatment in favor of an unproven method, a meaningful informed consent must be completed and documented in the medical record;
5. An unproven treatment should not be pursued indefinitely in the face of failure to achieve the desired effect; and
6. The unproven method should not have the potential to harm the patient.

Adherence to these principles and documentation in the patient's medical record should improve patient satisfaction and treatment outcomes as well as protecting the physician from a charge of failure to meet the standard of quality care.

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Paul Acevedo, M.D., License #: D66247

Area of Practice: Neurology (West Palm Beach, FL)
Stay of suspension; Probation for 5 years subject to terms and conditions. The Board determined that the physician met the requirements for reinstatement. Date of Action: February 19, 2010

Francyne O. Anderson, M.D., License #: D19459

Area of Practice: Family Medicine (Cheverly, MD)
Additional fine of \$10,000. The physician violated the provision of her February 26, 2009, Consent Order which ordered her to pay a fine of \$25,000 either in full or in 25 equal installments made on a monthly basis beginning March 10, 2009. Date of Action: January 20, 2010

Leonel F. Barahona, M.D., License #: D21928

Area of Practice: Internal Medicine (Ellicott City, MD)

Permanent Surrender. The physician decided to surrender his license based on the Board's investigation and vote to charge, and because of his medical condition and retirement from the practice of medicine. Date of Action: November 19, 2009

Catherine Brophy, M.D., License #: D45235

Area of Practice: Family Medicine (Dunkirk, MD)
Reprimand; Probation for one year subject to terms and conditions. The Board determined that the physician failed to meet the standards of quality care in regard to three patients in her practice of Family Medicine. Date of Action: February 24, 2010

Eva C. Brown, M.D., License #: D44029

Area of Practice: Family Medicine (Riverdale, MD)
Reinstatement denied; fine of \$25,000 payable in 90 days from the date of the order. The Board determined that the applicant practiced medicine after the expiration of her medical license and determined she was not competent to practice medicine at this time. Date of Action: December 8, 2009

Manjit Chowdhary, M.D., License #: D24941

Area of Practice: Anesthesiology (Silver Spring, MD)
Reprimand; a fine of \$5,000; and Probation for a minimum of 6 months and until terms and conditions are met. The Board found that the physician failed to meet the standards of quality care with regard to a patient that had suffered cardiac arrest. Date of Action: March 25, 2010

Stephen Corvillia, M.D., License #: D63287

Area of Practice: Unspecified (Crownsville, MD)
Suspension; immediately stayed; Probation for 4 years subject to terms and conditions. The Board took action based on the physician's self prescribing under a pseudonym. Date of Action: January 27, 2010

Iradj Dadgar, M.D., License #: D14827

Area of Practice: General Surgery (Rockville, MD)
Reprimand; a fine of \$5,000; Probation for a minimum of 6 months and until terms and conditions are met. The Board found that the physician was guilty of unprofessional conduct in the practice of medicine and of abandoning a hospital patient who had suffered a pseudoaneurysm. Date of Action: March 25, 2010

Mark Davis, M.D., License #: D23760

Area of Practice: Internal Medicine (Abingdon, MD)
The Revocation Order of July 8, 2008, is vacated by order of the Circuit Court for Harford County. The Circuit Court for Harford County vacated the Board's order and remanded it for further proceedings. Date of Action: January 27, 2010

Muhammad E. Dughly, M.D., License #: D51042

Area of Practice: Neurology (Glen Burnie, MD)
Reprimand; Probation for a minimum of one year and until terms and conditions are met. The Board found that the physician failed to meet the standards of quality care and failed to maintain adequate medical records in 10 patients that underwent peer review and failed to provide complete medical records to the Board's initial subpoena. Date of Action: November 18, 2009

Adam W. Ellis, M.D., License #: D56992

Area of Practice: Surgery (Russellville, KY)
Probation, subject to terms and conditions. The Board took reciprocal action based on action by the Kentucky Medical Board for prescribing CDS without maintaining any medical record of treatment and personal substance abuse issues. Date of Action: December 11, 2009

Miguel Frontera, M.D., License #: D37559

Area of Practice: Psychiatry (Baltimore, MD)
Summary Suspension. The Board concluded that the public health, safety or welfare imperatively required emergency action based on its investigative findings that the physician violated the standards of quality care and failed to keep adequate medical records, engaged in sexual improprieties and misconduct with 5 patients, and made a misrepresentation on a clinical privilege application in his practice of child and adolescent psychiatry. Date of Action: November 6, 2009

Miguel Frontera, M.D., License #: D37559

Area of Practice: Psychiatry (Baltimore, MD)
Summary Suspension continued. The Board concluded that the documents and arguments submitted and the responses to the Board's questions did not significantly change the Board's findings or conclusions regarding the danger to the public. Date of Action: November 19, 2009

Miguel A. Frontera, M.D., License #: D37559

Area of Practice: Psychiatry (Baltimore, MD)
Permanent Revocation. The Board concluded that the physician was guilty of immoral and unprofessional conduct in the practice of medicine; failed to meet the standards of quality care; failed to keep adequate medical records; and violated the Board's sexual misconduct regulations in regard to 12 minor patients. The physician made misrepresentations on privilege application which constituted immoral and unprofessional conduct in the practice of medicine; making or filing a false report or record in the practice of medicine; and making a false representation in an application related to the practice of medicine. Date of Action: Mars10

Glen R. Gibson, M.D., License #: D62550

Area of Practice: General Surgery (Annapolis, MD)
Reprimand; Probation for one year subject to terms and conditions, and a fine of \$10,000 The Board determined that the physician was guilty of unprofessional conduct in the practice of medicine in that he accessed personal health information electronically on a patient for whom he was not providing medical care. Date of Action: November 18, 2009

Augustus H. Hill, M.D., License #: D27931

Area of Practice: General Surgery (Silver Spring, MD)
Reprimand; terms and conditions. The Board took action based on disciplinary action by the Virginia medical board for including but not limited to allowing an unqualified and unlicensed individual to start an IV and monitor a patient while under minimal anesthesia. Date of Action: November 10, 2009

Joseph G. Jemsek, M.D., Applicant

Area of Practice: Internal Medicine (Charlotte, NC)
Denial of Application for medical licensure. The Board found that the violations of unprofessional conduct in diagnosing and treating patients, failing to inform his patients adequately of the risks of his treatment and failing to conform to standards of acceptable and prevailing medical practice, for which he was disciplined in North Carolina, are violations of grounds of the Maryland Medical Act and constitute reasons to deny his application for licensure. Date of Action: March 16, 2010

Emerson R. Julian, Jr., M.D., License #: D20998

Area of Practice: OB/GYN (Baltimore, MD)
Probation for a minimum of one (1) year and until completion of probationary conditions. The Board concluded that the physician failed to meet the standards of quality care in regard to a patient during the second stage of labor. Date of Action: March 30, 2010

Michael S. Kaplan, M.D., License #: D38656

Area of Practice: Physical Medicine & Rehabilitation (Baltimore, MD)
Reprimand; within 90 days of the date of the Consent Order, permanent termination of the physician's pain management practice; and terms and conditions. The Board found that the physician failed to meet the standards of quality care and/or keep adequate medical records in regard to three patients in his pain management practice. Date of Action: January 27, 2010

Charles C. Lee, M.D., License #: D53060

Area of Practice: Anesthesiology (Fort Washington, MD)
Reprimand. The Board took action based on disciplinary action by the Virginia medical board after an unannounced office inspection which revealed deficiencies. Date of Action: March 10, 2010

Keith N. Levitt, M.D., License #: D28247

Area of Practice: Anesthesiology (Seattle, WA)
Revocation. The physician pleaded guilty to and was convicted of acquiring a CDS by misrepresentation, deception, and subterfuge in violation of federal law and thereby became subject to statute that mandates revocation of his license. Date of Action: December 1, 2009

Willie B. Mvemba, M.D., License #: D55425

Area of Practice: Family Medicine (Catonsville, MD)
Reprimand; Probation for a minimum of three years and until terms and conditions are met. The Board determined that the physician failed to meet the standards of quality care and to keep adequate medical records in regard to 6 chronic pain patients in his practice of Family Medicine. Date of Action: February 24, 2010

Anil K. Narang, D.O., License #: H32092

Area of Practice: Diagnostic Radiology (Silver Spring, MD)
Reprimand; Probation for a minimum of 6 months and until terms and conditions are met. The physician failed to require verification of a newly hired employee's certification as an MRT before allowing the individual to practice as an MRT. Date of Action: November 18, 2009

Okechukwu A. Nwodin, D.O., License #: H58158
Suspension for 6 months; stayed; Probation for a minimum of 2 years subject to terms and conditions; and fine of \$5,000 to be paid within 6 months of the date of the order. The Board found that the physician billed for services that were not provided, frequently billed with inappropriate treatment codes,

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charged excessive and arbitrary amounts for treatment modalities, and failed to document some office visits for which she billed and failed to bill for other dates for which there were progress notes in regard to 6 patients in her practice of internal medicine. Date of Action: December 16, 2009

Michael D. Potash, M.D., License #: D09463

Area of Practice: Psychiatry (Ellicott City, MD)

Permanent Surrender. The physician surrendered his license in lieu of defending the pending Board charges under the grounds of immoral and unprofessional conduct in the practice of medicine. Date of Action: December 16, 2009

George S. Sara, M.D., License #: D27882

Area of Practice: Anesthesiology (Prescott, AZ)

Reprimand. The Board took action based on disciplinary action by the Arizona medical board for deviating from the standard of care and failing to maintain adequate medical records in regard to a patient in his practice of anesthesiology. Date of Action: March 10, 2010

Priscilla W. Sheldon, M.D., License #: D53200

Area of Practice: (Baltimore, MD)

Reprimand; Probation for 5 years subject to terms and conditions. The Board found the physician to be in violation of her Modified Disposition Agreement. Date of Action: March 25, 2010

Bhupinder Singh, M.D., License #: D23341

Area of Practice: Urological Surgery (Bemidji, MN)

Petition for Reinstatement denied. The Board determined that the substance abuse issues underlying the physician's June 27, 2008 Consent Order of indefinite suspension have not been sufficiently resolved to the satisfaction of the Board. Date of Action: February 1, 2010

Roger Theodore, M.D., License #: D14165

Area of Practice: Surgery (Baltimore, MD)

Reprimand; Probation for a minimum of 2 years subject to terms and conditions. The Board found that the physician failed to meet the standards of quality care and keep adequate medical records in regard to 4 patients in his surgical practice. Date of Action: January 27, 2010

Barry J. Waldman, M.D., License #: D53580

Area of Practice: Orthopedic Surgery (Baltimore, MD)

Reprimand; Probation for a minimum of 1 year and until terms and conditions are met. The Board found that the physician failed to meet the standards of quality care and failed to maintain adequate medical records in regard to two patients in his practice of orthopedics. Date of Action: December 16, 2009

Sylvia A. Warrenfeltz, M.D., License #: D50037

Area of Practice: General Practice (Waynesboro, PA)

Stay of suspension; Probation for a minimum of 3 years subject to terms and conditions. The Board determined that the physician met the requirements for reinstatement. Date of Action: February 19, 2010

Richard G. Yeron, M.D., License #: D41717

Area of Practice: General Practice (Frederick, MD)

Suspension for 18 months; stayed; Probation for a minimum of 30 months and until terms and conditions are met. The Board determined that the physician violated standards of quality care and failed to maintain adequate medical records for 9 patients in his practice of pain management and in his prescribing of CDS. Date of Action: November 24, 2009

David J. Zuckerman, M.D., License #: D38315

Area of Practice: OB/GYN (Rockville, MD)

Probation for 4 years subject to terms and conditions. The Board took disciplinary action based upon the physician's conduct at a hospital where he held privileges, the findings of the hospital's fitness for duty psychological evaluation, and the report of neurological screening; the Board's order requires continuing treatment, professional supervision, limitation on his practice in regard to the number of patients he sees, and requires a full psychological re-evaluation during the probationary period. Date of Action: December 16, 2009

ALLIED HEALTH PRACTITIONERS

Arland Preston, RCP, Applicant

Area of Practice: Respiratory Care (Randallstown, MD)

Application for licensure as a Respiratory Care Practitioner is denied. The Board found the applicant lacked good moral character and had not rehabilitated himself from his criminal activity, drug problems, and history of lying to the Board on applications. Date of Action: March 9, 2010

Earl J. Wilson, RCP, License #: L04767

Area of Practice: Respiratory Care (Baltimore, MD)

Reprimand; Probation with additional terms and conditions. The healthcare provider successfully completed initial terms and conditions of his order and will undertake additional terms. Date of Action: March 23, 2010

UNLICENSED

Baruch Ben-Yehudah, No License

(Washington, DC)

Fine of \$10,000; and the individual must sign a public cease and desist order. The individual practiced, attempted to practice, or offered to practice medicine in Maryland without a license; represented to the public that he was authorized to practice medicine in Maryland; and unlawfully used words or terms such as "Dr." with the intent of representing that he was licensed to practice in Maryland. Date of Action: March 25, 2010

Adrian L. Mitchell, No License

(Gaithersburg, MD)

Administrative Fine of \$5,000. The individual practiced as a physician assistant without a license and provided false information to his employer in order to be hired. Date of Action: March 31, 2010

Mansour Salahmand, No License (Washington, DC)

Fine of \$50,000 to be paid within 6 months of the date of the order. The individual practiced medicine without a license in the area of psychiatry, derived financial

benefit from his conduct, and put the individuals he dealt at risk for serious harm. Date of Action: Dec. 15, 2009.

Robert Scott Targan, No License

(Montgomery Village, MD)

An Order to Cease and desist from the unauthorized practice of medicine; and a fine of \$30,000. The individual practiced medicine without a license and falsely represented himself as a physician. Date of Action: December 7, 2009

ADMINISTRATIVE FINES

Gene Benjamin Baker, P.A., License #: C03023

Area of Practice: Physician Assistant (Silver Spring, MD)

Administrative fine of \$500. The physician assistant practiced after her certificate had lapsed in violation of Md. Code Ann. Health Occ §15-401. Date of Action: February 3, 2010

Joyce A. Bonsu, M.D., License #: D59784

Area of Practice: Obstetrics & Gynecology (Owings Mills, MD)

Administrative fine of \$775; terms. The physician affirmed in her 2008 renewal application that she had obtained the required CME credit hours when she had not. Date of Action: February 3, 2010

Phillip B. Bovell, M.D., License #: D20121

Area of Practice: Orthopedic Surgery (Fort Washington, MD)

Administrative fine of \$2,500; terms and conditions. The physician affirmed in his 2008 renewal application that he had obtained the required CME credit hours when he had not. Date of Action: December 4, 2009

ADMINISTRATIVE FINES

Alicia A. Cool, M.D., License #: D30717

Area of Practice: Internal Medicine (Towson, MD)
Administrative fine of \$750; terms. The physician affirmed in her 2008 renewal application that she had obtained the required CME credit hours when she had not. Date of Action: January 19, 2010

Elizabeth A. Edgerton-Gabriele, M.D., License #: D58393

Area of Practice: Pediatrics (Washington, DC)
Administrative fine of \$2,000; terms and conditions. The physician affirmed in her 2008 renewal application that she had obtained the required CME credit hours when she had not. Date of Action: January 14, 2010

Juan J. Galarroga, M.D., License #: D35685

Area of Practice: Internal Medicine (Miami Beach, FL)
Administrative fine of \$750; terms and conditions. The physician affirmed in his 2008 renewal application that he had obtained the required CME credit hours when he had not. Date of Action: January 22, 2010

Ronald Hairston, M.D., License #: D07816

Area of Practice: Unspecified (Capitol Heights, MD)
Administrative fine of \$1,100; terms and conditions. The physician affirmed in his 2008 renewal application that he had obtained the required CME credit hours when he had not. Date of Action: January 22, 2010

Patricia Hough, M.D., License #: D57466

Area of Practice: Pediatrics (Frederick, MD)
Administrative fine of \$2,300; terms and conditions. The physician affirmed in her 2008 renewal application that she had obtained the required CME credit hours when she had not. Date of Action: January 22, 2010

Hanna A. Kifle, P.A., License #: C03909

Area of Practice: Physician Assistant (Lorton, VA)
Administrative fine of \$500. The physician assistant practiced after her certificate had lapsed in violation of Md. Code Ann. Health Occ §15-401. Date of Action: February 1, 2010

Peter R. Kongstvedt, M.D., License #: D40891

Area of Practice: Internal Medicine (McLean, VA)
 Administrative fine of \$5,000; terms and conditions. The physician affirmed in his 2008 renewal application that he had obtained the required CME credit hours when he had not. Date of Action: January 4, 2010

Daniel Jay Konick, M.D., License #: D32353

Area of Practice: Internal Medicine (Annapolis, MD)
Administrative fine of \$4,600; terms and conditions. The physician affirmed in his 2008 renewal application that he had obtained the required CME credit hours when he had not. Date of Action: January 4, 2010

Marie A. Kramer, M.D., License #: D57990

Area of Practice: Pediatrics (Parkton, MD)
Administrative fine of \$5,000; terms and conditions. The physician affirmed in her 2008 renewal application that she had obtained the required CME credit hours when she had not. Date of Action: January 19, 2010

Stanley Kramer, M.D., License #: D57477

Area of Practice: Pediatrics (Rockville, MD)
Administrative fine of \$900; terms and conditions. The physician affirmed in his 2008 renewal application that he had obtained the required CME credit hours when he had not. Date of Action: January 22, 2010

Mahesh Krishnamoorthy, M.D., License #: D61411

Area of Practice: Internal Medicine (Hagerstown, MD)
Administrative fine of \$1,175; terms and conditions. The physician affirmed in his 2008 renewal application that he had obtained the required CME credit hours when he had not. Date of Action: January 13, 2010

Kristina M. Medori, MRT, License #: R09491

Area of Practice: Medical Radiation Technology (Newark, DE)
Administrative fine of \$500. The healthcare practitioner practiced medical radiation technology without a certificate in violation of Md. Code Ann. Health Occ §14-5B-17©. Date of Action: February 4, 2010

Linda A. Perline, P.A., License #: C00999

Area of Practice: Physician Assistant (Columbia, MD)
Administrative fine of \$500. The physician assistant practiced after her certificate had lapsed in violation of Md. Code Ann. Health Occ §14-401. Date of Action: January 22, 2010

Dawn M. Reiset, P.A., License #: C01786

Area of Practice: Physician Assistant (Frederick, MD)
Administrative fine of \$500. The physician assistant practiced after her certificate had lapsed in violation of Md. Code Ann. Health Occ §14-401. Date of Action: January 22, 2010

Medical Records

A recent phone call to the Board was the impetus for this article. A physician asked, if he prescribed a medication for his patient, whether he should mention that in the patient's record.

Medical records are needed for appropriate patient management, good medical practice, communication, coordination, and continuity of care for patients. Few physicians would dispute that their practices are too large and the amount of relevant data needed too much to depend on memory, so they created a medical record to help their memory. Historically, medical records may have been used by the physician alone. But today, with most patients treated by multiple practitioners, a record needs to work for others too. Another practitioner needs to be able to pick up the record and continue the care of the patient.

Your medical records are also your first line of defense in any investigation, whether it is the Board, hospital peer review, or some other group reviewing your patient care. In a record review: "If it isn't in the record, it didn't happen." A corollary might be: "If we can't read the record, it isn't in the record."

A quick GOOGLE search of "medical records" or "medical records standards" provides numerous references that outline content and organization of medical records. In addition, two newsletter articles from the 1990's (December 1995 and June 1996 Newsletters), available on the Board's website at www.mbp.state.md.us, address the topic.

Look at your records today. Be sure that they are complete, legible, and up-to-date and that entries are signed and dated. Good medical records will help you deliver the best care to your patients.

A SUMMIT FOR HEALTHCARE PROVIDERS

June 18, 2010 • 8 a.m. to 4 p.m.

This conference is part of the Maryland National Guard's vision for a Maryland that is informed and equipped to support Service Members, Veterans, and their Families. Participants will have the opportunity to attend sessions on:

Where: Turf Valley Resort and Conference Center, Ellicott City, MD

Who Should Attend: Behavioral health and primary health care providers, social workers, occupational therapists, substance abuse counselors, and others currently working with or who want to work with Service Members, Veterans, and their Families.

Accreditation: This program has been submitted for 6.5 CME and CEU hours.

Registration: Space is limited. Registration opens April 12. Visit www.towson.edu/nationalguardexpo to register.

Cost: There is no cost to attend, but registration is required. The summit is sponsored by the Maryland National Guard, Maryland Department of Health and Mental Hygiene, Maryland Department of Veterans Affairs, and Maryland's Commitment to Veterans. Lunch is provided.

- Military Culture
- Neurological Issues
- PTSD and TBI
- Suicide Prevention
- Military Marriages, Relationships, and Families
- And more

2010 Legislative Session—End of Session Report

Health Occupations Revisions: SB 291/HB 114, recommended by the 2008 Task Force on the Discipline of Health Care Professionals and Improved Patient Care, requires each health occupations board to establish a disciplinary subcommittee, to the extent permitted by existing administrative and fiscal resources; restricts a board from bringing charges against a licensee based solely on events contained in a complaint made more than six years after an incident occurred or could have been discovered, with certain exceptions; requires boards that currently use a system of peer review to provide the respondent with a copy of the peer review reports and requires those boards to consider both the peer review reports and the respondent's written response before taking action; allows a board to establish a program for licensees who commit a single standard of care violation as an alternative to a formal hearing; requires standardized guidelines for all health occupations boards regarding the disciplinary process and sanctioning of licensees; requires the Secretary of Health and Mental Hygiene to establish goals for the timeliness of complaint resolution by October 1, 2012; requires boards to collaborate with the Office of the Attorney General to make guidelines concerning the separate roles for the assistant Attorneys General as counsel and prosecutor for the boards in the disciplinary process; requires boards to make a status report to certain legislative committees on or before December 31, 2011; and requires the boards in collaboration with the department to study whether under certain circumstances it may be appropriate to expunge disciplinary proceedings from a licensee's file after a specified period of time and report the findings to certain legislative committee on or before December 31, 2010. The bills will be signed into law in May 2010, effective July 1, 2010, and apply only prospectively to complaints received on or after that date.

Licensure of Physician Assistants: SB 308/HB 323 permits a physician assistant (PA) to practice under a delegation agreement that does not include advanced duties once the Board has received it. The Board reserves the right to disapprove the delegation agreement. The Board must approve a delegation agreement that includes advanced duties unless the duties are performed in a hospital or ambulatory surgical facility that meets certain specific conditions. The Board must approve a delegation agreement or take other action authorized within 90 days after receiving a delegation agreement. A physician must obtain the Board's approval of a delegation agreement before a PA may administer, monitor, or maintain general anesthesia or neuroaxial anesthesia under the agreement. The physician named in the delegation agreement must be a primary supervising physician. The

bill alters the number of PAs to whom a physician may delegate medical acts in an office setting from two to four and permits PAs to prescribe or dispense starter dosages or drug samples in accordance with a delegation agreement. The bills expand the grounds for disciplining PAs and require employers of PAs to report changes in the terms of a PA's employment. The bills will be signed into law in May 2010, effective October 1, 2010.

Nurse Practitioners-Certification Requirements & Authority to Practice: SB 484/HB 319 alters the scope of practice for nurse practitioners by allowing them to practice independently from physicians; requires a nurse to have an approved attestation, available upon request, that he or she has a collaboration agreement in place with a licensed physician and will refer to and consult with physicians and health care providers as needed; repeals the requirement that the Board of Physicians adopt regulations jointly with the Board of Nursing concerning the prescriptive authority of nurse practitioners and requires the Board of Nursing, in consultation with the Board of Physicians, to develop a plan to implement this law, including provisions for the repeal of obsolete regs and a requirement that attestations made by nurse practitioners concerning collaboration agreements identify the collaborating physician. The bills were signed into law in April 2010 as Chapters 77 and 78, effective October 1, 2010.

Offices or Facilities for Performing Cosmetic Surgical Procedures: HB 870 authorizes the Board of Physicians to take disciplinary actions against a physician who performs a cosmetic surgical procedure in an office or facility not accredited by certain entities or certified to participate in the Medicare program. The bill will be signed into law in May 2010, effective October 1, 2010.

Military Health Care Provider Transition Plan: HB 1353/SB 1033 requires the Department of Veterans Affairs, in conjunction with the Department of Health and Mental Hygiene and other state agencies, to develop a Military Health Care Provider Transition Plan to increase the number of veterans with expertise in health care to transition into civilian positions by December 1, 2011. An interim report is due on or before December 1, 2010. The bills will be signed into law in May 2010, effective July 1, 2010.

Therapy Management Contracts—Repeal of Sunset: SB 165/HB 600 allows a licensed physician and a licensed pharmacist to enter into a time-limited agreement to treat patients using approved protocols. The bills remove the sunset provision. The bills will be signed into law in May 2010, effective July 1, 2010.

Continuing Medical Education Credits

CMEs help physicians to maintain, develop or increase knowledge and skills that a physician uses to provide medical care for patients and enhance patient safety. Each physician renewing his/her license must earn at least 50 CMEs during the two year period prior to renewal. The Board routinely audits a random sample of all renewing physicians and requests that they submit documentation of their CMEs. One of the changes to the Medical Practice Act made in the 2007 Sunset Legislation (SB 255) was to authorize the Board to impose a civil penalty of \$100 per missing credit for a first offense for a physician who cannot document continuing medical education (CME) credits.

Each physician must attest to meeting the continuing education requirement when renewing his/her application. If a physician has checked "yes" on his/her application and cannot document the CMEs, the physician has made a

"false representation" on the application. For physicians who are audited and are missing only a small number of credits, the Board will assume that this is a bookkeeping error and will assess a fine at the rate of \$100 per missing credit. Failure to pay the fine or repeated failure to document CMEs may result in the Board charging the physician under the Medical Practice Act. Allied health licensees also have continuing education requirements.

To get more information about what qualifies as a CME and what type of documentation is required, log on to the mbp website, www.mbp.state.md.us and select "Maryland Regulations" and then select "Continuing Medical Education (10.32.01.09)" near the top of the list. See also "Frequently Asked Questions." If you have any questions about CMEs, please check our website or call the Board.

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Maryland Board of Physicians

Spring 2010

Special Equipment? Whose Job?

(continued from page 1)

Before you buy, you need to be certain about who will be qualified to use the equipment. Any equipment using ionizing radiation falls within the scope of practice of a nuclear medicine or radiation technologist or a radiographer; a physician cannot delegate the use of these machines to persons without one of these licenses. With respect to lasers, the Board has given guidance on the use of lasers in cosmetic medicine in its declaratory ruling, available on the Board's website. If you have any doubts about who can use the equipment, call the Board.

Once you have determined what type of personnel can use the equipment, recognize that you and your staff will need more training and practice than the vendor may offer. Training should include both theoretical instruction and clinical instruction. Theoretical instruction should include: indications and contraindications for treatment; realistic and expected outcomes; selection, maintenance, and utilization of equipment; technique for each procedure, including infection control and safety precautions; pharmacological intervention specific to the procedure; complications and adverse reactions for each procedure; emergency procedures to be used in the event of complications, adverse reactions, equipment malfunction, or other interruption of a procedure; and appropriate documentation of the procedure in the patient's chart. Clinical instruction should include observation and actual practice under the direct supervision of someone experienced in using the equipment.

Call or write to the Board with any questions you have.

Health Information Technology

The Health Information Technology for Economic and Clinical Health Act (HITECH) was part of the federal stimulus act passed by Congress in 2009. Its purpose is to support the use of health information technology. There are four essential components of the legislation: leadership through the Office of the National Coordinator for Health Information Technology; incentives through Medicare and Medicaid to encourage physicians and hospitals to adopt electronic health records; improved quality of health care and reduced cost through care coordination and eliminating duplicate services; and enhanced federal privacy and security requirements for health information.

The component that may affect providers immediately relates to increasing the privacy and security requirements with respect to HIPAA. Stronger requirements are intended to help alleviate concerns by providers and patients about the confidentiality of data in electronic health records, particularly as systems are established to link provider data bases. The changes increase civil penalties for violations and establish new requirements regarding reporting of security breaches.

The purpose of the Office of the National Coordinator for Health Information Technology is to encourage establishment of a national health electronic exchange to improve the quality and coordination of health care and reduce cost. Incentive funding will help providers to adopt electronic health information systems.

At the state level, the Maryland Health Care Commission (MHCC) has been working for several years on plans to establish a Statewide Electronic Information Exchange. The MHCC website contains information about this, as well as a product portfolio describing a number of electronic health record systems. The website is www.mhcc.maryland.gov.