



# State Board of Registration for the Healing Arts

# HEALING ARTS NEWS

VOL 29, NO 1

SPRING 2015

The Honorable  
Jeremiah W. (Jay) Nixon  
Governor

Department of Insurance, Financial  
Institutions and Professional  
Registration  
John M. Huff  
Director

Division of Professional  
Registration  
Kathleen (Katie) Steele Danner  
Division Director

**Missouri State Board of  
Registration for the  
Healing Arts**

**Benjamin A. Lampert, MD  
President  
Springfield, Missouri**

**Jeffrey D. Carter, MD  
Secretary  
St. Louis, Missouri**

**James A. DiRenna, Jr, DO  
Member  
St. Joseph, Missouri**

**Bradley D. Freeman, MD  
Member  
St. Louis, Missouri**

**John C. Lyskowski, MD  
Member  
Jefferson City, Missouri**

**David A. Poggemeier, MD  
Member  
St. Peters, Missouri**

**David E. Tannehill, DO  
Member  
Fenton, Missouri**

**Vacant, Public Member**

Connie R. Clarkston  
Executive Director

## President's Column



**Benjamin Lampert, MD  
President of the Board**

It is my honor to serve as the 2014-2015 president of the Missouri Board of Registration for the Healing Arts, but it will be a challenge to live up to the integrity and excellence demonstrated by our 2013-2014 president, Mr. Kevin O'Malley. Kevin has completed his term on the Board, and now serves our country as ambassador to Ireland. Congratulations and thanks, Kevin!

The Board of Healing Arts exists to protect the public, assuring that a high level of medical service is available to the citizens of our state. We do this by examining the credentials and abilities of doctors, physical therapists, physician assistants, anesthesiology assistants, perfusionists, and speech language pathologists/audiologists applying for and maintaining licensure to practice in our state. The Board examines and evaluates thousands of licensure applications and complaints against practicing clinicians every year. Relative to the numbers examined, very few cases result in disciplinary action against the licensee. However, disciplinary action by the Board becomes public information, and is reported to the National Practitioner Database (NPDB). An interesting fact is that anyone can go online now and find out many details about the Board meetings,

including current and prior discipline. Please see this link: <http://pr.mo.gov/healingarts-public-information.asp>

You can also sign up to have notifications sent to you regarding current Board meetings and disciplinary actions using this link: <https://public.govdelivery.com/accounts/MODIFP/subscriber/new>

Aside from licensing and disciplining clinicians, the Board of Healing Arts has important functions in making rules defining how legislation will work. We are currently promulgating rules in conjunction with the Board of Nursing to define appropriate standards in telehealth practice (HB315, 2013). We are also working on rules to license and regulate a new category of practitioners called Assistant Physicians (SB716 and SB754, 2014).

The Board and other entities continue to discuss the increasing concerns over the rising number of opioid overdose related deaths. This concern has resulted in several federal initiatives, including the reclassification of hydrocodone as a Schedule 2 controlled substance. Prescription drug monitoring programs (PDMP) can be one of the tools useful for state Boards seeking to evaluate prescription drug use. PDMPs can be used to track the results of regulatory or legislative change. In states with functioning PDMPs, there has been a reduction in multiple prescribers and in opioid overdose related deaths. When used as a clinical tool, physicians can check their state PDMP for evidence of aberrant behavior in patients before prescribing controlled substances. This prescribing information is available in forty-five (45) states and "under construction" in the other four (4) states where legislation has been passed. Missouri is the only state lacking PDMP legislation. However,



several bills have been introduced again during this legislative session addressing PDMP.

My primary interest in volunteering to serve on the Board five (5) years ago was to learn if physicians who legitimately prescribed controlled pain medications for patients were being disciplined when providing this care. As a pain management specialist, I felt the need to serve as an advocate for physicians who were providing appropriate medical management. It has been my observation that the Board of Healing Arts is a compassionate group dedicated to assure that a high level of medical service is available to the citizens of our state. I have not seen any instance where physicians were disciplined for legitimate efforts on behalf of their patients.

Being on the Board of Healing Arts has been an educational and enjoyable service. Our excellent staff works tirelessly to provide the Board members with extensive information and all the assistance possible, allowing us to make the best decisions influencing health care and protecting our fellow citizens in Missouri. I truly appreciate the opportunity to serve.

*Information on how to become a Board member is provided on page 2.*

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Healing Arts**  
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## New Members Appointed to the State Board



David E. Tannehill, DO  
Board Member

**Dr. David E. Tannehill, DO** was appointed by Governor Nixon on February 27, 2014 to the Board for a term ending September 3, 2014. Dr. Tannehill was born in South Carolina. His parents are both from Missouri and ultimately settled in Union Missouri. He graduated from Washington University with an eye on going to medical school but wanted to take some time off. After college he worked in a research lab and coached high school football for a couple of years before going to the Kirksville College of Osteopathic Medicine. There he developed an interest in organized medicine, healthcare regulation and policy. This interest persisted throughout his Internal Medicine and Critical Care Medicine residency and fellowship at St. John's Mercy Center in St. Louis. After completing training in 2010, he joined the critical care department at St. John's (now Mercy Hospital) and subsequently secured a certification in Neurocritical Care. His clinical practice is in multidisciplinary medical-surgical ICU, cardiovascular ICU, trauma/neuro ICU as well as at Mercy Safewatch, one of the largest telemedicine critical care groups in the country. His interest in healthcare policy and the pursuit of quality healthcare for everyone eventually led him to apply to become a Board member. Dr. Tannehill states that "Being a member of the Board of Healing Arts is a tremendous honor. It is a special opportunity to play a role in representing and protecting Missouri Healthcare. I am humbled to be trusted with the responsibility to serve Missouri physicians and all Missourians."



John C. Lyskowski, MD  
Board Member

**Dr. John Lyskowski, MD** was appointed by Governor Nixon on March 7, 2014 to the Board for a term ending September 3, 2015. Dr. Lyskowski is a graduate of University of Missouri Medical School and completed his residency in psychiatry at the University of Iowa. Dr. Lyskowski has spent most of his career in private practice in Jefferson City. He currently is the Medical Director of Guhleman Forensic Center at Fulton State Hospital, consultant to Missouri Department of Corrections and Assistant Professor of Psychiatry at the University of Missouri. Dr. Lyskowski is Board certified and a Senior Distinguished Fellow of the American Psychiatric Association and former president of the Cole County Medical Association. He is married with 4 children and 7 grandchildren.

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*The mission of the State Board of Registration for the Healing Arts is to protect the citizens of the state through the licensing of physicians and other health designated professionals, assessing their competence to practice and their moral character. It is also the Board's duty to investigate all complaints against its licensees in a fair and equitable manner.*

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### Become a Board Member

Membership requirements for the State Board of Registration for the Healing Arts are set forth in section 334.120, RSMo. The Board consists of nine (9) members, including one (1) public member. The president of the Missouri State Medical Association, for all medical physician appointments, or the president of the Missouri Association of Osteopathic Physicians and Surgeons, for all osteopathic physician appointments, must submit to the Director of the Division of Professional Registration a list of five physicians and surgeons qualified and willing to fill the vacancy in question. All members, including public members, are to be chosen from lists submitted by the director of the Division of Professional Registration. Members are appointed by the Governor with the advice and consent of the senate. Members are appointed for a term of four (4) years. Requirements for membership to the Missouri State Board of Registration for the Healing Arts include:

#### **Physician Members**

Five (5) members must be MDs and two (2) members must be DOs and not more than four (4) members shall be affiliated with the same political party. Each physician member must:

- Be currently licensed in the state of Missouri;
- Be a citizen of the United States;
- Have been a resident of this state for a period of at least one (1) year next preceding the appointment; and
- Have been actively engaged in the lawful and ethical practice of the profession of physician and surgeon for at least five (5) years next preceding his or her appointment;

#### **Public Member**

The public member shall be at the time of appointment:

- A citizen of the United States;
- A resident of this state for a period of one (1) year and a registered voter;
- A person who is not and never was a member of any profession licensed or regulated pursuant to this chapter or the spouse of such person; and
- A person who does not have and never has had a material, financial interest in either the providing of the professional services regulated by this chapter, or an activity or organization directly related to any profession licensed or regulated pursuant to this chapter.

The duties of the public member shall not include the determination of the technical requirements to be met for licensure or whether any person meets such technical requirements or of the technical competence or technical judgment of a licensee or a candidate for licensure.

The Missouri State Board of Registration for the Healing Arts is only one (1) of many Boards in state government. If you are interested in becoming a member of any Board, please visit Governor Jay Nixon's website at [www.Boards.mo.gov](http://www.Boards.mo.gov).

# Meet the Board



**Benjamin A. Lampert, MD - President**  
Anesthesiology and Pain Management

**Term:** August 19, 2009 - September 3, 2012

**2014 – 2015 Board Committees:**  
Association Liaison (chair),  
Anesthesiologist Assistants Advisory  
Committee,  
Impaired Physician Liaison Committee,  
and  
Investigative Agenda Committee



**Jeffrey D. Carter, MD - Secretary**  
Anesthesiology

**Term:** July 30, 2009 - September 3, 2010

**2014 - 2015 Board Committees:**  
Discipline Committee (co-chair),  
Licensure Committee (co-chair),  
Collaborative Practice Committee,  
Investigative Agenda Committee,  
Physician Re-entry Committee,  
and  
FSMB Delegate



**James A. DiRenna, DO - Member**  
Family Practice

**Term:** June 10, 2008 - September 3, 2010

**2014 – 2015 Board Committees:**  
Physician Re-entry Committee (chair)  
Impaired Physician Liaison  
Committee (co-chair),  
Association Liaison Committee,  
Assistant Physician Committee,  
Malpractice/MSI Agenda Committee;  
and  
Physician Assistant Advisory Commission



**Bradley D. Freeman, MD - Member**  
Critical Care Medicine, General Surgery and  
Internal Medicine

**Term:** August 28, 2008 - September 3, 2011

**2014 – 2015 Board Committees:**  
Assistant Physician Committee (chair),  
Licensure Committee (co-chair),  
Collaborative Practice Committee (co-chair)  
Malpractice/MSI Agenda Committee,  
Pharmacists Collaborative Practice Committee  
and  
Physician Re-entry Committee



**John C. Lyskowski, MD - Member**  
Psychology

**Term:** May 1, 2014 - September 3, 2015

**2014 – 2015 Board Committees:**  
Impaired Physician Liaison  
Committee (co-chair),  
Investigative Agenda Committee,  
and  
Physician Re-entry Committee



**David A. Poggemeier, MD - Member**  
Emergency Medicine

**Term:** April 20, 2006 - September 3, 2010

**2014 – 2015 Board Committees:**  
Discipline Committee (co-chair),  
Collaborative Practice Committee,  
Licensure Committee,  
Malpractice/MSI Agenda Committee  
and  
Pharmacists Collaborative Practice Committee



**David E. Tannehill, DO - Member**  
Internal Medicine and Critical Care Medicine

**Term:** February 27, 2014 - September 3, 2014

**2014 – 2015 Board Committees:**  
Assistant Physician Committee (chair),  
Association Liaison Committee,  
Licensure Committee,  
Malpractice/MSI Agenda Committee,  
and  
Pharmacists Collaborative Practice Committee

## *Kevin O'Malley 31st Ambassador to Ireland*



Former public member of the Board, Kevin O'Malley was confirmed by the US Senate as the thirty-first (31<sup>st</sup>) Ambassador to Ireland on September 18, 2014. Mr. O'Malley was appointed to the Board on July 1, 2009 by Governor Jeremiah (Jay) Nixon for a term ending on June 30, 2013. In July 2013 Mr. O'Malley was elected as Board president. In his July 2014 letter of resignation to Governor Nixon, Mr. O'Malley stated that he remained on the Board after his term expired "because the work is important" and was grateful to have served on the Board. We thank Mr. O'Malley for his public service to the citizens of Missouri and wish him success in his future endeavors.

## *Legislative Actions*

Following the 2014 legislative session, Governor Jay Nixon signed several bills related to the practice of medicine or other regulated professions that became effective August 28, 2014.

### **Assistant Physicians - SB716 and SB754:**

- Allows the Board to license any individual as an assistant physician who:
  1. Is a resident of the USA or is a legal alien that has successfully completed Step 1 and Step 2 of the USMLE or equivalent Board-approved medical examination within the two (2) year period immediately preceding the application for licensure, but in no event more than three (3) years after graduation from a medical college or osteopathic medical college;
  2. Has not completed a post graduate residency; and
  3. Is proficient in the English language.
- Authorized assistant physician collaborative practice arrangements between a physician and an assistant physician. The assistant physician collaborative practice arrangement shall limit the assistant physician to providing only primary care services and only in medically underserved rural or urban areas of this state or in any pilot project areas. The collaborating physician is responsible at all times for the oversight of the activities of, and accepts responsibility for primary care services rendered by the assistant physician. A licensed assistant physician shall enter into an assistant physician collaborative practice arrangement within six (6) months of his or her initial licensure and shall not have more than a six (6)-month time period between collaborative practice arrangements during his or her licensure period.
- Authorizes the Board to promulgate rules related to the licensure of assistant physicians and the use of collaborative practice arrangements for assistant physicians;
- Requires the Board to work in conjunction with deans of medical schools and primary care residency program directors in the State of Missouri for the development and implementation of educational methods and programs undertaken during the collaborative practice service;
- Requires rules regarding the dispensing and distribution of medication or devices by prescription or prescription drug orders to be approved by the Missouri Board of Pharmacy; and
- Specifies other provisions related to assistant physicians.

### **Advanced Practice Registered Nurses - HB1779:**

Authorizes an Advanced Practice Registered Nurse (APRN) in a collaborative practice arrangement to make certain decisions regarding patient restraints.

### **Pharmacist Provided Vaccinations - SB754 And SB808:**

- Authorizes pharmacists to administer hepatitis A, hepatitis B, diphtheria, tetanus, and pertussis vaccines by written protocol authorized by a physician.
- Requires the vaccines be administered in accordance with the treatment guidelines established by the Centers for Disease Control and Prevention and rules jointly promulgated by the Board of Pharmacy and the State Board of Registration for the Healing Arts; and
- Requires a pharmacist to receive additional training for the administration of vaccines as required by the Board of Pharmacy.

### **Offers of Influenza Immunizations - SB754:**

Requires hospitals to offer inpatients sixty five (65) years and older immunizations against influenza virus with the approval of the attending physician or other practitioners authorized to order vaccinations or as authorized by physician-approved hospital policies or protocols for influenza. Immunizations shall be offered each year between October 1st and March 1st

### **Licensed Professionals – SB808:**

Under current law, every application for a renewal of a professional license, certificate, registration, or permit must contain the applicant's Social Security number. This act states that an application for a professional license renewal only has to include a Social Security number in situations where the original application did not contain a Social Security number. After the initial application for license renewal which includes a Social Security number, an applicant is no longer required to provide a Social Security number in subsequent renewal applications.

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## *Assistant Physician Licensure*

Senate bills 716 and 754 were signed by Governor Nixon and established licensure for Assistant Physicians. These bills became law effective August 28, 2014. However, before the Board can accept applications, the Board will need to establish rules related to licensure, including submission of applications, renewal, supervision, and other matters necessary to protect the public.

The Board established a committee to review the legislation and provide direction to the staff for the promulgation of rules. The draft rules were presented to the Board at their January 22-23, 2015 meeting and were referred back to the Board's Assistant Physician Committee for further review. Once the rules receive the Board's final approval, the rules are reviewed by the Division of Professional Registration, the Department of Insurance, Financial Institutions and Professional Registration and the Governor's office. Upon approval of these three (3) agencies, the rules will then be filed with the Secretary of State's Office and the Joint Committee on Administrative Rules. The rules are then published in the *Missouri Register* and are open for a thirty (30) day public comment period. The rule promulgation process is lengthy. We will continue to update the website as information becomes available.

You may also sign up for Board updates from GovDelivery at <https://public.govdelivery.com/accounts/MODIFP/subscriber/new>. See more information on GovDelivery on page 11.

## Legislative Proposals

The Board voted to seek the following legislative changes related to physician licensure.

**Requirements for Physician Licensure:** Section 334.031, RSMo establishes requirements for physician licensure in the state of Missouri. The existing law requires applicants to submit four (4) documents (high school diploma, undergraduate transcripts, medical or osteopathic school transcripts, and medical or osteopathic diploma). The high school diploma, undergraduate transcripts and medical transcripts add little if anything to the evaluation of a candidate for licensure. Obviously, someone who has graduated medical school graduated high school and was successful in their undergraduate program. Therefore, the Board is proposing to eliminate the requirement to submit these documents and require the applicant provide a copy of his or her diploma or other documentation showing that they have received a medical or osteopathic degree. The Board is confident that the elimination of these documents will reduce the burden to applicants while allowing the Board to maintain their ability to ensure that the public is protected by only licensing qualified candidates.

**Physician Examination Requirements:** The current language of section 334.040, RSMo was based on prior testing procedures which took into consideration exams provided by the Board itself, other states or territories of the United States, the District of Columbia or Canada, the Federation Licensing Examination, USMLE and COMLEX. Missouri and most other states no longer provide their own testing exams, and the standard accepted around the nation is either the USMLE or COMLEX. The proposed language would:

1. Remove any confusion that applicants have as to what licensure exams are acceptable and help streamline the licensing process; and
2. Allow the Board to waive the requirements that an applicant take and pass steps 1, 2 and 3 of either the USMLE or COMLEX within a seven (7) year period and with no more than three (3) attempts on any step only if the applicant meets the following requirements:
  - a. The applicant is licensed to practice as a physician and surgeon in another state of the United States, the District of Columbia or Canada;

- b. The applicant has achieved a passing score on a licensing examination administered in a state or territory of the United States or the District of Columbia;
- c. No license issued to the applicant has been disciplined in any state or territory of the United States or the District of Columbia; and
- d. The applicant is certified in the applicant's area of specialty by the American Board of Medical Specialties, the American Osteopathic Association, or other certifying agency approved by the Board by rule.

The proposed language would allow the Board to waive the above requirements and allow physicians to be licensed in Missouri while still ensuring said physicians are properly trained and qualified by requiring the following:

- No license issued to the applicant has been disciplined in any state or territory of the United States or the District of Columbia; and
- The applicant has successfully completed an ACGME or AOA approved training program.

### Know Your Legislators

Health care policy and professional licensing are often affected by the enactment of new laws. As a licensed physician you are in a position to become a resource related to health care policy. Through your education and experience physicians can serve as resources for members of the General Assembly by providing valuable insight and unique perspective. If you have not already done so, you are encouraged to develop a relationship with your state Representative and Senator so that you can become a resource to them. Let your legislators know how to contact you, your area of expertise and that you are willing to answer any questions they may have as they make decisions affecting professional licensing and health care policy. You can obtain additional information about members of the General Assembly by visiting <http://www.moga.mo.gov>.

## The Board's Budget

The regulation of physicians, anesthesiologist assistants, athletic trainers, perfusionists, physician assistants, physical therapists and speech-language pathologists/audiologists fall under the oversight of the Missouri State Board of Registration for the Healing Arts (Board). The Board's mission is to protect the citizens of the state through the licensing of physicians and other health designated professionals, assessing their competence to practice and their moral character. It is also the Board's duty to investigate all complaints against its licensees in a fair and equitable manner. The activities of the Board are funded through the collection of licensee fees. The fees are then deposited into the Board's fund and appropriations (spending) are approved by the General Assembly to cover the operations of the Board for things such as staffing, investigations and disciplinary actions. The Board is also assessed costs from the Division of Professional Registration, Department of Insurance, Financial Institutions and Professional Registration and Office of Administration. These costs include computers and other equipment, as well as support services for information technology, accounting and purchasing, web site maintenance and licensure renewal processing.

Renewals for the 2015 renewal period were mailed out the first part of November. The fee for renewal of a physician's license remained at \$135.00. The fees collected during the renewal period are also deposited into the Board's fund. It is important for the fund to maintain a balance that will enable the Board to cover costs from renewal period to renewal period. State law prohibits the Board from collecting excessive amounts of money. Section 334.050.2, RSMo allows the Board to hold three (3) times the appropriated amount in the fund before the money is swept into general revenue. The Board targets reserve of 2.25 times the appropriated amount. It becomes necessary for the Board to propose a fee change if projections reflect a variance from the targeted 2.25 times the appropriate amount.

The top three (3) budget items for the Board are staff salaries, litigation expenses and postage. One of the ways that you can help to improve efficiencies and reduce cost is to notify the Board office of any name or address changes and renew online. Be assured the Board and staff are very cognizant that licensees pay for the operations of the Board and are committed to running a very efficient and cost effective office.

# Proposed Rules

House Bill 315 passed during the 2013 regular legislative session and became effective on August 28, 2013. The bill removed geographic limitations for Advanced Practice Registered Nurses (APRNs) practicing in collaborative practice arrangements in rural areas of need if they were utilizing telehealth in the care of the patient. The bill required the Missouri State Board of Registration for the Healing Arts and the State Board of Nursing to promulgate rules to establish the Utilization of Telehealth by Nurses. Between September 2013 and September 2014, both Boards held several meetings, but separately and jointly, to amend the Collaborative Practice Rules to implement HB315. The Boards agreed on the language in two (2) provisions of the current collaborative practice rules. Both boards agreed to amend the rules to indicate that no mileage limitation applies if the APRN is providing services pursuant to the new telehealth law and is practicing in a federally-designated health professional shortage area. Both boards also agreed to amend the review of services section of the rules to clarify that the broad range of telehealth may be used for review of services. The challenge was with the two (2) week follow up requirement of the rule. In the current regulations, if an APRN provides health care services for conditions other than acute self-limited or well-defined problems, the collaborating physician, or other physician designated in the collaborative practice arrangements, shall examine and evaluate the patient and approve or formulate the plan of treatment for new or significantly changed conditions as soon as practical, but in no case more than two (2) weeks after the patient has been seen by the APRN or RN. The Board of Healing Arts advocated that this physician follow up examination and evaluation must be conducted by the physician either via live, interactive video or in person and does not dictate how nurses conduct their examinations. The Board of Healing Arts strongly believes the option for live interactive video also expands access to care by providing another option for the physician examination to be conducted. The Board of Nursing believed that the proposal approved by Board of Healing Arts was more restrictive than the statute. A joint meeting between both regulatory boards was held on September 9, 2014. General counsel for both boards provided legal research and oral presentations on their respective board's opinions and rich dialogue ensued between the Board members and with interested guests. Two (2) of the bill sponsors were also in attendance and iterated that passage of House Bill 315 did not change the collaborative practice requirements, nor was it the intent to eliminate the two (2) week follow up examination. At the end of the meeting, both Boards agreed to approve language amending 20 CSR 2150-5.100 Collaborative Practice Rule as follows. Please note language being deleted is shown in bracketed italicized text and new language is shown in bold text. These rules are anticipated to become effective June 30, 2015.

**Title 20—DEPARTMENT OF  
INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION  
Division 2150—State Board of Registration  
for the Healing Arts  
Chapter 5—General Rules**

**PROPOSED AMENDMENT**

**20 CSR 2150-5.100 Collaborative Practice.**

*PURPOSE: The purpose of this amendment is to comply with the requirements of the Utilization of Telehealth by Nurses, HB 315 (2013), which was codified in section 335.175, RSMo.*

(1) For the purpose of these rules, the following definitions shall apply:

(A) Advanced practice nurse—A registered professional nurse (RN) who is also an advanced practice registered nurse (APRN) as defined in section 335.016(2), RSMo;

(B) Controlled substance prescriptive authority—The eligibility and certificate granted by the Missouri State Board of Nursing (MSBN) to an APRN who has been delegated the authority to prescribe controlled substances from Schedules III, IV, and/or V in a written collaborative practice arrangement by the collaborating physician as defined in section 335.019, RSMo;

(C) Collaborative practice arrangements—Refers to written agreements, jointly agreed upon protocols, or standing orders, all of which shall be in writing, for the delivery of health care services;

(D) Population-based public health services—Health services provided to well pa-

tients or to those with narrowly circumscribed conditions in public health clinics or community health settings that are limited to immunizations, well child care, human immunodeficiency virus (HIV) and sexually transmitted disease care, family planning, tuberculosis control, cancer and other chronic disease, wellness screenings, services related to epidemiologic investigations, and prenatal care; and

(E) Registered professional nurse—An RN as defined in section 335.016(16), RSMo, who is not an APRN.

(2) Geographic Areas.

(A) The collaborating physician in a collaborative practice arrangement shall not be so geographically distanced from the collaborating RN or APRN as to create an impediment to effective collaboration in the delivery of health care services or the adequate review of those services.

(B) The following shall apply in the use of a collaborative practice arrangement by an APRN who provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons *[shall be limited to]*:

**1. If the APRN is providing services pursuant to section 335.175, RSMo, no mileage limitation shall apply;**

**2. If the APRN is not providing services pursuant to section 335.175, RSMo, and is practicing in a federally-designated health professional shortage area (HPSA), the practice locations where the collaborating physician, or other physician designated in the collaborative practice arrangement, is no further than fifty (50) miles by road, using the most direct route available, from the collaborating**

APRN; *[if the APRN is practicing in federally-designated health professional shortage areas (HPSAs). Otherwise,]*

**3. If the APRN is not providing services pursuant to section 335.175, RSMo, and is practicing in a non-HPSA[s],** the collaborating physician and collaborating APRN shall practice within thirty (30) miles by road of one another.

(C) An APRN who desires to enter into a collaborative practice arrangement at a location where the collaborating physician is not continuously present shall practice together at the same location with the collaborating physician continuously present for a period of at least one (1) month before the collaborating APRN practices at a location where the collaborating physician is not present. It is the responsibility of the collaborating physician to determine and document the completion of the same location practice described in the previous sentence.

(D) A collaborating physician shall not enter into a collaborative practice arrangement with more than three (3) full-time equivalent APRNs. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in Chapter 197, RSMo, or population-based public health services as defined in this rule.

(3) Methods of Treatment.

(A) The methods of treatment and the authority to administer, dispense, or prescribe drugs delegated in a collaborative practice arrangement between a collaborating physician and collaborating APRN shall be within the scope of practice of each professional and shall

*(Continued on page 7)*

(Continued from page 6)

**Proposed Rules Cont'd**

be consistent with each professional's skill, training, education, competence, licensure, and/or certification and shall not be further delegated to any person except that the individuals identified in sections 338.095 and 338.198, RSMo, may communicate prescription drug orders to a pharmacist.

(B) The methods of treatment and authority to administer and dispense drugs delegated in a collaborative practice arrangement between a collaborating physician and a collaborating RN shall be within the scope of practice of each professional and shall be consistent with each professional's skill, training, education, and competence and shall not be delegated to any other person except the individuals identified in sections 338.095 and 338.198, RSMo, may communicate prescription drug orders to a pharmacist.

(C) The collaborating physician shall consider the level of skill, education, training, and competence of the collaborating RN or APRN and ensure that the delegated responsibilities contained in the collaborative practice arrangement are consistent with that level of skill, education, training, and competence.

(D) Guidelines for consultation and referral to the collaborating physician or designated health care facility for services or emergency care that is beyond the education, training, competence, or scope of practice of the collaborating RN or APRN shall be established in the collaborative practice arrangement.

(E) The methods of treatment, including any authority to administer or dispense drugs, delegated in a collaborative practice arrangement between a collaborating physician and a collaborating RN shall be delivered only pursuant to a written agreement, jointly agreed-upon protocols, or standing orders that shall describe a specific sequence of orders, steps, or procedures to be followed in providing patient care in specified clinical situations.

(F) The methods of treatment, including any authority to administer, dispense, or prescribe drugs, delegated in a collaborative practice arrangement between a collaborating physician and a collaborating APRN shall be delivered only pursuant to a written agreement, jointly agreed-upon protocols, or standing orders that are specific to the clinical conditions treated by the collaborating physician and collaborating APRN. **If the APRN is providing services pursuant to section 335.175, RSMo, the collaborating physician, or other physician designated in the collaborative practice arrangement, may conduct the examination and evaluation required by this section via live, interactive video, or in person. Telehealth providers shall obtain the patient's or the patient's guardian's consent before telehealth**

**services are initiated and shall document the patient's or the patient's guardian's consent in the patient's file or chart. All telehealth activities must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, and all other applicable state and federal laws and regulations.**

(G) Methods of treatment delegated and authority to administer, dispense, or prescribe drugs shall be subject to the following:

1. The physician retains the responsibility for ensuring the appropriate administering, dispensing, prescribing, and control of drugs utilized pursuant to a collaborative practice arrangement in accordance with all state and federal statutes, rules, or regulations;

2. All labeling requirements outlined in section 338.059, RSMo, shall be followed;

3. Consumer product safety laws and Class B container standards shall be followed when packaging drugs for distribution;

4. All drugs shall be stored according to the *United States Pharmacopeia* (USP), (2010), published by the United States Pharmacopeial Convention, 12601 Twinbrook Parkway, Rockville, Maryland 20852-1790, 800-227-8772; <http://www.usp.org/> recommended conditions, which is incorporated by reference. This does not include any later amendments or additions;

5. Outdated drugs shall be separated from the active inventory;

6. Retrievable dispensing logs shall be maintained for all prescription drugs dispensed and shall include all information required by state and federal statutes, rules, or regulations;

7. All prescriptions shall conform to all applicable state and federal statutes, rules, or regulations and shall include the name, address, and telephone number of the collaborating physician and collaborating APRN;

8. An RN shall not, under any circumstances, prescribe drugs. The administering or dispensing of a controlled substance by an RN or APRN who has not been delegated authority to prescribe in a collaborative practice arrangement, pursuant to 19 CSR 30-1.066, shall be accomplished only under the direction and supervision of the collaborating physician, or other physician designated in the collaborative practice arrangement, and shall only occur on a case-by-case determination of the patient's needs following verbal consultation between the collaborating physician and collaborating RN or APRN. The required consultation and the physician's directions for the administering or dispensing of controlled substances shall be recorded in the patient's chart and in the appropriate dispensing log. These recordings shall be made by the collaborating RN or APRN and shall be cosigned by the collaborating physician following a review of the records;

9. In addition to administering and dispensing controlled substances, an APRN, as defined in section 335.016, RSMo, may be delegated the authority to prescribe controlled substances

listed in Schedules III, IV, and V of section 195.017, RSMo, in a written collaborative practice arrangement, except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in Schedules III, IV, and V of section 195.017, RSMo, for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled substance prescriptions shall be limited to a one hundred twenty (120)-hour supply without refill;

10. An APRN may not prescribe controlled substances for his or her own self or family. Family is defined as spouse, parents, grandparents, great-grandparents, children, grandchildren, great-grandchildren, brothers and sisters, aunts and uncles, nephews and nieces, mother-in-law, father-in-law, brothers-in-law, sisters-in-law, daughters-in-law, and sons-in-law. Adopted and step members are also included in family;

11. An APRN or RN in a collaborative practice arrangement may only dispense starter doses of medication to cover a period of time for seventy-two (72) hours or less with the exception of Title X family planning providers or publicly funded clinics in community health settings that dispense medications free of charge. The dispensing of drug samples, as defined in 21 U.S.C. section 353(c)(1), is permitted as appropriate to complete drug therapy;

12. The collaborative practice arrangement shall clearly identify the controlled substances the collaborating physician authorizes the collaborating APRN to prescribe and document that it is consistent with each professional's education, knowledge, skill, and competence; and

13. The medications to be administered, dispensed, or prescribed by a collaborating RN or APRN in a collaborative practice arrangement shall be consistent with the education, training, competence, and scopes of practice of the collaborating physician and collaborating RN or APRN.

(H) When a collaborative practice arrangement is utilized to provide health care services for conditions other than acute self-limited or well-defined problems, the collaborating physician, or other physician designated in the collaborative practice arrangement, shall examine and evaluate the patient and approve or formulate the plan of treatment for new or significantly changed conditions as soon as is practical, but in no case more than two (2) weeks after the patient has been seen by the collaborating APRN or RN.

(I) Nothing in these rules shall be construed to permit medical diagnosis of any condition by an RN pursuant to a collaborative practice arrangement.

(Continued on page 8)

(Continued from page 7)

**Proposed Rules Cont'd**

(4) Review of Services.

(A) In order to assure true collaborative practice and to foster effective communication and review of services, the collaborating physician, or other physician designated in the collaborative practice arrangement, shall be immediately available for consultation to the collaborating RN or APRN at all times, either personally or via telecommunications.

(B) The collaborative practice arrangement between a collaborating physician and a collaborating RN or APRN shall be signed and dated by the collaborating physician and collaborating RN or APRN before it is implemented, signifying that both are aware of its content and agree to follow the terms of the collaborative practice arrangement. The collaborative practice arrangement and any subsequent notice of termination of the collaborative practice arrangement shall be in writing and shall be maintained by the collaborating professionals for a minimum of eight (8) years after termination of the collaborative practice arrangement. The collaborative practice arrangement shall be reviewed at least annually and revised as needed by the collaborating physician and collaborating RN or APRN. Documentation of the annual review shall be maintained as part of the collaborative practice arrangement.

(C) Within thirty (30) days of any change and with each physician's license renewal, the collaborating physician shall advise the Missouri State Board of Registration for the Healing Arts whether he/she is engaged in any collaborative practice agreement, including collaborative practice agreements delegating the authority to prescribe controlled substances and also report to the Board the name of each licensed RN or APRN with whom he/she has

entered into such agreement. A change shall include, but not be limited to, resignation or termination of the RN or APRN; change in practice locations; and addition of new collaborating professionals.

(D) An RN or an APRN practicing pursuant to a collaborative practice arrangement shall maintain adequate and complete patient records in compliance with section 334.097, RSMo.

(E) The collaborating physician shall complete a review of a minimum of ten percent (10%) of the total health care services delivered by the collaborating APRN. If the APRN's practice includes the prescribing of controlled substances, the physician shall review a minimum of twenty percent (20%) of the cases in which the APRN wrote a prescription for a controlled substance. If the controlled substance chart review meets the minimum total ten percent (10%) as described above, then the minimum review requirements have been met. The collaborating APRN's documentation shall be submitted for review to the collaborating physician at least every fourteen (14) days. This documentation submission may be accomplished in person or by other electronic means and reviewed by the collaborating physician. The collaborating physician must produce evidence of the chart review upon request of the Missouri State Board of Registration for the Healing Arts. This subsection shall not apply during the time the collaborating physician and collaborating APRN are practicing together as required in subsection (2)(C) above.

(F) If a collaborative practice arrangement is used in clinical situations where a collaborating APRN provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons, then the collaborating physician shall be present for sufficient periods of time, at least once every two (2) weeks, except in extraordinary circumstances that shall be documented, to participate in such review and to provide necessary medical direction, medical services, con-

sultations, and supervision of the health care staff. In such settings, the use of a collaborative practice arrangement shall be limited to only an APRN. **If the APRN is providing services pursuant to section 335.175, RSMo, the collaborating physician may be present in person or the collaboration may occur via telehealth in order to meet the requirements of this section. Telehealth providers shall obtain patient's or the patient's guardian's consent before telehealth services are initiated and shall document the patient's or the patient's guardian's consent in the patient's file or chart. All telehealth activities must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, and all other applicable state and federal laws and regulations.**

(G) The collaborating physician and collaborating RN or APRN shall determine an appropriate process of review and management of abnormal test results which shall be documented in the collaborative practice arrangement.

(H) The Missouri State Board of Registration for the Healing Arts and the Missouri State Board of Nursing separately retain the right and duty to discipline their respective licensees for violations of any state or federal statutes, rules, or regulations regardless of the licensee's participation in a collaborative practice arrangement.

(5) Population-Based Public Health Services.

(A) In the case of the collaborating physicians and collaborating registered professional nurses or APRN practicing in association with public health clinics that provide population-based health services as defined in section (1) of this rule, the geographic areas, methods of treatment, and review of services shall occur as set forth in the collaborative practice arrangement. If the services provided in such settings include diagnosis and initiation of treatment of disease or injury not related to population-based health services, then the provisions of sections (2), (3), and (4) above shall apply.

The proposed amendments appeared in the December 15, 2014 *Missouri Register*. The comment period for this rule ended on January 14, 2015. The Boards received identical comments; one (1) comment in support of the proposed amendment and fifty nine (59) comments in opposition. The opposing comments indicated that requiring "live, interactive video" for examinations would functionally eliminate the option of telehealth for many rural communities that do not have broadband access. Instead of increasing underserved patients' access to care, these rules would deny telehealth to the very Missourians this law was intended to help. The commenters asked the Board to withdraw the proposed amendments and work to craft workable rules that include safe alternatives to "live, interactive video" for examinations.

A joint conference call was held on January 26, 2015 wherein the Boards reviewed the public comments and voted unanimously to file the Final Order of Rulemaking without making any changes to the text of the proposed amendment. A summary of the comments and the Boards' responses to those comments and any changes made to the text of the rule were filed in a document called the Order of Rulemaking on January 27, 2015. The Order of Rulemaking may not be filed with the Secretary of State until thirty (30) days have elapsed. During this time the Joint Committee on Administrative Rules may convene hearings on rules as it deems necessary, but must hold any hearings in the thirty (30) day period in which the Orders of Rulemaking is on file with the committee. If no action is taken by the Joint Committee on Administrative Rules, including holding a public hearing, the Order of Rulemaking is then filed with the Secretary of State who then publishes the Order of Rulemaking in the *Missouri Register*. The rule is then printed in the Code of State Regulations, which is published monthly. The rule goes into effect thirty (30) days after publication in the Code of State Regulations. We anticipate the rule will become effective June 30, 2015.



# Proposed Rules for Consideration

The following rule proposals are being published in this newsletter to seek physician's opinions of draft proposed rule language prior to official filing with the Secretary of State's Office and the Joint Committee on Administrative Rules. Comments can be submitted to [healingarts@pr.mo.gov](mailto:healingarts@pr.mo.gov). Comments received will be reviewed by the Board at an upcoming meeting.

**Title 20—DEPARTMENT OF  
INSURANCE, FINANCIAL I  
NSTITUTIONS AND PROFESSIONAL  
REGISTRATION  
Division 2150—State Board of  
Registration for the Healing Arts  
Chapter 2 - Physicians**

**PROPOSED AMENDMENT**

**20 CSR 2150-2.004 Postgraduate Training  
Requirements for Permanent Licensure**

*PURPOSE: This amendment increases the postgraduate training requirements from one (1) year to three (3) years.*

(1) Every applicant for a permanent license as a physician and surgeon *[who is a graduate of a medical college, approved and accredited by the American Medical Association (AMA) or its Liaison Committee on Medical Education, or an osteopathic college approved and accredited by the American Osteopathic Association (AOA),]* must present *[a certificate]* documentation with his/her application evidencing the satisfactory completion of *[one (1) year]* **three (3) years** of postgraduate training in a program which is approved and accredited to teach postgraduate medical education by the accreditation counsel on graduate medical education of the *[AMA] American Medical Association* or the education committee of the *[AOA] American Osteopathic Association*.

*[(2) Every applicant for a permanent license as a physician and surgeon who is not a graduate of a medical college, approved and accredited by the AMA or its Liaison Committee on Medical Education, or an osteopathic college approved and accredited by the AOA, must present, with his/her application,*

*a certificate evidencing the satisfactory completion of three (3) years of postgraduate training in one (1) recognized specialty area of medicine in a program which is approved and accredited to teach postgraduate medical education by the accreditation council on graduate medical education of the AMA or the education committee of the AOA.]*

*[(3) (2) Notwithstanding the provisions of section (1) [and (2)] of this rule, the Board may waive any portion of the postgraduate training requirements of this rule if:*

(A) The applicant is American Specialty Board eligible to take an American Specialty

Board certifying examination and the applicant has achieved a passing score (as defined in this chapter) on a licensing examination administered in a state or territory of the United States or the District of Columbia;

(B) The applicant is a graduate of a program approved and accredited to teach medical education by the Canadian Royal College of Physicians and Surgeons and has *[one (1) year]* **three (3) years** of postgraduate training in a program approved and accredited to teach postgraduate medical education by the Canadian Royal College of Physicians and Surgeons; **or**

(C) The applicant has served for three (3) or more years as a full-time faculty member of a medical college approved and accredited by the AMA or its Liaison Committee on Medical Education, or an osteopathic college approved and accredited by the AOA.

**(3)** Prior to waiving any of the postgraduate training requirements of this rule, the Board may require the applicant to achieve a passing score on the Appropriate Specialty Board's certifying examination in the physician's field of specialization or the Federation of State Medical Boards' Special Purpose Examination (SPEX). If the Board waives any of the postgraduate training requirements of this rule, then the license issued to the applicant may be limited or restricted to the specialty area for which the applicant is American Specialty Board eligible.

**Title 20—DEPARTMENT OF  
INSURANCE, FINANCIAL I  
NSTITUTIONS AND PROFESSIONAL  
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Chapter 2 - Physicians**

**PROPOSED AMENDMENT**

**20 CSR 2150-2.125 Continuing  
Medical Education**

*PURPOSE: This allows physicians who are actively participating in a Maintenance of Licensure (MOL) program to submit proof of said MOL and be given CME credit for their participation in lieu of regular CME's.*

(1) Effective February 1, 2007, each licensee

shall complete and report at least fifty (50) hours of continuing medical education every two (2) years. The Board shall not issue a renewal of a licensee's certificate of registration unless the licensee demonstrates completion of fifty (50) hours of continuing medical education accredited by the American Osteopathic Association (AOA) as Category 1-A or 2-A, by the American Medical Association (AMA) as Category 1 or by the American Academy of Family Practice Prescribed Credit, in the two (2) immediately preceding reporting periods. A licensee is not required to complete any continuing medical education hours in the renewal period in which the licensee is initially licensed to practice the healing arts in Missouri if the licensee has not previously held a permanent license to practice the healing arts in Missouri or any other state in the United States of America. The period for completion of the continuing medical education requirements shall be the twenty-four (24)-month period beginning January 1 of each even-numbered year and ending December 31 of each odd-numbered year. A licensee who has failed to obtain and report, in a timely fashion, fifty (50) hours of continuing medical education shall not engage in the practice of medicine unless an extension is obtained pursuant to section (4) of this rule.

(A) A licensee shall be deemed to have complied with section (1) of this rule if the licensee completes forty (40) hours of continuing medical education and each course, seminar or activity includes a post-test of the material covered in the forty (40) continuing medical education hours. The forty (40) hours must all be accredited by the AOA as Category 1-A or by the AMA as Category 1.

(2) Each licensee shall certify by attestation, under penalty of perjury, that they have completed the required hours of continuing medical education on the renewal form (see 20 CSR 2150-2.040).

(3) Each licensee shall retain records documenting their attendance at and completion of the required hours of continuing medical education for a minimum of three (3) years after the reporting period in which the continuing medical education was completed. The records shall document the titles of the courses taken, dates, locations, course sponsors, category of hours earned and number of hours earned. The Board may conduct an audit of licensees to

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**Proposed Rules for Consideration Cont'd**

verify compliance with the continuing medical education requirement. Licensees shall assist the Board in its audit by providing timely and complete responses to the Board's inquiries.

(4) A licensee who cannot complete the required hours of continuing medical education because of personal illness or other circumstances beyond the licensee's control which the Board deems to be sufficient to impose an insurmountable hardship may apply for an extension of time to complete the continuing medical education requirements. Any extension of time to complete the continuing medical education requirements will be granted solely in the discretion of the Board. The licensee must make a written application for extension of time prior to the December 31 deadline for completion of the continuing medical education requirement. The application for extension shall be accompanied by a processing fee of fifty dollars (\$50), together with the application for extension. The licensee shall provide full and complete written documentation of the grounds supporting the reasons for which an extension is sought. A licensee who requests an extension of time to complete the required hours of continuing medical education shall not engage in the active practice of the healing arts until the Board grants the licensee's request for extension and the licensee receives express written authorization to do so.

(A) Illness extensions may be granted only to a licensee who has suffered a personal illness or personal disability of a nature as to prevent them from engaging in the active practice of medicine for at least a majority of the reporting period. At a minimum, the licensee shall provide the Board with written documentation from the licensee's treating physician stating the nature of the illness or disability, the period of the illness or disability, any limitations on the licensee's activities which resulted from the illness or disability, the number of hours earned in the reporting period and a plan for completing the balance of the requirement.

(B) The Board, solely in its discretion, may grant an extension based on unforeseeable circumstances beyond the licensee's control which impose an insurmountable hardship precluding the licensee from obtaining the required continuing medical education. At a minimum, the licensee must provide written documentation explaining specifically and in detail the nature of the circumstances, why the circumstances were unforeseeable and beyond the licensee's control, the period during which the circumstances were in existence, the number of continuing medical education credits earned in the reporting

period and the licensee's plan for completing the balance of the requirements. The Board, in its discretion, shall determine if the situation described in the licensee's application constitutes unforeseeable circumstances beyond the licensee's control which impose an insurmountable hardship precluding the licensee from obtaining the required continuing medical education.

(C) A licensee who is granted an extension of time shall complete the balance of his/her continuing medical education requirements no later than February 28 immediately following the end of the reporting period for which an extension was sought and shall provide the Board with written documentation of their completion of the continuing medical education requirements no later than March 10 immediately following the end of the reporting period for which an extension was sought. Failure to complete the continuing medical education requirements by February 28 or to file the documentation with the Board by March 10 shall constitute a violation of section 334.075, RSMo and this rule.

(D) An extension of time shall not be granted to any licensee who obtained an extension in the immediately preceding reporting period in which the licensee held an active license, except in the case of a licensee who is unable to complete the requirements due to military service commitment pursuant to a combat or national emergency assignment.

(5) Licensees in the military will be granted an extension of time to complete the continuing medical education requirements if they are called to active duty under competent orders for any period of thirty (30) days or more during the reporting period in accordance with section 41.950(10), RSMo. If the licensee is called to active duty for a majority of the reporting period, they will be exempt from obtaining continuing medical education. The licensee must submit written documentation from the appropriate military authorities verifying the licensee's military service commitment.

(6) A licensee who has obtained American Specialty Board certification or recertification during the reporting period shall be deemed to have obtained the required hours of continuing medical education. The licensee shall provide the Board with documentation evidencing the certification or recertification upon request.

**(7) A licensee who is actively enrolled and participating in a maintenance of certification program approved by the American Board of Medical Specialties (ABMS), AMA or the AOA, and has been enrolled in said maintenance of certification program during the entire reporting period, shall be deemed to have obtained the required hours of continuing medical education. The licensee shall**

**provide the Board with documentation evidencing active enrollment and compliance with the maintenance of certification program upon request.**

**(8) [(7)]** A licensee who participated in an AMA or AOA-approved internship or residency program during the reporting period shall be deemed to have obtained the required hours of continuing medical education if at least sixty (60) days of the reporting period were spent in the internship or residency.

**(9) [(8)]** A licensee who participated in a fellowship program in an approved teaching institution shall be deemed to have obtained the required hours of continuing medical education if at least sixty (60) days of the reporting period were spent in the fellowship and the fellowship is determined to be advanced training. Upon request, the licensee shall provide documentation from the fellowship program director verifying the number of days in the program and that the program is advanced training.

**(10) [(9)]** A licensee who holds a limited license to practice medicine in the state of Missouri shall obtain and report to the Board ten (10) hours of AMA Category 1 or AOA Category 1-A or 2-A continuing medical education each reporting period. The period for completion of the continuing medical education requirements for a licensee who holds a limited license shall be the twenty-four (24)-month period beginning January 1 of each even-numbered year and ending December 31 of each odd-numbered year.

**(11) [(10)]** For purposes of section 334.075, RSMo concerning waiver of the continuing medical education requirements for retired physicians, a retired physician is one who has neither engaged in the active practice of medicine nor held themselves out as an active practicing physician and, pursuant to section 334.110, RSMo, has executed and filed with the Board a retirement affidavit. A retired physician may keep their wall-hanging certificate after execution of a retirement affidavit but shall surrender, upon retirement, all other indicia of licensure.

**(12) [(11)]** To reinstate the license of a physician whose license has been in a noncurrent state for any reason, including retirement, for a period of two (2) years or less, that physician shall obtain, in addition to any other requirements of law, twenty-five (25) hours of continuing medical education for each calendar year in which the license was in a noncurrent state. To reinstate the license of any physician whose license has been in a noncurrent state for any reason, including retirement, for more than

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**Proposed Rules for Consideration Cont'd**

two (2) years, that physician shall comply with 20 CSR 2150-2.150 and any other requirements of law. No license of a physician whose license has been noncurrent shall be reinstated unless and until all required continuing medical education is obtained and reported to the Board and all other requirements of law have been satisfied.

**(13) [(12)]** Violation of any provision of this rule shall be deemed by the Board to constitute misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct in the performance of the functions or duties of a physician depending on the licensee's conduct. In addition, a licensee who has failed to complete and report in a timely fashion the required hours of continuing medical education and engages in the active practice of the healing arts without the express written authority of the Board shall be deemed to have engaged in the unauthorized practice of medicine.

For information on other state's licensure requirements visit:  
[http://www.fsmb.org/policy/public-resources/state\\_specific](http://www.fsmb.org/policy/public-resources/state_specific)

To learn more about the rulemaking process in the state of Missouri please visit:

<http://www.sos.mo.gov/adrules/>  
*and*  
<http://www.senate.mo.gov/jcar/>

### Increased Board Communication Options

The Board is pleased to provide a **FREE** subscription service to make it easier and more timely for you to receive updates by email or text message on the topics that interest you.

Getting started is easy. Simply go to <https://public.govdelivery.com/accounts/MOIFP/subscriber/new>, enter your email address or mobile number, then select the topics for which you'd like to receive updates. Click the submit button when you're finished, and watch for a confirmation email or text verifying the updates you've made. You can change your account preferences at any time.

Beginning in 2016 we will be increasing the use of digital communication through this service, including renewal reminders and notification of posting the Board's newsletter to the website. This method of communication will support a more timely method of communication allowing you to keep abreast of the Board's activities as they occur.



#### Contacting the Board

The Board has an automated phone system that allows callers to be routed to the appropriate staff through a numeric selection process in an effort to reduce multiple transfers. In addition, email addresses have been established to assist you.

**Main Number: (573) 751-0098**

- Press 1** – New licensure applications, renewing or updating a license, or licensure verifications ([licensure@pr.mo.gov](mailto:licensure@pr.mo.gov))
- Press 2** – Complaints against licensees, malpractice complaints or subpoenas ([enforcement@pr.mo.gov](mailto:enforcement@pr.mo.gov))
- Press 4** – Scope of practice and specific legal cases ([legal@pr.mo.gov](mailto:legal@pr.mo.gov))

*The Supreme Court of Missouri ruled in Missouri Association of Nurse Anesthetists, Inc. v. State Bd. of Registration for Healing Arts, 343 S.W.3d 348 (Mo. 2011) that a state agency cannot make a statement of general applicability, including answering general questions or interpreting or clarifying statutes, without going through a formal rulemaking process. Please contact your attorney for any questions regarding Missouri law as it relates to your practice.*

### Websites of Interest

#### State Board of Registration for the Healing Arts:

- Current Board and Advisory Committee members
- Upcoming meetings
- Open meeting minutes
- Missouri laws and rules related to physicians and other allied health professionals regulated by the Board
- Name and Address Change forms
- Draft of pending rules
- Related links
- Healing Arts News (sign up)

#### State of Missouri Websites of Interest

- Governor of the State of Missouri - <http://www.governor.mo.gov>
- General Assembly - <http://www.moga.mo.gov>
- Missouri Senate - <http://www.senate.mo.gov>
- Missouri House - <http://www.house.mo.gov>

#### Other Agency Websites of Interest

- ABMS - <http://www.abms.org/>
- AMA - [www.ama-assn.org](http://www.ama-assn.org)
- AOA - [www.aoa-net.org](http://www.aoa-net.org)
- FSMB - [www.fsmb.org](http://www.fsmb.org)
- MSMA - [www.msma.org](http://www.msma.org)
- MAOPS - [www.maops.org](http://www.maops.org)

## Disciplinary Actions Taken

Publication of all disciplinary actions by the Board is required by law. The information contained in this report was accurate at the time of printing. However, for the most up-to-date information, interested persons should visit the Board's website at <http://pr.mo.gov/healingarts.asp> and click on Disciplinary/ Miscellaneous Actions. Additionally, the description of the licensee's conduct is general in nature and anyone interested in a complete description of the licensee's conduct can view and download detailed information from the Board's website. To receive notification of the Board's actions in a more timely fashion sign up for the free notification service described on page 11.

**Adem, Antoine M, MD  
Crystal City, MO**

Licensee submitted a forged letter to the CEO of Jefferson Regional Medical Center purporting to support the treatment provided to a patient.

Board Action: Reprimand  
Effective Date: 11/24/2014

**Agarwal, Surendra P, MD  
Effingham, IL**

Licensee was reprimanded by the Illinois Department of Financial and Professional Regulation for failing to properly supervise a certified nursing assistant in the administration of allergy shots.

Board Action: Reprimand  
Effective Date: 4/2/2013

**Akreml, Janet E, MD  
California, MO**

Licensee violated state drug statutes and regulations. Licensee's controlled substance authority was limited. Licensee's treatment of patients was unprofessional in that she prescribed medication in a way that was not in the course of professional practice. Licensee's conduct in such prescribing could have been harmful to patients. Licensee committed repeated negligence in her treatment of patients.

Board Action: Revoked for five (5) years  
Effective Date: 5/17/2013

**Albanna, Faisal J, MD  
St. Louis, MO**

Licensee violated his probation by failing to notify the Board of a patient's complication as required by a previous settlement agreement.

Board Action: Reprimand  
Effective Date: 2/19/2013

**Aldrich Jr, Joseph A DO  
Siloam Springs, AR**

Licensee was reprimanded by the State of Arkansas based on findings that he prescribed an excessive amount of controlled substances and that he prescribed said controlled substances for pain not associated with malignancy or terminal illness for more than six (6) months, all without keeping proper records and monitoring the condition of his patients to justify the ongoing prescribing.

Board Action: Reprimand  
Effective Date: 10/21/2013

**Baker, Jack L MD  
Friendswood, TX**

Licensee was disciplined by the Texas Medical Board for inappropriately billing patients.

Board Action: Reprimand  
Effective Date: 12/6/2013

**Blankenship, Harold, DO  
Neosho, MO**

Licensee was engaged by Shapers for chart review and clinic examinations. Licensee never met or examined patient's prior to signing forms and authorizing prescriptions.

Board Action: Reprimand  
Effective Date: 11/24/2014

**Brady, Mark J, MD  
Springfield, MO**

Licensee provided blank, pre-signed prescriptions to office staff, knowing they would be used to provide controlled substance prescriptions to patients. Licensee did not conduct sufficient examinations of these patients. Licensee allowed a staff member to fill out his registration with the Bureau of Narcotics and Dangerous Drugs. This caused the registration to be void. Licensee prescribed controlled substances in the absence of a valid controlled substance registration.

Board Action: Reprimand  
Effective Date: 8/25/2014

**Bronfman, Jana R, DO  
Kansas City, MO**

Licensee was placed under guardianship by a court of competent jurisdiction. Licensee's license was revoked by the Kansas Medical Board.

Board Action: Revoked for two (2) years and one (1) day  
Effective Date: 5/21/2013

**Bruno, Patrick L, MD  
Jefferson City, MO**

Licensee's license was issued on probation due to his failure to inform the Board of a previous arrest, resignation while under investigation from his previous hospital, repeated negligence in the care of one (1) patient when he twice failed to diagnose an injured ureter, making a false statement to the Board, and habitual intoxication or dependence on alcohol.

Board Action: Probation for three (3) years  
Effective Date: 5/23/2013

**Carothers, George G, DO  
Grand Rapids, MI**

On or about December 5, 2013, the Michigan Board of Osteopathic Medicine and Surgery entered a Consent Order limiting Licensee's medical license in Michigan for a minimum of one (1) year.

Board Action: Restricted from performing laparoscopic renal procedures and robotic procedures  
Effective Date: 8/20/2014

**Castaneda, Marco A, MD  
Chesterfield, MO**

Licensee pled guilty to two (2) counts of sexual misconduct, 2nd degree, a misdemeanor which is a crime involving moral turpitude.

Board Action: Probation for five (5) years  
Effective Date: 12/2/2013

On or about December 2, 2013, the Board issued an order placing Dr. Castaneda's license on probation. Dr. Castaneda has informed the Board that he will not comply with the probation order.

Board Action: Voluntary surrender in lieu of further discipline  
Effective Date: 2/25/2014

**Catanzaro, Paul S, MD  
St. Louis, MO**

Licensee consumed alcohol in violation of the conditions of his settlement agreement with the Board.

Board Action: Probation extended until November 19, 2017, with additional conditions.  
Effective Date: 6/3/2013

**Chang, Paul, PT  
Blue Springs, MO**

Licensee was convicted of the felony of sexual contact with a student on public school property and abuse of a healthcare patient, both of which are felonies involving acts of violence and moral turpitude and are reasonably related to the qualifications, functions, or duties of the profession of physical therapy.

Board Action: Revoked for seven (7) years  
Effective Date: 7/26/2013

**Chien, Tony Liang-Ku, DO  
Chesterfield, MO**

A hospital limited Licensee's privileges to perform spinal surgery due to unprofessional conduct and care that the hospital found to be below the standard of care. A second hospital revoked Licensee's privileges due to his failure to disclose the action of the first hospital. A third hospital revoked Licensee's privileges based on his failure to disclose the action at the first hospital and concerns about his professionalism and competence in handling several surgical cases. A fourth hospital revoked Licensee's privileges based on a number of cases in which they found that Licensee's care was below the standard of care.

Board Action: Probation for five (5) years  
Effective Date: 1/8/2013

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**Clark, Jason C, MD  
Manhattan, KS**

Licensee's license was placed on probation by the Nebraska Department of Health with the restriction that he only see male patients. Licensee admitted to making sexual advances toward patients and engaging in sexual relationships with co-workers.  
Board Action: Restricted — male patients only  
Effective Date: 8/12/2013

**Coen III, Daniel K, AT  
St. Louis, MO**

On August 14, 2013, Licensee entered a guilty plea in the Circuit Court of the City of St. Louis to two (2) counts of stealing by deceit, which is a felony.  
Board Action: Revocation for two (2) years  
Effective Date: 8/25/2014

**Cohen, Harry B, MD  
Oro Valley, AZ**

Licensee surrendered his Arizona and California medical licenses based on self-prescribing Ambien, surrendering his DEA registration and failing to undergo a requested evaluation.  
Board Action: Revoked for seven (7) years.  
Effective Date: 11/17/2014

**Crisp, Nolan D, MD  
Half Way, MO**

Licensee was convicted of illegal distribution and dispensing of a Schedule II Controlled Substance, a felony involving moral turpitude and/or is reasonably related to the qualifications, functions, or duties of Licensee's profession.  
Board Action: Revoked for seven (7) years  
Effective Date: 2/26/2014

**Cullinan, Stephen A, MD  
Peoria, IL**

Ohio revoked medical license; Illinois, Michigan, and Iowa also disciplined his license. On June 2, 2014, an amended Findings of Fact, Statutory Basis for Discipline, and Disciplinary Revoking the Medical License of Stephen A. Cullinan, MD, was issued due to typographical errors.  
Board Action: Revoked and prohibited from reapplying for seven (7) years  
Effective Date: 5/16/2014

**Dalan, Danilo A, MD  
Shawnee Mission, KS**

Application for license was denied because Applicant has been convicted of one (1) alcohol-related misdemeanor. Applicant's license in other states have had stipulations and restrictions placed on them. Applicant treated or attempted to treat a patient while under the influence of alcohol and had several relapses of his alcohol dependence with his most recent sobriety date being February 3, 2013.  
Board Action: Licensure Denied  
Effective Date: 5/23/2013

Licensee was issued a license on probation due to use of alcohol to the extent that it impaired the Licensee's ability to work, previous discipline by North Dakota and Minnesota Medical Boards, and habitual intoxication or dependence on alcohol.  
Board Action: Probation for five (5) years  
Effective Date: 4/14/2014

**Darwish, Oussama, MD  
St. Louis, MO**

Applicant's application for a permanent license was denied due to taking more than three (3) attempts to pass Step 2 of the United States Medical Licensing Exam.  
Board Action: Licensure Denied  
Effective Date: 9/23/2014

**DeMeo, Robert R, MD  
Staten Island, NY**

Licensee's application for licensure was denied due to his failure to answer questions on his Missouri application for licensure truthfully regarding Licensee's previous convictions in 2004 and again in 2008 for driving while intoxicated; Licensee's prior discipline in New York for failure to inform the New York Medical Board of his prior DWI convictions; and Licensee's habitual intoxication and/or dependence on alcohol.  
Board Action: Licensure Denied  
Effective Date: 5/13/2014

**DeRosa, Susan M, SLP  
Pueblo, CO**

Licensee billed for services not rendered.  
Board Action: License issued on probation for five (5) years  
Effective Date: 10/3/2014

**Deshazo, Gary M, DO  
Las Vegas, NV**

Licensee's previously imposed probation is extended for two (2) years, until May 16, 2016. Licensee was disciplined by the Nevada Board of Osteopathic Examiners for violating a previous order of the Board.  
Board Action: Probation extended  
Effective Date: 12/4/2013

**Dodson, Lorraine M, MD  
MD, Jefferson City, MO**

Licensee performed a caesarean section and tubal ligation on patient at the request of and with the informed consent of the patient. Licensee did not obtain hospital administrative approval for the tubal ligation. Licensee knowingly chose not to document in the operative permit, operative note, progress note, or any other medical record that she had performed the tubal ligation.  
Board Action: Reprimand  
Effective Date: 6/10/2013

**Dos Santos, Enrique, MD  
Columbia, MO**

Licensee made inappropriate sexual comments to three (3) female patients. He also engaged in physical contact with these three (3) patients knowing that such contact would be offensive or provocative.  
Board Action: Voluntary surrender in lieu of further discipline  
Effective Date: 5/29/2014

**Eichmann, Milton R, MD  
Poplar Bluff, MO**

Licensee violated the conditions of his previously imposed probation by failing to have a chaperone present while examining a female patient.  
Board Action: Retirement in lieu of further discipline  
Effective Date: 4/1/2014

**Epperson, Greg R, MD  
Kansas City, MO**

Licensee entered a Consent Order for three (3) years probation with the Kansas Medical Board based on his failure to adhere to the applicable standard of care and failure to furnish the Kansas Medical Board information legally requested by the Board.  
Board Action: Probation for three (3) years.  
Effective Date: 3/5/2013

**Falconer, Erick A, MD  
St. Louis, MO**

Licensee pled guilty to lying to agents of the Food and Drug Administration, which is a felony.  
Board Action: Revoked for seven (7) years.  
Effective Date: 11/25/2014

**Figueroa, Aida E, MD  
Clayton, NM**

On April 19, 2012, the State of Colorado Medical Board issued a Final Board Order as a result of Licensee prescribing hydrocodone and oxycodone to her husband, as well as soliciting hydrocodone prescriptions herself.  
Board Action: Revoked for seven (7) years.  
Effective Date: 2/6/2013

**Fiocco, Judith M, SLP  
Fulton, MO**

Licensee practiced from August 2013 until December 2013 without a license.  
Board Action: Censure  
Effective Date: 4/14/2014

**Fischer, Allen L, SLP  
Bonne Terre, MO**

Licensee documented he performed a procedure on a patient and billed for the procedure. Licensee had spent no more than five (5) minutes with the patient and could not have adequately performed the procedure.  
Board Action: Probation for five (5) years  
Effective Date: 5/28/2013

**Fiye, Melvyn W, MD  
St. Louis, MO**

On or about January 9, 2009, Washington University School of Medicine suspended Licensee's surgical privileges. In turn, Barnes-Jewish Hospital, St. Louis Children's Hospital, and the Veteran's Administration also suspended Licensee's surgical privileges. On or about June 23, 2010, Barnes-Jewish Hospital revoked Licensee's staff membership and admitting privileges. On or about July 1, 2010, St. Louis Children's Hospital revoked Licensee's staff membership and clinical privileges. On or about January 1, 2011, Licensee resigned from the medical staff of Washington University during an investigation. Additionally between April 23, 2009, and July 16, 2010, Licensee provided false and misleading testimony in at least three (3) malpractice cases where Licensee was hired as an expert witness. On or about August 11, 2010, Licensee was subpoenaed to appear before the Board at a hearing to discuss the disciplinary actions taken against him by Barnes-Jewish Hospital and the allegations of his false and misleading testimony. On or about October 12, 2012, Licensee informed the Board that he did not intend to comply with the Board's subpoena. Licensee did not appear at the October 19, 2012 hearing, as requested by the Board's subpoena.  
Board Action: Voluntary surrender in lieu of further discipline  
Effective Date: 1/11/2013

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**Fioravanti, Bernard L, MD  
Okay, OK**

Licensee voluntarily surrendered his DEA registration during an investigation. Licensee voluntarily surrendered his Oklahoma medical license during an investigation after he admitted ordering controlled substances which he had delivered to his residence. Licensee admitted to violations of Oklahoma controlled substances laws and that he was unable to practice medicine with reasonable skill and safety.

Board Action: Voluntary surrender in lieu of further discipline

Effective Date: 3/6/2014

**Forsberg, David A, MD  
Knoxville, TN**

On or about September 18, 2013, the Tennessee Board entered a Consent Order, reprimanding Licensee's medical license. The Tennessee order was based on a January 23, 2013 report from staff members of Vista Radiology that licensee appeared to be impaired at work.

Board Action: Reprimand

Effective Date: 11/24/2014

**Franklin, L Chris, DO  
Camdenton, MO**

Licensee has a history of alcohol abuse. In 2013, he relapsed and underwent treatment. At the end of that treatment, he was declared unfit to practice medicine due to neurological deficits that were a product of his alcohol abuse. Licensee underwent further assessment and was declared fit to practice. He signed a monitoring contract with a physician's health program. He then tested positive for alcohol on a random screen. Because of that, he was dismissed by his employer.

Board Action: Suspension for three (3) years, or until fit to practice, followed by probation for five (5) years.

Effective Date: 5/8/2014

**Gardner, Glenn, MD  
Spokane, WA**

Licensee was the attending vascular surgeon. Patient was admitted under the care of Licensee's colleague with a 8.4 cm expanding abdominal aortic aneurysm. Licensee's colleague then left town, handing off care to Licensee. Licensee failed to personally review the CT scans or examine the patient. Licensee failed to ensure that the patient was properly evaluated or treated.

Board Action: Reprimand

Effective Date: 10/26/2013

**Garg, Mukesh, MD  
Hastings, NE**

Licensee was arrested and charged with driving under the influence on or about May 2, 1999, June 22, 2005, and May 23, 2012. He pled guilty to the 2005 charge and nolo contendere to the 2012 charge.

Board Action: Probation for five (5) years

Effective Date: 7/30/2013

**Gasser III, George M, DO  
Farmington, MO**

Licensee violated his previously imposed probation by failing to attend a documentation course and failing to provide a certificate of completion of a documentation course before July 8, 2013.

Board Action: Voluntary surrender in lieu of further discipline

Effective Date: 1/17/2014

**Giem, David R, MD  
Sullivan, MO**

Licensee's registration with the Bureau of Narcotics and Dangerous Drugs was placed on probation for five (5) years for several controlled substance violations.

Board Action: Probation for two (2) years

Effective Date: 3/22/2013

On March 22, 2014, Licensee entered into a Settlement Agreement with the Board placing medical license on probation for a period of two (2) years. Licensee violated the terms of the Settlement Agreement by failing to renew his license and failing to complete required continuing medical education courses.

Board Action: Voluntary surrender in lieu of further discipline

Effective Date: 9/8/2014

**Gill, Cynthia D, DO  
Lees Summit, MO**

Licensee's license was issued on probation in 2000 based on her use of alcohol and controlled substances to the extent that her ability to practice was impaired. The probation was terminated early on October 12, 2004. On September 17, 2013, Licensee reported that she had relapsed in April and was subsequently arrested for a DWI in June. When arrested, she was driving to her place of employment to report to work.

Board Action: Probation for five (5) years

Effective Date: 4/1/2014

**Glenn, Byron C, MD  
Cape Girardeau, MO**

On or about November 27, 2013, Licensee pled guilty to a misdemeanor of making an unlawful demand against the United States in the U.S. District Court for the Eastern District of Missouri.

Board Action: Reprimand

Effective Date: 9/15/2014

**Gogel, Philip F, MD  
St. Louis, MO**

Licensee was convicted of driving while intoxicated on September 24, 1992, and March 3, 2011. Licensee was arrested on February 13, 2012, and June 12, 2012, for felony charges of driving while intoxicated. Licensee pled guilty to those charges and entered a deferred sentencing program. Licensee has been diagnosed with alcohol dependence and is complying with treatment recommendations as part of his deferred sentencing program.

Board Action: Probation for five (5) years

Effective Date: 11/21/2013

**Golden, Mark I, MD  
Chicago, IL**

The Illinois Department of Financial and Professional Registration placed Licensee's license on probation for at least two (2) years for violation of controlled substance laws and regulations, including self-prescribing and record keeping deficiencies.

Board Action: Probation for ten (10) years

Effective Date: 3/28/2014

**Gonzalez, Oscar H, MD  
Joplin, MO**

Licensee failed to examine patients before signing forms authorizing prescriptions. Licensee improperly delegated the responsibility of the evaluations of patients and the prescribing of controlled and non-controlled medications to an unqualified employee thereby prescribing controlled substances in a manner not authorized by law and in bad faith, and he failed to have proper controls to prevent diversion as required by law.

Board Action: Reprimand

Effective Date: 10/14/2014

**Graves, Robert L, DO  
Cranston, RI**

On February 27, 2014, the Rhode Island Board entered into a Voluntary Agreement Not to Practice Medicine in Rhode Island. This agreement was based on allegations raised by two (2) complaints filed by patients in February 2014. Licensee admitted to a boundary violation raised in one (1) complaint.

Board Action: Voluntary surrender in lieu of further discipline

Effective Date: 10/14/2014

**Hall, Jason M, AT  
Springfield, MO**

Licensee practiced in Missouri without a Missouri license between April and August 2010, 2011, and 2012.

Board Action: Reprimand

Effective Date: 6/14/2013

**Hartman, John A, DO  
Farmington, MO**

Licensee was found guilty of the crime of Assault 2nd Degree — Operating a Vehicle While Intoxicated Resulting in Injury. This crime is a felony involving moral turpitude.

Board Action: Revoked

Effective Date: 2/25/2013

Licensee was found guilty of the crime of Assault 2nd Degree - Operating Vehicle While Intoxicated Resulting in Injury. This crime is a felony involving moral turpitude.

Board Action: Probation for ten (10) years

Effective Date: 2/25/2013

**Hassan, Khaled R, MD  
Bridgeton, MO**

On or about January 30, 2014, Licensee entered a guilty plea in the U.S. District Court for the Eastern District of Missouri to three (3) counts of making false statements relating to healthcare matters, which is a felony.

Board Action: Revoked for two (2) years

Effective Date: 8/25/2014

**Hovey, Charlotte, MD  
Oak Park, IL**

Licensee's license was revoked by the medical licensing Boards of California and Ohio, limited by the medical licensing Board of Arizona, and suspended by the medical licensing Boards of Virginia and Washington. These actions were based in part on Licensee's medical conditions which limit her ability to safely practice medicine.

Board Action: Revoked for seven (7) years

Effective Date: 2/8/2013

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**Hulse III, James E, MD  
Kansas City, MO**

Licensee failed to review approximately four hundred fifty (450) Holter monitor reports over a period of ten (10) years.  
Board Action: Probation for two (2) years  
Effective Date: 11/25/2013

**Jadhav, Amar P, MD  
Springfield, MO**

During his residency program, Licensee wrote an article and submitted to a supervising physician for review. The supervising physician told Licensee that the article was not likely to be published. Licensee then plagiarized significant portions of an article and submitted it to the American Journal of Medical Sciences, listing his supervising physician as a co-author. The supervising physician did not know a plagiarized article had been submitted under his name. Licensee eventually resigned from his position while an investigation regarding the above events was ongoing.  
Board Action: Reprimand  
Effective Date: 9/18/2013

**Jain, Abhishek, MD  
St. Louis, MO**

Licensee's license was denied due to the state of Kansas previously denying his license. The Missouri Board set alternative criteria (CME) and Dr. Jain obtained a Missouri license.  
Board Action: Licensure Denied  
Effective Date: 8/13/2013

**Jamry, Wit A, MD  
St. Louis, MO**

On or about February 20, 2013, Licensee entered a guilty plea in the United States Court for the Eastern District of Missouri to one count of healthcare fraud, which is a felony.  
Board Action: Revoked for two (2) years  
Effective Date: 8/25/2014

**Jessup, Michael J, MD  
Cape Girardeau, MO**

Licensee's controlled substance registration was issued on probation based on violations of controlled substance law.  
Board Action: Reprimand  
Effective Date: 6/10/2014

**Johnson, Eric R, DO  
Arlington, TX**

On August 31, 2012, the Texas Medical Board entered an Agreed Order (the "Texas Order") which placed several restrictions on Licensee's license due to inappropriately prescribing controlled substances to himself and his family and failure to maintain adequate medical records. The Texas Order constitutes final disciplinary action against Licensee's Texas license.  
Board Action: Retired in lieu of further discipline  
Effective Date: 1/16/2013

**Jones, Joseph V, MD  
Steele, MO**

Licensee surrendered his Arkansas Medical license during the course of an investigation. This was a final disciplinary action.  
Board Action: Revoked for seven (7) years  
Effective Date: 2/26/2014

**Kahraman, Levent, MD  
Joplin, MO**

Licensee pled guilty to the misdemeanor charge of assault in the third degree. Assault in the third degree is a crime which involves violence or moral turpitude and is cause for the Board to discipline.  
Board Action: Probation for two (2) years  
Effective Date: 2/25/2013

**Karsh, Richard B, MD  
Beachwood, OH**

Licensee was admonished by the Colorado Department of Regulatory Agencies in a final disciplinary action. The admonishment was based on Licensee's care and treatment of two (2) patients which fell below the generally accepted standards of practice for a radiologist.  
Board Action: Public reprimand  
Effective Date: 12/24/2013

On February 12, 2014, the Ohio Board entered an order revoking Licensee's Ohio license. This was based on the June 13, 2013, Colorado Board issuance of a Letter of Admonition based on its findings that Licensee fell below the accepted standards or practice for a radiologist in that he failed to properly interpret two (2) patients' scans. On March 28, 2014, the Kentucky Board issued an order revoking Licensee's license.  
Board Action: Revoked for two (2) years  
Effective Date: 8/25/2014

**Keating, Heather S, PT  
Springfield, MO**

Licensee accepted referrals from a physician, chiropractor, and advanced practice nurse who were employed by the same company she was employed by and received wages in violation of state statute. Licensee evaluated patients without a referral from a healthcare provider.  
Board Action: Reprimand  
Effective Date: 7/5/2013

**LaMonda, Justin G, MD  
Moberly, MO**

Licensee allowed a nurse to administer or dispense drugs and provide treatment without a written collaborative practice agreement.  
Board Action: Reprimand  
Effective Date: 11/18/2014

**Lehman, Richard, MD  
St. Louis, MO**

Licensee documented a physical examination without performing such physical exam and then based documentation on information that is over two-and-one-half (2½) years old, which constitutes unprofessional conduct in the performance of the functions and/or duties of licensee's profession.  
Board Action: Reprimand  
Effective Date: 9/25/2014

**Littleford, John, DO  
Parker, CO**

Licensee agreed to a voluntary surrender and permanently relinquished his Colorado medical license in a final disciplinary action based on allegations that Licensee was prescribing excessive amounts of narcotics to patients in excess of recommended daily maximum dosages and was providing substandard care through his prescribing practices and/or prescribed controlled substances other than in the course of legitimate professional practice.  
Board Action: Voluntary Surrender in lieu of further discipline  
Effective Date: 3/6/2013

**McAlister, Rebecca P, MD  
St. Louis, MO**

On or about June 23, 2010, Licensee signed a voluntary contract with a Physician's Health Program. One (1) term of that contract was that she abstain from the use of medications, alcohol, and any other mood-altering substances unless ordered by her primary care physician. On October 2 and 3, 2012, Licensee consumed an unknown number of Percocet tablets and an unknown amount of alcohol. The use of Percocet tablets and consumption of alcohol violated the treatment agreement with the Physician's Health Program.  
Board Action: Probation for five (5) years  
Effective Date: 4/23/2013

**McEldoon, Wesley A, MD,  
Signal Hill, CA**

Licensee was reprimanded and ordered to pay a fine by the Maine State Board of Licensure of Medicine in a final disciplinary action for engaging in unprofessional conduct and fraud or deceit in obtaining a Maine medical license.  
Board Action: Reprimand  
Effective Date: 12/2/2013

**McLeod, Daniel K, AT  
St. Louis, MO**

Licensee was issued a license on probation because he had practiced without a license, which is unethical or unprofessional conduct, and he represented to the Board that he was not practicing as an athletic trainer prior to being issued an athletic training license, when, in fact, he was practicing as an athletic trainer.  
Board Action: Probation for five (5) years  
Effective Date: 12/31/2013

**Mackey, Joseph T, MD  
Blue Springs, MO**

Licensee engaged in sexual conduct with patients, sexual misconduct with minor patients, and repeated negligence which was a serious danger to the health, safety, and/or welfare of a patient or the public.  
Board Action: Emergency Suspension  
Effective Date: 7/18/2013

During his residency, Licensee performed a physical examination on a minor patient without parental consent. Licensee established a physician-patient relationship with Patient 1 on October 18, 2000. Licensee told Patient 1 that in order to evaluate a mass in Patient 1's scrotum, Patient 1 needed to masturbate and ejaculate. Licensee also said that it was necessary for Licensee to hold Patient 1's genitals while he ejaculated. Patient 1 was fifteen (15) years old at this time. Licensee agreed to supervise Patient 2 taking an over-the-counter supplement that purported to contain creatine, "androgen booster," and nitric oxide. Licensee distributed the capsules to Patient 2 and Patient 3. He did not know the true chemical make-up of the capsules or the amount of any ingredient in the capsules. As part of the purported monitoring, Licensee stated that he needed Patient 2 and Patient 3 to produce a semen sample. Licensee further stated that it was necessary that he stay in the room while Patient 2 and 3 masturbated and that he needed to hold Patients 2 and 3's penises to direct it into the specimen cup to ensure a "clean sample." Licensee did remain in the room while Patient 2 and 3 masturbated and did direct Patient 2's and 3's penises while they ejaculated. Licensee failed to keep records regarding the use of the supplements by Patient 2 and 3.

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Board Action: Voluntary surrender in lieu of further discipline  
Effective Date: 10/28/2013

**Malur, Gita J, MD  
Alton, IL**

The Illinois Division of Financial and Professional Regulation entered an order suspending Licensee's license for one (1) year, followed by a one (1) year probation and a fine based on finding that Licensee failed to notify authorities of child abuse.  
Board Action: Suspended for one (1) year, immediately followed by probation for a period of one (1) year  
Effective Date: 9/10/2013

On June 3, 2014, the Illinois Board terminated Licensee's suspension and placed her on probation. As the current Missouri order mirrors the length of discipline issued by the Illinois Division of Financial and Professional Regulation, Licensee's Missouri suspension was terminated and her license placed on probation as of June 3, 2014.  
Board Action: Suspended for one (1) year, immediately followed by probation for one (1) year  
Effective Date: 6/3/2014

**Martin, Kevin J, DO  
St. Louis, MO**

Since January 1, 2012, until at least December 2013, Licensee engaged in the habitual use of alcohol. Licensee joined a Physician's Health Program. By joining the program, he agreed to abstain from alcohol. Licensee relapsed on alcohol several times including once when he drove to his child's school to pick up the child after drinking.  
Board Action: Voluntary surrender in lieu of further discipline  
Effective Date: 5/29/2014

**Massouh, Marwan , MD  
Westlake, OH**

On or about October 16, 2013, the U.S. District Court, Northern District of Ohio entered a judgment finding Licensee guilty of one count of "Introduction of Misbranded Prescription Drugs into Interstate Commerce," which is a class A misdemeanor and is a crime reasonably related to the qualifications, functions, and/or duties of Licensee's profession and/or involves fraud dishonesty and/or moral turpitude.  
Board Action: Reprimand  
Effective Date: 9/4/2014

**Merwin II, John D, MD  
St. Louis, MO**

The Administrative Hearing Commission found that Licensee violated section 334.100.2(1), RSMo, by using alcohol to the extent that it impacted his ability to perform the work of his profession, and section 334.100.2(4), RSMo, for unethical conduct. On November 9, 2011, the Board imposed five (5) years of probation. Licensee appealed. The Missouri Court of Appeals upheld the finding that licensee violated section 334.100.2(1), RSMo, but reversed the finding regarding section 334.100.2(4), RSMo, and remanded the case to the Board for a new hearing to determine discipline. On August 6, 2013, the Board issued an order imposing one (1) year of probation.  
Board Action: Probation for one (1) year  
Effective Date: 8/6/2013

**Meyer, Randall E, MD  
Jefferson City, MO**

Licensee was negligent in the cases of five (5) patients, in which he placed multiple stents in coronary arteries that were less than fifty percent (50%) blocked.  
Board Action: Reprimanded and restricted from the practice of invasive and interventional cardiology  
Effective Date: 5/17/2013

**Miller, Steven M, AT  
Anaheim, CA**

Licensee was issued a license on probation because he had practiced without a license which is unethical or unprofessional conduct.  
Board Action: Probation for (5) five years  
Effective Date: 12/31/2013

**Nisar, Abid, MD,  
St. Peters, MO**

On March 21, 2012, the Illinois Medical Board indefinitely suspended Licensee with no reapplication permitted for two (2) years from the date of March 21, 2012. This Illinois action was a final disciplinary action. Licensee appealed the Board's order. On June 26, 2013, the Court issued an order affirming the Board's order.  
Board Action: The Missouri Board issued an order suspending licensee's license until March 21, 2014 followed by probation for five (5) years  
Effective Date: 7/8/2013

**Patty, John R, DO  
Poplar Bluff, MO**

In the case of patient A.B, Licensee was negligent and violated the standard of care by failing to properly interpret fetal heart-rate tracings and by failing to promptly and adequately respond to at least ninety (90) minutes of non-reassuring fetal heart-rate monitoring. In the case of patient J.P, Licensee was negligent and violated the applicable standard of care by failing to properly interpret fetal heart rate tracings and by failing to promptly and adequately respond to at least five (5) hours of non-reassuring fetal heart-rate monitoring. In the case of patient T.B, Licensee was negligent and violated the applicable standard of care by failing to properly interpret fetal heart-rate tracings and by failing to promptly and adequately respond to non-reassuring fetal heart-rate monitoring by failing to immediately deliver the infant via cesarean section at the time the fetal heart-rate tracings became non-reassuring.  
Board Action: Probation for three (3) years  
Effective Date: 6/21/2013

**Pittman, Mary C, AT  
Carl Junction, MO**

License was issued on probation, due to Licensee practicing as an athletic trainer without a license since January 31, 2000.  
Board Action: Probation for seven (7) years  
Effective Date: 4/14/2014

**Polselli, Ryan J, MD  
Kansas City, MO**

Applicant's application for licensure was denied due to being found guilty of one (1) count of aggravated assault on or about April 11, 2014. Additionally, applicant was terminated from his position based on the events that led to the above conviction.  
Board Action: Licensure Denied  
Effective Date: 8/4/2014

**Porter, Walter N, MD  
Leawood, KS**

On October 22, 2011, Licensee dictated a history and physical of a patient without physically seeing or examining the patient. This incident led to a subsequent investigation against Licensee by Kindred Hospital. Licensee eventually resigned as staff at Kindred Hospital before the investigation was completed.  
Board Action: Reprimand  
Effective Date: 1/16/2013

**Powell, Frank, MD  
Spring, TX**

Licensee failed to properly read two (2) radiologic studies.  
Board Action: Reprimand  
Effective Date: 5/8/2014

**Raben, Cyril Anthony, MD  
Fayetteville, AR**

Licensee's Ohio license was revoked after licensee agreed to permanently surrender it based on allegations of violating the standard of care.  
Board Action: Revoked for a seven (7) years.  
Effective Date: 11/17/2014

**Randecker Jr, Harold H, MD  
Everett, WA**

Licensee was convicted of Bankruptcy — False statement under oath, a felony which involves fraud and/or dishonesty.  
Board Action: Revoked for seven (7) years  
Effective Date: 2/26/2014

**Redjal, Hamid R, MD  
Cape Girardeau, MO**

Licensee wrote a controlled substance prescription prior to obtaining a BNDD registration, failed to conduct a sufficient examination prior to prescribing a controlled substance, and failed to maintain adequate records of prescribing a controlled substance.  
Board Action: Reprimand  
Effective Date: 9/19/2014

**Reimers, Hans-Joachim, MD  
St. Louis, MO**

Licensee delegated various responsibilities to an individual not qualified by training to perform such responsibilities and failed to properly supervise said individual while she performed said duties.  
Board Action: Reprimand  
Effective Date: 7/7/2014

**Ryser, Carol A, MD  
Kansas City, MO**

Licensee was convicted of health care fraud and filing a false tax return, both felonies.  
Board Action: Revoked for seven (7) years  
Effective Date: 2/13/2014

**Sanders, Lawrence E, AT  
Columbia, IL**

Licensee practiced for approximately six (6) years in Missouri without a license.  
Board Action: Reprimand and Probation for seven (7) years  
Effective Date: 11/22/2013



**Sevrey Jr, Martin R, DO  
Ava, MO**

Licensee entered an Alford plea to the crime of domestic assault, a misdemeanor that is a crime which involves moral turpitude or an act of violence. Licensee entered guilty pleas to nine (9) counts of failure to keep or furnish records on controlled substances, which is a crime that involves Licensee's qualifications, functions, or duties as a physician and surgeon.

Board Action: Probation for two (2) years  
Effective Date: 8/14/2013

On or about August 14, 2013, the Board issued its Findings of Fact, Conclusion of Law and Order finding cause to discipline Licensee's license and place him on probation for two (2) years. Licensee's failure to renew his license in a timely manner is a violation of the Board's order.

Board Action: Voluntary surrender in lieu of further discipline  
Effective Date: 9/4/2014

**Smith, William J, MD  
Sedalia, MO**

Dr. Smith's conduct was unprofessional on at least four (4) occasions when he used inappropriate language with staff and patients. He also improperly delegated the care of a patient to a certified nurse midwife.

Board Action: Probation for (5) five years  
Effective Date: 3/19/2013

**Snodgrass, Brett T, MD  
Florissant, MO**

Application for physician and surgeon's license was denied due to applicant's failure to demonstrate competency as a physician, good moral character, and professional and ethical conduct.

Board Action: Licensure Denied  
Effective Date: 11/20/2013

**Spaulding, Kenneth A, MD  
Sarasota, FL**

Licensee's application for licensure was denied due to his prior discipline in Missouri in 1989, 1999, 2009, and 2010, and his history of unprofessional and unethical conduct related to the above discipline.

Board Action: Licensure Denied  
Effective Date: 5/13/2014

**Stanley, John H, MD,  
Kansas City, MO**

Licensee entered into a settlement agreement with BNDD limiting his authority to prescribe controlled substances based on numerous violations of controlled substances law.

Board Action: Voluntarily retired in lieu of further discipline.  
Effective Date: 11/12/2014

**Stastny, Todd A, MD  
Blue Springs, MO**

Licensee failed to ensure that a patient's anticoagulation therapy was being managed appropriately prior to surgery despite having information that it was not. Licensee failed to recognize a medical emergency and admit the patient or refer him for further testing. Licensee also failed to adequately communicate with a specialist regarding the patient's care.

Board Action: Reprimand  
Effective Date: 10/30/2013

**Stuart, William B, PTA  
Independence, MO**

Licensee was arrested, charged, and/or convicted of numerous crimes including passing bad checks, possession of drug manufacturing paraphernalia, disorderly conduct and operating a motor vehicle without a valid license.

These crimes and their associated circumstances show that licensee does not possess good moral character.

Board Action: License issued on probation for five (5) years  
Effective Date: 10/3/2014

**Tobin, Robert F, MD  
St Joseph, MO**

Licensee violated his previously imposed probation by failing to cause a monthly report to be submitted by his preceptor.

Board Action: Retirement in lieu of further discipline  
Effective Date: 7/22/2013

**Treacy, Bryan J, MD  
Oklahoma City, OK**

Licensee entered into a settlement agreement with the Oklahoma State Board of Medical Licensure and Supervision placing his license on probation. This order was based on his admission that he had engaged in a sexual relationship with a patient while treating her.

Board Action: Probation for five (5) years  
Effective Date: 4/11/2014

**Vaid, Brij R. MD  
St. Louis, MO**

On October 18, 2013, Licensee entered into a settlement agreement with the Bureau of Narcotics and Dangerous Drug placing his controlled substance registration on probation for a period of two (2) years.

Board Action: Probation for two (2) years  
Effective Date: 8/11/2014

**Velez, Dennis Antonio, MD  
Columbia, MO**

Licensee failed to meet the standard of care in performing neurosurgery on eight (8) patients. Licensee also failed to maintain appropriate records.

Board Action: Restricted from the practice of neurosurgery indefinitely and placed on probation for a period of five (5) years.  
Effective Date: 11/12/2014

**Whetmore, Clayton E, DO  
Macon, MO**

In 2006, Licensee failed to appropriately treat a patient with acute hypoglycemia, which was or might have been harmful or dangerous to the mental or physical health of this patient.

Board Action: Reprimand  
Effective Date: 5/13/2014

**White, Rose M, AUD  
Mount Vernon, MO**

Licensee falsified records for patients by recording that screening tests were performed when in fact she had failed to perform the tests.

Board Action: Probation for five (5) years  
Effective Date: 4/28/2014

**Worley, Belinda J, SLP  
Dexter, MO**

Licensee submitted three hundred eighteen (318) claims to MO HealthNet for one (1) hour of one-on-one speech language pathology services. Licensee did not provide one (1) hour of speech-language pathology services during this time. The patients were also being provided services by physical therapists and occupational therapists.

Board Action: Censure  
Effective Date: 6/5/2013

**Yanuck, Rudolph R, MD  
St. Louis, MO**

Licensee's hospital privileges were revoked by the VA St. Louis Health Care System due to egregious diagnostic errors where discrepancies in cancer malignancy diagnoses occurred and caused significant impact on patient healthcare outcomes in multiple cases.

Board Action: Restricted to teaching and/or administrative work  
Effective Date: 2/3/2014

**Yasin, Fazole M, MD  
St. Louis, MO**

Licensee dispensed samples of a prescription medication without conducting a sufficient examination, without maintaining a patient record, and not in the course of professional practice. Licensee, under the guise of treating a patient, engaged in counseling sessions with a patient. During these sessions, Licensee touched the patient and asked the patient if he was having an erection in an attempt to discern the patient's sexual identity. The patient had not requested that Licensee treat him or discern his sexual identity.

Board Action: Probation for three (3) years  
Effective Date: 1/2/2013

Licensee was found not fit to practice by a Board approved facility.

Board Action: Emergency Suspension  
Effective Date: 6/10/2013  
Terminated: 6/26/2013

**Young, John L, MD  
Silver Spring, MD**

Licensee surrendered his license and was fined in a final disciplinary action in the state of Washington.

Board Action: Revocation for seven (7) years  
Effective Date: 2/26/2014

**Zereik, Jamal A, MD  
Farmington, MO**

Licensee failed to use degree of skill and learning ordinarily used under same or similar circumstances by members of his profession in the care of two (2) patients. Licensee's conduct and/or practice was or might have been harmful and/or dangerous to the mental or physical health of a patient or the public; or incompetency, gross negligence and/or repeated negligence in the performance of the functions and/or duties of Licensee's profession. Cardinal Glennon terminated its agreement with Licensee in a final disciplinary action.

Board Action: Probation for five (5) years  
Effective Date: 8/18/2014

The following licenses were suspended by operation of law pursuant to section 324.010, RSMo which requires suspension of the professional license of individuals who fail to file state tax returns or fail to pay state tax liabilities.

<u>Licensee</u>	<u>Effective Date</u>	<u>Licensee</u>	<u>Effective Date</u>
Allen, Victoria L, DO Ballwin, MO	6/11/2013	Kyzer, Michael D, MD St. Louis, MO	6/11/2013
Baldwin, Christopher O, MD Houston, MO	6/11/2013	Moon, Athena M, SLP Beverly Hills, MO	6/11/2013
Belcher, James E, MD St. Louis, MO	6/11/2013	Ngengwe, Raphael N, MD New York, NY	7/21/2014
Bilbrey, Christopher L, PTA St. Louis, MO	7/21/2014	O'Toole, Erin D, SLP Denton, TX	6/11/2013
Chamberlain, Angela D, PTA Nixa, MO	7/21/2014	Policky, Kevin J MD Independence, MO	7/21/2014
Chandler, Debra S, PT St. Louis, MO	7/21/2014	Psaltis, Phillip E, MD Lawton, OK	6/11/2013
Cole, Richard F, MD Fort Leonard Wood, MO	7/21/2014	Ray, Sherry A, PTA Pocahontas, AR	7/21/2014
Dowden, Deborah L, MD Hazelwood, MO	6/11/2013	Singh, Binwant K, MD St. Louis, MO	7/21/2014
Enns, Cheri L, PTA Chadwick, MO	7/21/2014	Schulz, Lorna A, SLP Eureka, MO	6/11/2013
Friesen, Darrin S, MD St. Louis, MO	7/21/2014	Sudkamp, Kasey L, PT Chesterfield, MO	7/21/2014
Harshman, David M, MD Beaufort, SC	6/11/2013	Thomas, Jean A, MD St. Louis, MO	12/21/2013
Jackson, Debra M, SLP Joplin, MO	6/11/2013	Turcotte, Sherry A, DO Aurora, MO	6/11/2013

### *Help is Available*

The Board strongly encourages physicians with alcohol or chemical dependency issues to contact one (1) of the following agencies for assistance:

Missouri State Medical Association  
Surgeons  
Missouri Physicians' Health Program  
680 Craig Road, Suite 308  
St. Louis, Missouri 63141  
Hotline: (800)274-0933  
Office: (314)995-4990

Missouri Association of Osteopathic Physicians &  
Physicians' Health Program  
Capital Region Medical Center  
P.O. Box 1128  
Jefferson City, Missouri 65102-1128  
Office: (573)636-8255

#### **Multi-Disciplinary Evaluation and Assessment Providers**

The Board's website contains a list of approved multi-disciplinary evaluation and assessment providers for concerns related to chemical dependency, competency, disruptive behavior, drug, alcohol and mental health issues and sexual misconduct. A list of approved providers can be found at <http://pr.mo.gov/Boards/healingarts/Assessment%20and%20Treatment%20Providers.pdf>

## Case Trends

### Boundary Issues Are on the Rise

Over the last two (2) years the Board has seen an increase in the number of complaints related to boundary issues. As with all complaints, the Board takes these allegations very seriously. Please be mindful that these actions can result in disciplinary action against the licensee (sections 334.100.2(4) and 334.100.2(4)(i), RSMo). The action taken by the Board in these cases have resulted in probation, emergency suspension and revocation. The Board urges all licensees to be cognizant of maintaining appropriate boundaries in physician/patient relationships. Some CME courses on boundary issues may be found on the Board's website at <http://pr.mo.gov/Boards/healingarts/CMECourses.pdf>.

### Controlled Substance/Record Keeping Violations/Proper Examination

The Board has also seen a rise in cases related to the improper prescribing of controlled substances and related record keeping. Regardless of who a controlled substance prescription is written for, all such prescriptions must be preceded by a sufficient examination. Failure to perform a sufficient examination prior to prescribing ANY drug may result in disciplinary action against a licensee (section 334.100.2(4)(h), RSMo). On top of making sure a sufficient examination is performed, it is essential for physicians to maintain proper documentation of such examinations to avoid any complaints or disciplinary action (sections 334.097 and 334.100.2(6), RSMo). CME courses on record keeping and prescribing can be found on the Board's website at <http://pr.mo.gov/Boards/healingarts/CMECourses.pdf>.

### Pre-Signed Scripts Are Against the Law

In addition to the above, the Board continues to investigate cases relating to physicians pre-signing prescriptions. Pre-signed prescriptions are a violation of the Missouri state statutes governing physicians (section 334.100.2(4)(h), RSMo) and can result in disciplinary action being taken against a physician's license. CME courses approved by the Board related to boundary issues, clinical education, communications, ethics, prescribing and recordkeeping can be found online at <http://pr.mo.gov/Boards/healingarts/CMECourses.pdf>.

### General Billing Issues/Fraudulent Billing

Related to record keeping, the Board has seen a significant increase in cases involving improper patient billing. While some of these billing cases involve outright fraudulent activity, such as billing for services not rendered, many of these cases relate to issues of proper record keeping and coding. It is important to document all patient visits and to ensure that what is being billed is substantiated by the medical record. Failure to properly bill, as well as failing to properly maintain adequate patient medical records may lead to disciplinary action being taken against a physician's license (sections 334.097 and sections 334.100.2(4), .2(4)(a), .2(6) and .2(18), RSMo). CME courses approved by the Board related to proper billing and recordkeeping can be found online at <http://pr.mo.gov/Boards/healingarts/CMECourses.pdf>.

**UPDATED 2014 EDITION NOW AVAILABLE**  
**Revised and Expanded**  
**Responsible Opioid Prescribing:**  
**A Clinician's Guide**  
<http://www.fsmb.org/books>

**Responsible Opioid Prescribing: A Clinician's Guide** offers clinicians effective strategies for reducing the risk of addiction, abuse and diversion of opioids that they prescribe for their patients in pain. Written by pain medicine specialist Scott M. Fishman, M.D., this new edition, updated in September 2014, includes new information on Model Guidelines, FDA labeling, and preventing opioid overdose that was not available when the first edition was published in 2007. The update is especially important given the rise of opioid abuse and related deaths in the United States as well as the ongoing need for legitimate patient access to pain medications.

**CME: EXTENDED-RELEASE AND  
LONG-ACTING OPIOIDS:  
ASSESSING RISKS, SAFE PRESCRIBING**  
<https://rems.community360.net/default.aspx>

**ER/LA Opioid CME** – FSMB offers a free online CME activity built upon the combined expertise of the nation's most respected leaders in safe prescribing and risk management of opioid analgesics. This CME is designed to reduce adverse outcomes resulting in inappropriate prescribing, misuse and abuse while maintaining patient access to pain medications. For more information on FDA REMS visit these additional websites:

<http://www.fda.gov/drugs/drugsafety/informationbydrugclass/ucm163647.htm>  
and  
[www.ER-LA-opioidREMS.com](http://www.ER-LA-opioidREMS.com)

## Things to Know

### **Death Certificates Are Required To Be Signed Within Seventy (72) Hours**

Concerns from the death care industry are being communicated to the Board regarding the untimely signing of death certificates. Missouri law (section 193.145, RSMo) requires the physician in charge of the patient's care for the illness or condition which resulted in death to certify the death within seventy-two (72) hours after death. The Missouri Electronic Vital Records (MoEVR) system has been implemented to assist physicians and funeral directors in providing death certificates to families in a more efficient and expedient manner. To receive access to MoEVR please contact (573) 751-7149.

**Delinquent Taxes** - Effective July 1, 2003, all persons and business entities applying for or renewing licenses with the Division of Professional Registration are required to have paid all state income taxes, and to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns your license will be subject to suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. This requirement was enacted in House Bill 600 of the 92nd General Assembly (2003), and was signed into law by the Governor on July 1, 2003. If you receive a House Bill 600 letter from the Board you will need to contact the Department of Revenue at (573) 751-7200 and get the tax issue resolved with their office. Once the issue is resolved with the Department of Revenue, they will provide you with a letter of tax compliance. Once you receive the letter of tax compliance, fax it to the Board office immediately to (573) 751-3166. For more information,

please contact the Department of Revenue at 573-751-7200 or at [income@dor.mo.gov](mailto:income@dor.mo.gov).

**Examination Scores** - The Missouri Board of Healing Arts charges a fee to provide examination scores to another State Board if you took the Missouri State Board examination (Not FLEX or USMLE). Please submit the \$50 fee along with the following information to the Board of Healing Arts, P.O. Box 4, Jefferson City, MO 65102:

- The full name of the licensee;
- Profession;
- License number;
- Approximate date of examination; and
- Address that the scores need to be sent.

**Verification of Licensure** - The Missouri Board of Healing Arts does not charge a fee to verify a license to another state or agency. Please email your request to [license@pr.mo.gov](mailto:license@pr.mo.gov) or fax to (573) 751-3166 Attention: Verifications. You can also mail your request to P.O. Box 4, Jefferson City, MO 65102.

Please include the following:

- The full name of the licensee;
- License Number;
- Profession ; and
- Where the Verification is to be sent.

[Healing Arts News](#)

Missouri State Board of Registration for the Healing Arts

PO Box 4

Jefferson City, MO 65102

[www.pr.mo.gov/healingarts.asp](http://www.pr.mo.gov/healingarts.asp)

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