

2016 Annual Report
Kentucky Board of Medical Licensure
Preston P. Nunnelley, M.D.
President

Board Background

Few people realize the Kentucky Board of Medical Licensure got its beginning as the Kentucky State Medical Society, which was officially incorporated by the Kentucky General Assembly in 1851. In 1878, the Kentucky State Board of Health was created primarily to protect citizens against diseases of the time and was recognized as the legal arm of the state medical association and a precursor to the current Kentucky Board of Medical Licensure.

In the 1880s, the General Assembly gave the State Board of Health control of the examination and regulation of those practicing the healing arts. In 1882, state, local, and city boards of health became government agencies with authority from the General Assembly to do everything necessary to protect the public health. Ultimately, this led to the development of licensure examinations and the hiring of an attorney to enforce the medical practice laws. In 1972, the General Assembly formally created the current Kentucky Board of Medical Licensure.

Since its inception in 1972, the primary mission of the Board has been to protect and promote the public welfare of the citizens of the Commonwealth. It is with this significant duty in mind that Board members are called upon to make crucial decisions whether physicians are competent to provide patient care or if they pose a threat to the public. Using this approach, the Board strives to license qualified medical and osteopathic physicians and take appropriate disciplinary actions when violations of the Medical Practice Act occur.

In addition to the licensing and regulation of medical and osteopathic physicians, the General Assembly has given the Board the responsibility of licensing and regulating other health care professions such as physician assistants, athletic trainers, acupuncturists and surgical assistants. Each of these groups has its own advisory body, which reviews applications and considers policy matters and, in turn, makes recommendations to the Board for final approval.

Along with its role of licensing and investigating grievances against physicians and allied health professions, the Board is also a strong supporter of the Kentucky Physicians Health Foundation, which was established by the General Assembly. The Board contracts and provides funding to the Foundation in order to facilitate the prevention, identification, intervention and rehabilitation of Kentucky physicians who have, or who are at risk for developing, disorders that are associated with functional impairment or who are suffering from chemical dependency, mental health issues or behavioral problems. This valuable program has saved hundreds of medical careers over the years while ensuring that the public is protected through their monitoring activities.

The Board regulates the practice of medicine and osteopathy and its other professions under the statutory authority of Chapter 311 of the Kentucky Revised Statutes and Title 201 of the Kentucky Administrative Regulations. The Board is an independent licensure agency and is totally self-funded through licensure fees.

Board Members

The Board is presently made up of fifteen members, consisting of seven medical physicians who are in private practice, one osteopathic physician in private practice, three consumer at large representatives, the Deans of the state's three medical/osteopathic schools and the Commissioner of Public Health for the Cabinet for Health and Family Services. The composition of the Board is slightly different when compared to other state medical boards in the fact that the appointment of the Deans of

the medical /osteopathic schools and the Commissioner of Public Health provides a unique perspective to matters under review by the Board.

2016 Members and Officers

- **Preston P. Nunnelley, M.D., Lexington, President**
- **Randel C. Gibson, D.O., Mayfield, Vice-President**
- **C. William Briscoe, M.D., Corbin, Secretary**
- Tamella B. Cassis, M.D., Prospect
- Patrick R. Hughes, Esq., Crestview Hills (Consumer Member)
- Heidi M. Koenig, M.D., Louisville
- John J. McConnell, Murray, (Consumer Member)
- Thangam Rangaswamy, Ph.D., (Consumer Member)
- Waqar A. Saleem, M.D., Louisville
- Dale E. Toney, M.D. Lexington
- Russell L. Travis, M.D., Lexington
- Boyd Buser, D.O., Dean, University of Pikeville, College of Osteopathic Medicine*
- Toni M. Ganzel, M.D., Dean, University of Louisville School of Medicine*
- Robert S. DiPaola, M.D., Dean, University of Kentucky College of Medicine*
- Hiram C. Polk, Jr., M.D., Commissioner, Kentucky Department of Public Health*

**Ex-Officio Members*

This year, the Board welcomed one new member to the Board with the appointment of Dale E. Toney, M.D. by Governor Beshear. Dr. Toney practices Internal Medicine in Lexington and filled the vacancy left by Jay Grider, D.O., whose term expired. The Board would like thank Dr. Grider for his dedication and years of service to the citizens and physicians of the Commonwealth. The Board also welcomed back Randel C. Gibson, D.O. of Mayfield, who was reappointed to serve another full four-year term and currently serves as the Chair of the Board's Inquiry/Hearing Panel B.

Board Activities

The full Board met on a quarterly basis and reviewed applications for medical and osteopathic licensure. As a result, 1,037 new medical licenses were granted and 134 osteopathic licenses were issued. The Board also issued 718 temporary permits to practice in the state; 274 residency training licenses; 18 institutional training licenses and 4 faculty licenses. The Board also certified 122 new physician assistants, bringing the total number of physician assistants to 1,216. One Hundred Thirty-Five new athletic trainers were also certified by the Board, bringing the total number of certified athletic trainers in the state to 650. The Board certified 14 new surgical assistants in the state, bringing the total to 212. Finally, the Board licensed 8 new acupuncturists, which brings the total in Kentucky to 85.

Along with the licensing and regulation of medical and osteopathic physicians and other health care providers under its jurisdiction, the Board is responsible for reviewing and investigating all grievances filed against these individuals. The Board reviews all types of grievances against physicians including those pertaining to professional misconduct, moral turpitude, ethical concerns and practice irregularities. Grievances come to the Board from various sources such as consumers, hospitals, government agencies, law enforcement, physicians, and other healthcare professionals. Once a grievance is reviewed and thoroughly investigated by one of the Board's five investigators, it is presented to one of the Board's Inquiry/Hearing Panels. For matters related to investigations and disciplinary action, the Board is split up into two different groups, Inquiry/Hearing Panel A and Inquiry/Hearing Panel B. These Panels meet each month on an alternate basis in order to determine whether an investigation revealed a violation of the Medical Practice Act. In the event that a violation is found, it is referred to the Board's Legal Department and is resolved through an informal process or administrative hearing. Once that process is complete, it is presented to the alternate Inquiry/Hearing Panel for final resolution.

This year, the Board's Inquiry/Hearing Panels met 12 times and reviewed 318 cases, which included 177 new grievances. As a result of this review, formal disciplinary action was initiated against 95 physicians' licenses, which included 6 licenses being restricted, 16 being suspended, 6 licenses being surrendered, 1 being revoked and 41 Agreed Orders being signed. The Board is currently supervising 321 physicians under various Orders.

Continuing Medical Education

The Board has highlighted the fact that we are now halfway through the calendar year 2016, which means the Board is at the midpoint of our current Continuing Medical Education Cycle (CME). Continuing medical education is a valuable tool utilized by the Board to demonstrate a physician's personal competency. According to 201 KAR 9:310, all physicians maintaining a current Kentucky medical/osteopathic license are required to complete sixty (60) hours of CME every three (3) year cycle, with thirty (30) hours being certified in AMA or AOA Category I by an organization accredited by the Accreditation Council on Continuing Medical Education (CME). The current CME cycle ends on **December 31, 2017**.

Along the same note, the Board would like remind all licensed physicians to ensure that they obtain the appropriate continuing medical education hours to maintain compliance with this regulation. It is important for physicians to remember that the continuing medical education requirements related to HB 1, which went into effect in 2012, remain ongoing. According to the regulation, for each three (3) year CME cycle beginning on January 1, 2015, a licensee who is authorized to prescribe or dispense controlled substances in the Commonwealth at any time during that cycle shall complete at least four and one-half (4.5) hours of approved continuing education hours relating to the use of KASPER, pain management, addiction disorders, or a combination of two (2) or more of those subjects. A licensee may satisfy this requirement by completing a single approved program of 4.5 hours or longer or by completing multiple

approved programs for a total of 4.5 hours or longer for that cycle. A summary of the Board's CME requirements is available on our website, www.kbml.ky.gov.

Board Issues

The Board remains committed in its role in reducing prescription drug abuse in Kentucky. It truly understands that to effectively make a difference in Kentucky's drug problem, it must continue with these collaborative efforts as they are making a positive difference in the lives of the citizens of the Commonwealth. Like other states, officials in Kentucky have recognized that the challenge of addressing prescription drug abuse requires a comprehensive and coordinated statewide strategy that restricts access to prescription drugs for illicit use but ensures access for those who legitimately need it. The Board feels that it has made great strides in this area through the implementation of 201 KAR 9:260, which sets out the professional standards for prescribing and dispensing controlled substances in the Commonwealth along with mandatory continuing education requirements related to prescribing and addiction. These efforts have been in place since 2013 and have made improvements in the ways physicians prescribe controlled substances and treat patients with chronic pain.

In addition to 201 KAR 9:260, the Board also became one of the first state medical boards in the nation to address the overprescribing and diversion of Buprenorphine in its adoption of a regulation, 201 KAR 9:270, which focuses on the professional standards for prescribing or dispensing Buprenorphine-Mono-Product. This regulation, which had the input from medical experts throughout the Commonwealth, went into effect in 2015. The Board further refined that regulation in 2016 and recently amended the regulation with the changes now in the effect.

The Board also notes other efforts to combat prescription abuse through the recent improvements in the Commonwealth's prescription monitoring program, KASPER. One of the major enhancements was the addition of Morphine Equivalent Dose (MED) information and information on Naloxone on each KASPER report. The

daily MED is shown for each opioid prescription record and indicates the morphine equivalent value assigned to the daily dose. The daily MED is calculated using a conversion formula from the U.S. Centers for Disease Control and Prevention (CDC), and is a measure that equates different opioid potencies to a standard morphine dose equivalent. This information makes it easier for physicians to determine the amount of opioid medications the patient is receiving that could place the patient at a higher risk for a drug overdose. Another major enhancement was the development of a Peer Review Report in which a physician may request a comparison of his/her prescribing habits versus physicians statewide and ones in their specific specialty of practice. The Board was pleased to announce these changes to physicians and appreciates the hard work and dedication of the Cabinet for Health and Family Services' Office of Inspector General in making these important improvements.

Another major development this year in the battle against prescription drug abuse came in the form of the CDC's publishing of its new Guideline for Prescribing Opioids for Chronic Pain in March of 2016. This guideline provides recommendations about the appropriate prescribing of opioid pain relievers and other treatment options to improve pain management and patient safety. The Board has reviewed the CDC Guidelines and has found they are consistent with the principles set out in 201 KAR 9:260.

While it is noted that the overall prescribing of controlled substances has improved, the Board still considers allegations of inappropriate prescribing to be very serious and continues to take appropriate disciplinary action when violations occur. At the heart of the Board's effort to combat this issue is the Board's concerted effort to collaborate with law enforcement agencies such as the Office of the Attorney General, the Kentucky State Police, the Cabinet for Health and Family Services' Office of Inspector General and various other Federal and local agencies. Board staff and its investigators regularly meet with these groups to discuss individual cases and ways that our agencies can work together to protect the public. The Board also is an active participant on the Governor's KASPER Advisory Council, which provides advice,

guidance and recommendations to the agencies charged with the responsibility under KRS 218A to monitor the prescribing and dispensing of controlled substances.

Another major issue for the Board in 2016 has been the review and study of the Interstate Compact for Physicians. The Compact was created by a collective group headed by the Federation of State Medical Boards to develop an expedited licensure process to assist in cutting through the administrative burden of medical licensure and make it much simpler for physicians to obtain licensure in multiple states. To date, 17 states have signed onto the Compact; however, implementation is still in the development phase. At this time, the Board supports the concept of the Compact; however, it has not voted to proceed forward in pursuing the matter. In order to do so, it would require a statutory change to the Medical Practice Act. As the Board goes forward looking for ways to alleviate administrative burdens for physicians and streamline its processes, it will continue to study the Compact as its implementation continues and the Board's questions regarding the fiscal impact are resolved.

Legislation

The members of the Kentucky General Assembly addressed several pieces of legislation that involve the medical profession during the proceedings of the 2016 legislative session. One of the bills, SB 17, sponsored by Sen. Ralph Alvarado, M.D., created a new section of Chapter 311 to prohibit the Board from requiring specialty certification or maintenance of licensure testing to practice as a physician. The Board did not have a position on the legislation or oppose it. SB 17 passed both legislative bodies and was signed into law by Governor Matthew Bevin. Sen. Alvarado introduced another piece of legislation, SB 19, which amended the Medical Practice Act to stipulate that Board appointees shall be appointed from a list of names submitted by the Kentucky Medical Association. SB 19 also cleared both legislative bodies and was signed by Governor Bevin.

In other legislative activity, the Kentucky General Assembly also addressed legislation that involved physician assistants. The first, SB 114, sponsored by Sen. Paul Hornback, amended KRS 213.076 to add advanced practice registered nurses and physician assistants to the list of healthcare practitioners who may certify information contained in a death certificate. The second, SB 154, sponsored by Sen. Tom Buford, amended KRS 311.856 to allow the supervising physician, practice, or institution to determine a physician assistant's countersignature requirement. The legislation also directs the supervising physician to outline the specific parameters for review in the application required by KRS 311.854. Both pieces of legislation cleared the House and Senate and were signed by Governor Bevin.

Outreach Efforts

One of the ways the Board communicates to its licensees on matters relating to continuing education and other important issues is through the publishing of the quarterly Newsletter, which is distributed via email and made available on our website. This year, the Board focused much of its attention in the Newsletter on issues related to controlled substances and other timely issue such as the preparedness for the Zika Virus. Along with our Newsletter, the Board utilized email blasts to assist agencies such as the Kentucky Department of Public Health in notifying physicians on information of importance. In the age of high speed and wireless communications, these efforts along with posting information on the Board's website, continue to be the most efficient way of communicating with our fast-paced medical community.

The Board's website, www.kbml.ky.gov, continues to provide valuable information about the Board, policy statements, Board Opinions, and a direct link to the Medical Practice Act and administrative regulations. The website is updated on a daily basis with a focus on alerts, which appear directly on the home page with important updates. In addition to physicians and healthcare providers, consumers often utilize the website to verify licensure information on a specific physician or inquire about disciplinary action.

Along with the Board's traditional mode of communication, Board staff regularly accepts speaking engagements throughout the Commonwealth to speak on subjects ranging from prescribing controlled substances to ways to avoid coming before the Board for a disciplinary matter. A perfect example of this activity has been our ongoing partnership with the Office of Drug Control Policy in conducting trainings on responsible opioid prescribing. Whether the event is an association meeting, hospital grand rounds, or appearing before medical/osteopathic students, the Board recognizes the importance of its outreach efforts and attempts to honor all requests for speaking engagements.

Final Summary

This is a brief summary of some of the many activities this Board has been involved with this past year. Finally, I would like to advise that I am closing in on the final days of my current term on the Board. Due to my recent retirement from the practice of medicine, I have indicated that I will not accept another term and recognize that it is time to move on. Words cannot express what a tremendous privilege it has been to serve on the Board for the last 24 years and the last nine years as Board President. I would like to express my special appreciation to the Kentucky Medical Association for all their support throughout the years. I would also like to thank each of my fellow Board members that I have served with and Board staff for all of their hard work and dedication to the Commonwealth. Serving on the Board has been a true honor and one that I will always cherish. The members of the Board take great pride in the Board's ability to serve the citizens of the Commonwealth, and I am happy to know it will continue to work to protect the public and improve the quality of health care in Kentucky.

**Kentucky Board of Medical Licensure
Administrative Report
Fiscal Year 2016**

Meetings Held:	FY2016
Board of Medical Licensure	4
Inquiry/Hearing Panels	12
Physician Assistant Advisory Committee	4
State Council on Athletic Trainers	4
Surgical Assistant Advisory Committee	4
Acupuncture Advisory Committee	3

Licensure Activity for M.D.'s and D.O.'s

Renewals and Applications:

Registered In State	*11,359
Registered Out of State	5,815
Applications Provided For Initial Licensure	1,228

New Licenses Issued:

Medical Licenses	1,037
Osteopathic Licenses	134
Temporary Permits	718
Residency Training Licenses	274
Institutional Practice Limited Licenses	18
Fellowship Training Limited Licenses	12
Faculty Licenses	4

Licensure/Certification Activities for Allied Health Professionals

Physician Assistants

Active	1,216
New	122

Athletic Trainers

Active	650
New	135

Surgical Assistants

Active	212
New	14

Acupuncturists

Active	85
New	8

***Includes 612 retired physicians for FY2016.**

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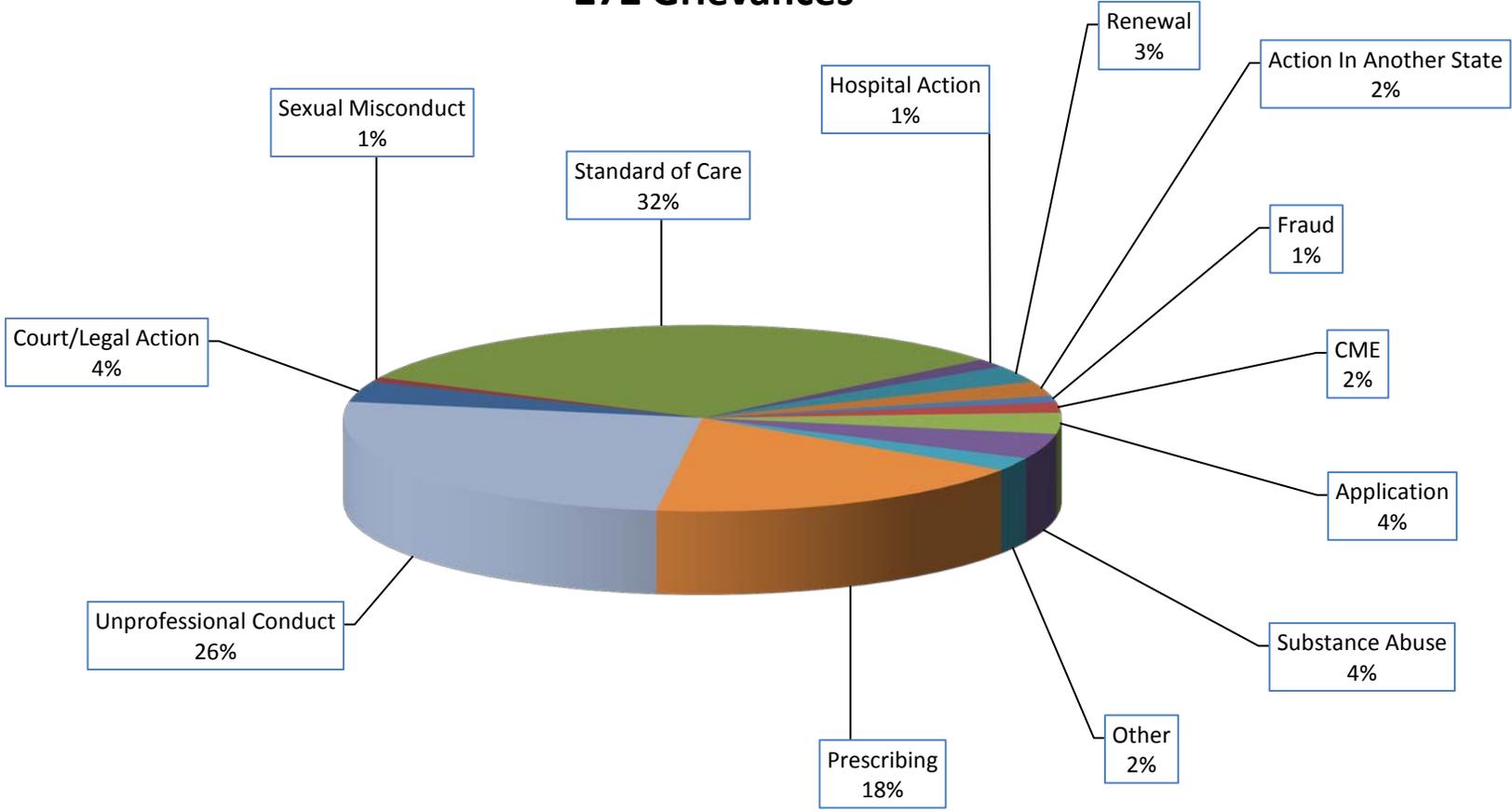
Disposition of Grievances and Disciplinary Actions Taken:

Grievances Opened	272
Total Cases to Panel	318
Cases Investigated to Panel	120
Investigations Pending	115
Malpractice Cases Reviewed	37
Disciplinary Proceedings Authorized	110

Disciplinary Action Taken

Complaints Issued	19
Emergency Orders of Suspension	12
Emergency Orders of Restriction	1
Orders Denying License	4
Orders of Probation	0
Orders of Restriction	3
Orders of Revocation	1
Orders of Suspension	4
Agreed Orders	41
Agreed Orders of Indefinite Restriction	2
Agreed Orders of Surrender	6
Agreed Orders of Probation	2
Agreed Orders of Revocation	0
Agreed Orders of Suspension	0
Agreed Orders of Fine	11
Agreed Orders of Retirement	4
Interim Agreed Orders	9
Orders Amended	33
Letters of Agreement	11
Letters of Admonishment	25
Letters of Concern	20

Type of Grievance
July 1, 2015 - June 30, 2016
272 Grievances



**Source of Grievance
July 1, 2015 - June 30, 2016
272 Grievances**

