Medical Board Report

Newsletter of the Texas State Board of Medical Examiners

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CONTENTS:

Dr. Anderson Named President of Board

Governor George W. Bush has appointed Lee S. Anderson, M.D., as the new President of the Board. William H. Fleming III, M.D., who has served as president since 1995, will remain on the Board. Dr. Fleming has been elected vice-speaker of the Texas Medical Association House of Delegates.

Dr. Anderson is an ophthalmologist in Fort Worth and president of Retina Consultants, P.A. He is the former president of the Tarrant County Medical Society and was a trustee of Saint Joseph's Hospital. Dr. Anderson earned his medical degree from the University of Texas Medical Branch at Galveston in 1974.

Board Changes Profile Content

The Texas State Board of Medical Examiners has responded to licensees' concerns about the Physician Profile content. Proposed new rules will remove "date of birth" from the profile and replace it with "date of graduation from medical school." Two other items, "place of birth" and "ethnic origin," which

the Board previously included in the profile report, will not be required. Physicians may choose whether to include these items in their profile.

The three data elements affected by the changes were not required by HB 110, the legislation that created the profile. They were incorporated into the Board rules adopted in March because they are included in license verification reports currently available to the public. The Board has been required by legislative action to collect information regarding ethnic origin since 1983 and must continue to do so. The three items removed from the Profile report will continue to be available as public information upon request.

HB 110, by Rep. Glen Maxey (D-Austin) became effective September 1, 1999, and requires that certain data about licensed physicians be available to the public by September 1, 2001. During that period, the Board must gather the additional data and develop the technology to make the information available via the Internet as well as on paper. Data will be gathered as part of the renewal process over the next year.

The first set of Profile data collection forms were mailed with renewal forms for permits due November 30. Submission of the profile data will be optional until September, 2001, when the program becomes fully operational and compliance is mandatory. After that date, failure to return the completed form to the Board will be considered non-compliance, resulting in non-renewal of the physician's license.

A Message from the President

Over the past three years, many of my friends and colleagues have asked, "What's it like to be on the Texas State Board of Medical Examiners?" My response has been: "The licensure problems are very technical; the disciplinary problems are very humbling; and the public policy issues are very exciting!"

The TMB is a composite board, meaning it is made up of MDs, DOs and public members, with a primary mission to protect the public by ensuring proper licensing credentials and taking appropriate disciplinary actions against physicians and other licensees whenever necessary.

In regulatory matters, the Board's duty is to seek acceptable common ground between parties, if possible, and to apply a regulatory authority in an evenhanded manner based on the facts of the specific license or disciplinary action. We are sometimes limited by legislated statutes and we use Board rules for clarification of procedures and conduct. We are bound by certain legislative mandates, such as physician profiling and the allowable time for releasing medical records. These are not our rules; these are statutory requirements set by the Legislature. The rules we do use are not to penalize but to clarify issues such as Internet prescribing, pain management and integrative and complementary medicine, as well as new delivery paradigms such as co-management with non-physician clinicians.

Like all my fellow Board members, I give these matters great importance, which requires patience on everyone's part.

I will use this column in the future to address topics relevant to the practice of medicine in Texas today. I wish to thank Governor George W. Bush for appointing me president of the Board and I look forward to serving the people of the State of Texas.

Lee S. Anderson, M.D.
President
Texas State Board of Medical Examiners

Dr. F.M. "Skip" Langley is New Executive Director
At the May 18-19 Board meeting, the Texas State Board of Medical Examiners approved F. M. "Skip" Langley, D.V.M., M.D., J.D., formerly of Corpus Christi, to fill the position of executive director. Dr. Langley was selected from a field of more than 50 candidates after a nationwide search.

Dr. Langley, 58, a native of Paris, Texas, received his D.V.M. from Texas A&M University in 1967. He graduated from the University of Texas Medical Branch at Galveston in 1973 and completed an anesthesiology residency at John Sealy Hospital in 1976. He practiced anesthesiology in Corpus Christi from 1976 until this year and is a Diplomate of the American Board of Anesthesiology. In addition, Dr. Langley received a J.D. from South Texas College of Law in 1990.

Dr. Langley was the medical-legal editor of the Texas Society of Anesthesiologists *Bulletin* from 1989 until 1998 and has been an adjunct professor on the faculty at Texas A&M University, Corpus Christi, where he taught graduate courses in health law.

Bruce A. Levy, M.D., J.D., who served as executive director of the Board from 1993 until July, has joined the Federation of State Medical Boards as Deputy Executive Vice President.

Dr. Langley took over as Executive Director of the Board on July 17.

Texas State Board of Acupuncture Examiners
September 12, 2000

TO: Texas Licensed Acupuncturists
FROM: Texas State Board of Acupuncture Examiners

RE: Advertising

Dear Acupuncturist,

During the last meeting of the Board, the issue of non-licensed individuals listing themselves as acupuncturists in the Yellow Pages was considered. The Board only has legal authority over those individuals who possess a valid Texas acupuncture license, and as such cannot restrict this type of advertising. The Yellow Pages was contacted and the Board was informed that the Yellow Pages does not verify the information that they print. That said, it is incumbent upon you as a licensed acupuncturist to make every effort to emphasize your licensed status in your advertising. Also, please be sure to include your license number in your advertising, pursuant to Rule 183.19.

183.19. Acupuncture Advertising.

(a) License number on print advertising. Except as provided for in subsection (b) of this

section, all written advertising communicated by any means or medium which is authorized, procured, promulgated, or used by any acupuncturist shall reflect the current Texas acupuncture license number of the acupuncturist who authorized, procured, promulgated, or used the advertisement and/or is the subject of the advertising. In the event that more than one acupuncturist authorizes, procures, promulgates, uses, and/or is the subject of the advertising, each such acupuncturist shall ensure that any such print medium reflects the current Texas acupuncture license number of the acupuncturist.

(b) Exceptions. The following forms of advertising shall be exempt from the provisions of subsection (a) of this section:

(1) business cards;

(2) office, clinic, or facility signs at the office, clinic, or facility location;

(3) single line telephone listings; and,

(4) billboard advertising.

Sincerely,

Texas State Board of Acupuncture Examiners.

Acupuncture Rule Changes

Chapter 183, Acupuncture: rule review and amendments to 183.1-183.5, repeal of 183.6-183.23 and new 183.6-183.21.

For copies of rule changes, write the Board at MC 901, P.O. Box 2018, Austin, TX 78768-2018; e-mail pat.wood@tmb.state.tx.us or on the web at www.tmb.state.tx.us.

Texas State Board of Physician Assistant Examiners

Governor Appoints Two to PA Board

Governor George W. Bush has appointed two new members of the Texas State Board of PhysicianAssistant Examiners.

Timothy Webb

Timothy Webb, a public member from Houston, graduated from Tennessee State University and the Thurgood Marshall School of Law. He is an attorney in private practice. He fills the unexpired term of Jerry Clements, of Dallas, who resigned. His term expires February 1, 2001.

Margaret K. Bentley

Also a public member, Ms. Bentley, of DeSoto, is director of administration and personnel for the accounting firm of Lane Gorman Trubitt, L.L.P. She is a graduate of New Mexico Highlands University and has a Masters in Business Administration from Southern Methodist University. She fills the unexpired term of Glenn Forbes, of Fort Worth, who resigned. Her term expires February 2, 2003.

Physician Assistant Rule Changes
The following rule changes that were published in the *Texas Register* were adopted by the Board:

Chapter 185, Physician Assistants: rule review and amendments to 185.2, 185.4-185.7, 185.14, 185.16-185.17, repeal of 185.18-185.29 and new 185.18-185.28.

For copies of rule changes, write the Board at MC 901, P.O. Box 2018, Austin, TX 78768-2018; e-mail pat.wood@tmb.state.tx.us or on the web at www.tmb.state.tx.us.

Medicaid Drug Use Review
Jennifer Seltzer, Pharm. D.

Clopidogrel (Plavix7) and Thrombotic Thrombocytopenic Purpura:

Clopidogrel, a new antiplatelet drug, was approved by the FDA in 1998 to reduce atherosclerotic events in patients with atherosclerosis as evidenced by recent stroke, myocardial infarction, or established peripheral arterial disease. More than three million people have received the drug. Clopidogrel has experienced broader clinical acceptance compared to ticlopidine as an antiplatelet drug due to a more tolerable side effect profile. Both ticlopidine and clopidogrel are structurally related derivatives of thienopyridine, differing by one carboxymethyl group. Thrombotic thrombocytopenic purpura has been

identified in patients receiving ticlopidine with an estimated incidence of one case per 1,600 to 5,000 treated patients.

In a recent postmarketing surveillance study, investigators reported 11 cases of thrombotic thrombocytopenic purpura associated with clopidogrel therapy. The disorder was characterized by thrombocytopenia, microangiopathic hemolytic anemia, neurologic changes and renal dysfunction. Patients ranged in age from 35 to 70 years; six patients were women. Five patients were receiving concurrent therapy with the cholesterol-lowering agents atorvastatin and simvastatin. In all but one patient, thrombotic thrombocytopenic purpura developed within two weeks of therapy initiation. Patients were managed with plasma exchange, with resolution of symptoms and laboratory abnormalities occurring in 10 of the 11 patients after a median of eight plasma exchanges (range: 1-30). One patient died following four days of plasma exchange. Two patients experienced a total of five recurrences with each recurrence responding readily to plasma exchange. The mechanism by which thrombotic thrombocytopenic purpura developed in patients receiving clopidogrel remains to be determined. Physicians should consider the diagnosis of thrombotic thrombocytopenic purpura in addition to assessing the underlying condition for which clopidogrel was prescribed if cardiac or neurologic changes occur after initiating clopidogrel therapy.

References

1. Product Information. Clopidogrel (Plavix7). Bristol-Myers Squibb, April 2000.

2. Bennett CL, Connors JM, Carwile JM, Moake JL, Bell WR, Tarantolo SR, McCarthy LJ, et al. Thrombotic thrombocytopenic purpura associated with clopidogrel. *N Engl J Med* 2000;342:1773-7.

3. Clopidogrel linked to thrombotic thrombocytopenic purpura. *Am J Health-Syst Pharm* 2000;57:1021-22.

4. Doctor's Guide. Alert issued on clopidogrel. (April 24, 2000) http://www.docguide.com/dgc.nsf/ge/Unregistered. User.545434. (Retrieved from the World Wide Web August 14, 2000).

COX-2 Inhibitors: Renal and Cardiac Effects

Cyclooxygenase-2 inhibitors, also known as COX-2 inhibitors, are a new class of nonsteroidal anti-inflammatory drugs designed to control pain and inflammation associated with arthritis and dysmenorrhea with fewer adverse effects than those seen with older NSAIDs. Both traditional and newly formulated NSAIDs exert their pharmacologic effects by inhibiting cyclooxygenase (COX), the enzyme that catalyzes the conversion of arachidonic acid to prostaglandins. Prostaglandins are generated by two distinct cyclooxygenase isoforms: COX-1 and COX-2. COX-1 is expressed constitutively and is found in all tissues and cell types, principally in the gastrointestinal tract, kidneys and platelets. This isozyme is responsible for homeostatic maintenance, including platelet aggregation, gastric acid

secretion, and regulation of blood flow in the kidney and stomach. The COX-2 isozyme is considered an inducible isoenzyme, although there is some constitutive expression in the brain, kidney, bone, female reproductive system, neoplasias, and gastrointestinal tract. COX-2 is primarily associated with inflammation and generates prostaglandins that produce pain, inflammation, and fever. Traditional NSAIDs inhibit both COX-1 and COX-2, while the newer selective COX-2 inhibitors target primarily the COX-2 isoenzyme. Although gastrointestinal adverse effects and antiplatelet effects have been attenuated with the advent of the newer, more selective NSAIDs, information now emerging indicates that the COX-2 isoenzyme is necessary for maintaining renal blood flow, especially in patients with compromised kidney function. Investigators have found that COX-2 inhibitors exert comparable reductions in glomerular filtration rates when compared to traditional NSAIDs. Additionally, several case reports have described the development of acute renal failure following therapy with a COX-2 inhibitor in patients with chronic renal insufficiency. Therefore, renal precautions observed for older, nonspecific COX-1/COX-2 inhibitors should also be applied to the selective COX-2 inhibitors.

Recent ongoing clinical trials have suggested that the COX-2 inhibitor, rofecoxib (Vioxx7), may be associated with a greater incidence of myocardial infarction (MI) and/or stroke than traditional NSAIDs. In a Merck-sponsored study evaluating gastrointestinal outcomes with rofecoxib when compared to naproxen in rheumatoid arthritis patients, significantly fewer MIs were seen in patients receiving naproxen (0.1 percent) when compared to those receiving Vioxx (0.5 percent). Since naproxen is not a selective COX-2 inhibitor, this drug also inhibits the COX-1 isoenzyme and has the ability to block platelet aggregation. The lower incidence of MI noted in patients receiving naproxen as compared to rofecoxib is most likely attributed to the antiplatelet effects associated with naproxen therapy and would not be expected with rofecoxib. This is the first study to show a reduction in cardiovascular events with naproxen. In this same study, the incidence of cerebrovascular accidents (CVAs) was comparable for both naproxen and rofecoxib (0.2 percent). It is plausible that a lower incidence of CVAs could be assigned to traditional NSAIDs as compared to more specific COX-2 inhibitors due to inhibitory effects on platelet aggregation seen with older, nonselective NSAIDs. In a separate GI outcomes study in osteoarthritis and rheumatoid arthritis patients receiving either celecoxib, diclofenac, or ibuprofen, the incidence of heart attack was 0.5 percent, 0.3 percent, and 0.5 percent, respectively. However, patients in this study were allowed to continue aspirin therapy, which is cardioprotective. Further studies are necessary to more completely delineate the impact NSAID therapy may have on MI and stroke occurrence.

The combined use of specific COX-2 inhibitors, such as celecoxib and rofecoxib, with nonselective COX-1/COX-2 inhibitors does not provide additional therapeutic benefit and may result in additive adverse effects, including gastrointestinal toxicity. The Texas Medicaid Drug Utilization Review Board recently evaluated concomitant use of COX-2 inhibitors and traditional NSAIDs in Texas Medicaid patients for an approximate six-month time period (February 2000 through mid-August 2000). During this evaluation period, 117 patients were identified as receiving concurrent therapy with COX-2 inhibitors and nonselective COX-1/COX-2 inhibitors. In approximately 10 percent of patients (14/117 patients), prescriptions overlapped only one time, while the

remaining 103 patients received concurrent therapy several times and were still receiving concomitant prescriptions for COX-2 inhibitors and traditional NSAIDs at the end of the evaluation period. Based on the possible increase in adverse effects, clinicians are encouraged to avoid prescribing duplicative therapy with COX-2 inhibitors and traditional NSAIDs.

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1. Drug Facts and Comparisons. St. Louis, MO: Facts and Comparisons, 2000.

2. Noble SL, King DS, Olutade JI. Cyclooxygenase-2 enzyme inhibitors: Place in therapy. *Am Fam Physician* 2000;61:3669-76.

3. Schuna AA. COX-2s: Renal, cardiac effects produce consternation. *AphA DrugInfoLine* 2000;1(6):2-3.

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7. Product Information. Dear Doctor letter concerning results of Vioxx Gastrointestinal Outcomes Research Trial. West Point, PA: Merck, May 24, 2000.

Zonisamide (Zonegran7)

Zonisamide (Zonegran**7**) has been approved for use as adjunctive therapy for treating partial seizures in adults with epilepsy. Zonisamide is a sulfonamide derivative and is contraindicated for use in patients with hypersensitivity to sulfonamides. Patients should be instructed to notify their physician immediately if any type of skin rash, fever, sore throat, or unexplained bruising is apparent, as fatalities, although rare, have occurred, including Stevens-Johnson syndrome, toxic epidermal necrolysis and serious hematologic events, due to severe reactions to sulfonamides. The most common adverse effects associated with zonisamide use include drowsiness, ataxia, anorexia, gastrointestinal symptoms, and a slowing of mental activity. Kidney stones have also been identified concurrently with zonisamide use; encouraging patients to increase fluid intake and urine output may help reduce the risk of stone formation. The recommended initial starting dose for zonisamide in adults is 100 mg daily, which may be increased if necessary in 100 mg increments at a minimum of two week intervals due to the extended elimination half-life seen with zonisamide (45-60 hours). Usual dosages range from 100 mg to 400 mg daily. While controlled trials suggest doses up to 600 mg daily may be effective, doses above 400 mg daily have not been shown to

produce increased response. Abrupt discontinuation of zonisamide or drastic dosage reductions may precipitate status epilepticus.

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1. Product Information. Zonisamide (Zonegran7). Elan Pharmaceuticals, March 27, 2000.

2. Oommen KJ, Mathews S. Zonisamide: A new antiepileptic drug. *Clin Neuropharmacol* 1999;22:192-200.

3. The Green Sheet. Elan *Zonegran* adjunctive therapy for partial seizures will launch in May. *FDC Reports* 2000;49:1.

4. The Pink Sheet. *Zonegran* postmarketing skin/renal AEs to be considered unlabeled events. *FDC Reports* 2000;62:9-10.

Prepared by Jennifer Seltzer, Pharm. D., Drug Information Service, The University of Texas Health Science Center at San Antonio, and the College of Pharmacy, The University of Texas at Austin, in association with the Texas Medicaid Vendor Drug Program.

The above article is provided for informational use only. Physicians should exercise their clinical judgment as to the appropriateness of treatment options on a case-by-case basis. The article should not be construed as a position statement of the Board. The Board thanks Jennifer Seltzer for contributing the guest article.

Renewal and CME Information

As you may already know, HB 110 (76th Legislature) requires TMB to gather and make public certain information about physicians. This information will be made public via the Physician Profile. TMB is now requesting physicians to provide profile information beginning with the physicians whose permit expires on November 30, 2000. The renewal application you receive will include questions and areas for information to be added to your profile.

A change to the CME question on the new renewal form is noteworthy. The question asks whether one has met current CME requirements. The response is "Yes" or "No." As always, physicians should keep a tally of their CME hours, but especially now as the Board will move away from tracking excess hours. Random CME audits will continue to take place after each renewal period.

The new renewal form now includes a question regarding the provision of office-based anesthesia services. If you provide these services and answer "yes," an application with additional information will be sent to you. Every outpatient setting where anesthesia is administered is required to be registered with the Board. A physician who owns, maintains, controls, or who is otherwise responsible for an outpatient setting where anesthesia is administered is required to pay an annual fee to the board to register the site.

For a copy Chapter 192, the board rule pertaining to office-based anesthesia, write the Board at MC 901, P.O. Box 2018, Austin, TX 78768-2018; e-mail pat.wood@tmb.state.tx.us or on the web at www.tmb.state.tx.us. Click on Board rules, then on current Board rules and go to Chapter 192. v

Physicians-in-Training Program Issuing Permits

To date 1,780 Basic Postgraduate Training Permits and 131 Provisional Postgraduate Training Permits have been issued.

Seven applicants were found to be ineligible for a postgraduate training permit. One applicant holds a suspended license in another state and another applicant had pending indictments in another state. The other applicants had not furnished proof of graduation from medical school or had not furnished proof that they graduated from a school whose curriculum is in accordance with state laws and board rules.

Although they were not found to be ineligible for a permit, two applicants were not issued permits because they obtained a temporary license to practice medicine through the physician licensure process.

Twenty-one applicants have been asked to furnish additional documentation after their applications were reviewed for various issues such as arrests, psychotherapy, academic probation, probation or suspension imposed by a residency training program or malpractice. In almost all cases, respective residency program directors have been directed to submit quarterly performance evaluations on the applicants to the Board office and to immediately notify the Board of any problems or derogatory information on the applicant. One training program was asked to have a chaperone present when a particular applicant treated female patients due to concerns with boundary issues.

There have been approximately six requests for withdrawal of an application for a permit. The majority of these requests stem from the applicant deciding to train in another state. Some result from visa problems. One program rescinded their offer to an applicant after it was discovered that he did not inform the program that he had completed a sentence in a correctional facility in another state. Another program rescinded their offer to an applicant after the program learned that the applicant had falsified letters of evaluation as he filled out the evaluations himself. This applicant was also found to be ineligible for a permit because his medical school also detected this irregularity and delayed his graduation from medical school.

The Board thanks the residency programs and medical staff offices for their assistance in contacting applicants on behalf of the Board and notifying the Board of changes in address and assisting in providing documentation to Board staff.

If you are a residency program director or department chairman, please remind your residents and fellows to notify the Board immediately of any change in their mailing address.

The Physicians In Training permitting process has been successful; however, the Board welcomes any suggestions to improve the process. Send your suggestions to: Physicians in Training, MC-244, P. O . Box 2018, Austin, TX 78768-2018.

"Baby Moses" Law Will Help Abandoned Infants

A state law that gives EMS workers newfound responsibilities may also help save the lives of some infants. During the last legislative session, HB 3423 was introduced by State Rep. Geanie Morrison (R-Victoria) to address the rising number of abandoned infants in Texas. Dubbed the "Baby Moses Law," it allows EMS personnel to take possession of a child who is 30 days old or younger if the child is voluntarily delivered to the EMS provider by the child's parent and the parent does not express an intent to return for the child.

In the past, only law enforcement officers and juvenile probation officers could legally take possession of a child without a court order. HB 3423 adds licensed EMS providers to this list, and enables these personnel to make decisions and render care necessary to protect the safety and health of the child. The law also provides anonymity to the parent, and releases the parent from charges of abandonment if the parent hands an unharmed child to qualified EMS staff.

EMS personnel who assume custody of a child must notify the Department of Protective and Regulatory Services of this action by the close of the first business day after the child is taken into possession. The law requires DPRS to assume the care, control, and custody of the child immediately upon receipt of this notice.

DPRS recommends the following steps be taken if an EMS provider assumes custody of an infant. First, immediately take the child to a medical facility for an examination. Second, consider contacting law enforcement personnel. DPRS will contact law enforcement if the EMS provider doesn't, but the sooner the department is notified, the sooner it can begin an investigation. Third, contact DPRS. To do so, call (800) 252-5400. This line is answered 24 hours a day, seven days a week.

Physicians Can Take Lead in Improving Immunization Rates for Children, Adults

Texas ranked 49th out of the 50 states and the District of Columbia in 1999 in rates of childhood immunization, according to the U.S. Centers for Disease Control. The ranking is based on the estimated vaccination coverage with the combined vaccination series 4:3:1:3 (four or more doses of DPT/DT, three or more doses of poliovirus vaccine, one or more doses of MCV, and three or more doses of Hib) given to children born between February 1996 and May 1998.

According to the Immunization Division of the Texas Department of Health, the childhood immunization rate in Texas is 75 percent. The Federal Healthy People 2010 goal is to bring the rate to 90 percent for all two-year-olds.

Physicians are in the front lines of this effort, because their patients pay attention to them, according to Lupe Mandujano-Garcia of TDH's Immunization Division. "Doctors don't realize how much impact they can have. They can be the moving force in getting immunization rates up," she said.

Reasons for the low rates include parents' fears of adverse reactions and doctors' fears of litigation. There are missed opportunities and often an attitude that "somebody else is supposed to do it, and nobody does it," according to Mandujano-Garcia. Another reason is that, with more than 300,000 births per year in Texas, even if numbers of immunizations rise in Texas, it's difficult to get caught up.

In 1993, after an upswing in measles cases that resulted primarily from a failure to vaccinate pre-school children on time, the 73rd Texas Legislature passed legislation aimed at increasing childhood immunization rates. SB266 mandates the age-appropriate immunization of every child in Texas.

Parents and physicians need to be aware of the legal requirements for age-appropriate immunizations as children enter childcare facilities and schools. According to the Human Resources Code, TDH shall require each child entering a state-licensed childcare facility be immunized against diphtheria, tetanus, poliomyelitis, mumps, rubella, and rubeola and any other communicable disease as recommended by TDH. The Texas Administrative Code lists the following requirements for immunization of students entering Texas elementary and secondary schools and institutions of higher education: polio; DTP or DTaP, MMR, HibCV, hepatitis A and varicella vaccine, at appropriate doses for each age group.

In order to be sure of obtaining informed consent when administering immunizations, physicians are required by the National Childhood Vaccine Injury Act of 1986 to use a Vaccine Information Statement, a sheet that provides information on the benefits and risks of a vaccine. All providers must give a VIS before certain vaccines are given. As of May 2000, VIS sheets must be used for the following vaccines: DTaP, Td, MMR, polio, hepatitis B, Hib and varicella.

VIS sheets are available on other vaccines and their use, though not required, is encouraged. VIS's are available in a variety of languages and can be downloaded from the Internet in PDF files that are suitable for copying at www.immunize.org/vis/index.htm. They can also be obtained by calling (800) 232-2522 (English) or (800) 232-0233 (Spanish).

Texas parents or guardians are asked to complete a consent form for vaccinations, or the physicians must note consent in the medical records. Adverse events resulting from immunizations must be reported through the Vaccine Adverse Event Reporting System, a national program which collects information about adverse events associated with vaccinations for the

purpose of monitoring the safety of vaccines used in the United States. The National Childhood Vaccine Injury Act of 1986 mandated reporting of certain adverse events. VAERS is operated jointly by the CDC and the Food and Drug Administration, which monitor VAERS reports to determine if any vaccine or vaccine lot has a higher than expected rate of events and the types of events reported for each vaccine. To receive VAERS reporting forms in Texas, call (800) 252-9152. For more information on VAERS, call (800) VAC-RXNS ((800) 822-7967)

Another method to increase immunization rates is ImmTrac, a voluntary tracking program administered by TDH and started in 1994. The American Academy of Pediatrics and the CDC support immunization tracking systems because the immunization schedule is confusing and children are sometimes over-immunized because parents cannot locate shot records. ImmTrac provides statewide tracking so that providers can search for immunization histories on new patients as they change physicians or move to new communities. The system is confidential and requires parental consent. TDH's web site provides additional information on ImmTrac at www.tdh.state.tx.us/immunize/immthist.htm.

The CDC provides Standards for Pediatric Immunization Practices, which say that immunization services should be readily available, with no barriers or unnecessary prerequisites, and they should be free or available for a minimal fee, and that providers do the following:

- use all clinical encounters to screen and, if necessary, immunize children;
- educate parents and guardians about contraindications; inform them of risks and benefits before immunizing, and follow only true contraindications;
- administer simultaneously all vaccine doses for which a child is eligible at the time of each visit and schedule immunization appointments in conjunction with appointments for other child health services;
- use accurate recording and tracking procedures and use audits of coverage levels;
- report adverse events;
- maintain up-to-date medical protocols at all locations where vaccines are administered and use properly trained professionals to administer vaccines;
- use ongoing education and training to remain informed of current immunization recommendations.

To read the entire standard for pediatric immunization practices or for additional information about state immunization requirements, visit TDH's immunization web site at www.tdh.state.tx.us/immunize/.

For information on federal recommendations and requirements on immunizations, go to www.immunize.org.

Adults Also Need Immunizations

More than 30,000 adults die from vaccine-preventable diseases or their

complications every year in the United States. Pneumonia and influenza together are the sixth leading cause of death in the U.S., and the fifth leading cause of death in older adults. The cost of the influenza season each year can reach $12 billion during severe epidemics. The National Coalition for Adult Immunization's goal is to have a 100 percent immunization rate for adults. Recent rates for people 65 or older in the U.S. are 43 percent for influenza vaccination and 46 percent for pneumococcal immunization. Texas' rate is slightly better than the national average, at 68 percent for influenza and 44 for pneumococcal vaccine.

All adults require tetanus and diphtheria immunizations. Adults born after 1956 need to be immunized against measles, mumps and rubella. Physicians should discuss with adults 65 or older as well as all patients 2-64 with diabetes or chronic heart, lung, liver or kidney disorders their need for protection against pneumococcal disease. Adults over 50, pregnant women and others at high risk should receive an annual influenza vaccination. Adults in certain high-risk groups should receive hepatitis B vaccine, and those traveling to countries with a high rate of hepatitis A virus should receive hepatitis A vaccine. Certain people who are at risk for chickenpox and have not had it should receive varicella vaccine. Physicians should discuss with their patients whether they are at risk for Lyme disease and if they should receive Lyme vaccine.

The above article is provided for informational use only. Physicians should exercise their clinical judgment as to the appropriateness of treatment options on a case-by-case basis.

Physicians Have Responsibility to Help Domestic Abuse Victims

A woman in the United States is beaten every nine seconds by an intimate or former partner. Up to 35 percent of women who visit medical emergency rooms are there for injuries related to ongoing domestic abuse. Domestic violence is the leading cause of injury to women between 15 and 44, more common than automobile accidents, muggings and cancer deaths combined. Every year domestic violence results in almost 100,000 days of hospitalizations, almost 30,000 emergency department visits and almost 40,000 doctor visits. Medical expenses related to domestic violence cost business $3-5 billion each year.

These statistics raise many questions about why violence against women occurs and what can be done about it. Spouse abuse has historic roots, according to Frank M. Ochberg, M.D., Clinical Professor of Psychiatry, Adjunct Professor of Criminal Justice and Adjunct Professor of Journalism at Michigan State University. Females have been bought, sold, bartered and subjugated for thousands of years, and in some cultures abuse is a normal behavior to control females, according to Dr. Ochberg.

Another vexing question is why women stay in violent situations, and the reasons vary from isolation, fear and lack of resources to the shame of admitting the seriousness of the situation. They also may develop a traumatic bond with their abusers that feels like love, a phenomenon known as the

"Stockholm Syndrome," in which a victim develops a bizarre attachment to her captor.

Physicians can make a difference in helping victims of domestic abuse. They may often be the only professionals who see the abuse and injuries. They also have legal obligations in their treatment of patients who might be victims of domestic violence. The Joint Commission on the Accreditation of Healthcare Organizations requires that hospitals have policies for the identification, treatment and referral of domestic violence victims, and the Texas Family Code (§91.003) requires healthcare providers to provide information about resources available to victims of domestic violence. It also requires that medical professionals who treat patients for injuries they reasonably believe were caused by family violence document the injuries and the reason the provider believes they were caused by family violence in the medical records, and to provide information to the patient regarding the nearest shelter.

In some cases, reporting violence is also mandatory. Stab, gun or life-threatening wounds must be reported to local law enforcement authorities. Abuse involving children under 18, people with disabilities or elders older than 60 must be reported to the Department of Protective and Regulatory Services at (800) 252-5400.

According to Sarah Buel, Co-Director of the University of Texas School of Law Domestic Violence Clinic, physicians should take the following steps to effectively treat victims of domestic violence:

Screening

The American Medical Association and the American College of Obstetricians and Gynecologists have prepared guidelines that state that universal screening for domestic violence is a necessary component of the national standard of care.

The Texas Department of Health has created guidelines for screening that include the following components:

- Ensure privacy: Screen for domestic violence only when you have privacy with the patient, away from all other family (including small children) and friends.
- Present screening as routine: Ask all patients, because by doing so you avoid making value judgments.
- Use interpreters: If you are unable to converse fluently in the patient's primary language, use professional interpreters or another health professional as a translator. A family member or friend might later be questioned by the batterer, which could result in further abuse.
- Be calm, matter-of-fact and nonjudgmental: The style of your interview approach may increase or decrease a patient's willingness to disclose.
- Gather behavioral descriptions of what happened rather than why it happened: ask if the patient was slapped, pushed, grabbed, threatened or followed rather than abused or battered.

- Listen: Listening is the most important clinical skill and is a key element in using a culturally appropriate approach.

Referrals and Information

After the screening process, if the medical professional has made a reasonable determination of domestic abuse, the provider must refer the patient to the nearest violence shelter center. The patient may be given a national phone number, (800) 799-SAFE. The victim should be provided with a safety plan, with referrals to social workers, counselors, support groups and any other community social services that are available. Safety plans are available free from the Texas Office of the Attorney General's Crime Victims Compensation Office at (800) 983-9933. Safety plans are also available from the American Bar Association's Commission on Domestic Violence web site at www.abanet.org/domviol. Health professionals should also speak to the patient, saying things like "I am afraid for your safety," and "It will only get worse." If treating the batterer, the provider should say, "You can't keep doing this," "This is illegal and could land you in jail," and "Most men are not violent with their partners and children."

Medical Records Documentation

Finally, medical professionals must document the fact that they provided the patient with information, as well as why they believe the patient has been the victim of domestic violence. They should recognize common presentations of abuse and document the mental as well as the physical health of the patient, including statements expressing fear of the abuser and the identity of the abuser. Injuries should be documented using body maps, photographs, descriptions of inconsistencies between probable causes and explanations, and whether weapons caused the injuries. Although there is some controversy about documenting violence in medical records because of confidentiality issues, the Texas Family Code does require such documentation. The Code also provides immunity from civil liability in complying with the requirements to document abuse and provide information to the victim. It is also important to note that physicians are not granted immunity for *failing* to comply. You cannot avoid liability by not asking or responding in accordance with the standard of care.

Physicians must be educated about their responsibilities in meeting the standard of care when dealing with victims of domestic violence. Training is available through continuing medical education providers, hospitals, community health centers and health maintenance organizations. Another resource is *The Physician's Guide to Domestic Violence: How to ask the Right Questions and Recognize Abuse*, by Patricia R. Salber, M.D., and Ellen Taliaferro, M.D.

Information is also available on the web at www.ncvc.org/ and www.abanet.org/domviol mentioned above. The screening tips for domestic violence are available on the TDH web site at www.tdh.state.tx.us/hcqs/ems/violtips.htm.

Board Adopts New Rules
The Board has approved the following rule changes that were published in the *Texas Register*:

Chapter 162, Supervision of Medical School Students, amendment to §162.2 regarding exemptions. Chapter 163, Licensure, amendment to §163.5 regarding licensure documentation. Chapter 165, Medical Records, amendment to §165.2 regarding the time frame for release of medical records. Chapter 166, Physician Registration, amendment to §166.2 regarding penalty fees for failure to comply with continuing medical education requirements. Chapter 170, Authority of Physician to Prescribe for the Treatment of Pain, rule review with no changes. Chapter 171, Institutional Permits, amendments to §§171.2 and 171.3 regarding postgraduate resident permits and institutional permits. Chapter 174, Telemedicine, rule review and amendments to §174.13 regarding home health orders and §174.15 regarding fees. Chapter 175, Fees, Penalties, and Applications, amendments to §175.1 regarding fees for late non-profit recertification applications and office-based anesthesia registration. Chapter 186, Supervision of Physician Assistant Students, rule review and extensive rewrite of chapter. Chapter 187, Procedure: amendment to §187.33 regarding requests for oral arguments during proposals for decision. Chapter 192, Office-Based Anesthesia, amendments to §192.4 regarding site-based registration. Chapter 193, Standing Delegation Orders, new §193.9 regarding pronouncement of death; new §193.10 regarding collaborative management of glaucoma; rule review and amendments regarding cites to Texas Occupations Code Annotated. Chapter 194, Non-Certified Radiologic Technicians, rule review and amendments regarding cites to Texas Occupations Code Annotated.

For copies of rule changes, write the Board at MC 901, P.O. Box 2018, Austin, TX 78768-2018; e-mail pat.wood@tmb.state.tx.us or on the web at www.tmb.state.tx.us

Formal Complaints
The following Formal Complaints were filed with the State Office of Administrative Hearings since the last publication of the Medical Board Report regarding the licensees listed below:

Name	Lic. No.	Date Filed	Alleged Statutory Violation
John Hashimy Alexander, M.D.	G2601	6/26/00	164.051(a)(7), 164.052(a)(5)
Jerry Wayne Biddix, M.D.	E3855	6/9/00	164.051(a)(3), 164.051(a)(6), 164.052(a)(5), 164.053(a)(5)
Carrie Sue Cannon,	H7277	6/8/00	164.051(a)(4)(D)

M.D.			
Joye Maureen Carter, M.D.	K1383	8/9/00	3.08(4), 3.08(4(H), 3.08(4)(I), 3.08(15)
Rebecca Norton Collins, M.D.	H7548	6/9/00	164.052(a)(5), 164.051(a)(6), 164.053(a)(5)
James Nolan Fontenot Jr.,	M.D.	G7206	8/31/00 164.051(a)(6), 164.052(a)(5), 164.053(a)(1), 164.051(a)(7), 164.051(a)(4)
Marilyn J. Friday, M.D.	H9934	10/10/00	164.051(a)(4), 164.051(a)(6), 164.051(a)(7), 164.052(a)(4)
Harold Granek, M.D.	F8495	6/26/00	164.051(a)(6), 164.051(a)(7), 164.052(a)(5)
George E. Gross, D.O.	F9507	6/26/00	164.051(a)(3), 164.051(a)(6), 164.052(a)(5), 164.053(a)(5), 164.053.(a)(6)
Alimadad M Jatoi, M.D.	D9831	5/5/00	164.052(a)(5), 164.053(a)(6), 164.051(a)(6)
Rhodesia Nikita La Strap, D.O.	J2650	5/12/00	164.051(a)(6)
Richard Allen Mosby, M.D.	D7201	5/24/00	164.051(a)(6), 164.052(a)(5), 164.053(a)(1), 164.053(a)(5), 164.053(a)(6), 164.053(a)(7)
Febe Linda Panal Oro, M.D.	G4185	10/11/00	164.051(a)(3), 164.052(a)(5), 164.053(a)(3), 164.053(a)(5), 164.053(a)(6), 164.051(a)(6)
Thomas Sterling Parker, M.D.	F1884	7/18/00	164.051(a)(6), 164.052(a)(5)
Patricio G. Salvador, M.D.	F8657	7/27/00	164.051(a)(3), 164.052(a)(5), 164.051(a)(6), 164.052(a)(17), 164.053(a)(1), 164053(a)(8), 164.053(a)(9)
John Paul Spencer, M.D.	E4948	7/20/00	164.051(a)(6), 164.051(a)(7), 164.051(a)(9)
Garry Wayne Stubbs, M.D.	H8442	9/8/00	164.051(a)(4)(D), 164.051(a)(6)

Patrick A. Titus, M.D.	C8730	10/4/00	165.052(a)(5)
James Reed Williams, M.D.	J9567	8/21/00	164.051(a)(6), 164.052(a)(5), 164.052(a)(6), 164.053(a)(1), 164.053(a)(5)

* Explanation of alleged violations: (Note: the Medical Practice Act was recodified by the 76th Legislature, so that some violations reference the previous section numbers of the Act, while others reflect the new numbers.)

3.08(4): unprofessional or dishonorable conduct likely to deceive or defraud the public or injure the public.

3.08(4)(H): failing to supervise adequately the activities of those acting under the supervision of the physician.

3.08(4)(I): delegating professional medical responsibility or acts to a person if the delegating physician knows or has reason to know that the person is not qualified by training, experience or licensure to perform the responsibility or acts.

3.08(15): Aiding or abetting the practice of medicine by anyone not licensed.

164.051(a)(3), 164.053(a)(3), 164.053(a)(5): writing prescriptions for or dispensing drugs to a known abuser.

164.051(a)(4): unable to practice medicine with reasonable skill and safety because of illness.

164.051(a)(4)(D): unable to practice medicine because of mental or physical condition.

164.051(a)(6): failing to practice medicine in an acceptable manner consistent with public health and welfare.

164.051(a)(7): action by peers or discipline by a hospital.

164.051(a)(9): disciplinary action in another state.

164.052(a)(4): uses alcohol or drugs in an intemperate manner that could endanger a patient's life.

164.052(a)(5): unprofessional or dishonorable conduct that is likely to deceive or defraud the public or injure the public.

164.052(a)(6): using an advertising statement that is false, misleading or deceptive.

164.052(a)(17): aids or abets the unlicensed practice of medicine.

164.053(a)(1): violations of any law of this state if connected with the practice of medicine.

164.053(a)(3): writes a prescription to a known abuser of narcotics.

164.053(a)(4): writing false or fictitious prescriptions for dangerous drugs or controlled substances.

164.053(a)(5): prescribes or administers a drug or treatment that is nontherapeutic.

164.053(a)(6): prescribes, administers, or dispenses in a manner inconsistent with public health and welfare.

164.053(a)(7): persistently or flagrantly overcharges or overtreats.

164.053(a)(8): fails to supervise adequately the activities of those acting under the supervision of the physician.

164.053(a)(9): delegates to someone not qualified by training, experience or licensure.

164.054: failure to keep adequate records of purchase and disposal of drugs or controlled substances.

Continuing Medical Education Reminder

As a prerequisite to the annual registration of a physician's license, 24 hours of continuing medical education are required to be completed in the following categories:

Formal Hours (at least 12): Category 1 or 1A designated for AMA/PRA Category 1 credit by a CME sponsor accredited by the Accreditation Council for Continuing Medical Education or a state medical society recognized by the Committee for Review and Recognition of the Accreditation Council for Continuing Medical Education; approved for prescribed credit by the American Academy of Family Physicians; designated for AOA Category 1-A credit required for osteopathic physicians by an accredited CME sponsor approved by the American Osteopathic Association; or approved by the Texas Medical Association based on standards established by the AMA for its Physician's Recognition Award.

At least one formal hour must involve medical ethics and/or professional responsibility.

Informal Hours: The remaining 12 hours may be informal self-study, hospital lectures or grand rounds.

If you have questions, call the Permits Department at (512) 305-7020. For information on CME courses, call TMA at (512) 370-1300; TOMA at (512) 708-8662; or the Texas Academy of Family Physicians at (512) 329-8666, or check their web sites: TMA: **www.texmed.org**, TOMA: **www.txosteo.org** or TAFP: **www.tafp.org**.

Disciplinary Actions

Physicians

Aeschbach, Heinz, M.D., Austin, TX, Lic. #E0775
An Agreed Order was entered on 8-26-00 assessing an administrative penalty in the amount of $250. Action due to failure to timely provide copy of properly requested medical records.

Alexander, William F. II, M.D., Odessa, TX, Lic. #D2744
An Agreed Order was entered on 8-26-00, suspending the physician's license. Action due to inability to practice medicine with reasonable skill and safety to patients because of any mental or physical condition.

Armendariz, Rafael, D.O., El Paso, TX, Lic. #J9953
An Agreed Order was entered on 10-20-00 suspending the physician's license, staying the suspension, and placing the physician on probation for two years under certain terms and conditions. Action due to failure to supervise delegates.

Atlas, Ruth M., Houston, TX, Lic. #G7616
An Agreed Order was entered on 10-20-00 publicly reprimanding the physician and assessing an administrative penalty in the amount of $5,000. Action due to failure to release medical records.

Bartley, Michael A., M.D., Houston, TX, Lic. #H6033
An Agreed Order was entered on 8-26-00 suspending the physician's license. Action due to inability to practice medicine with reasonable skill and safety to patients because of excessive use of drugs.

Beaumont, John E., M.D., Fort Worth, TX, Lic. #G4081
An Agreed Order was entered on 10-20-00 publicly reprimanding the physician and assessing an administrative penalty in the amount of $5,000. Action due to failure to practice medicine in an acceptable professional manner consistent with public health and welfare.

Bell, Robert S., M.D., Houston, TX, Lic. #J0441
An Agreed Order was entered on 8-26-00 suspending the physician's license; however, the suspension was stayed and physician's license is placed on probation for five years under certain terms and conditions. Action due to unprofessional conduct or dishonorable conduct that is likely to deceive or defraud the public or injure the public.

Blicher, Brian M., M.D., Montreal, Quebec, Canada, Lic. #F4763

An Agreed Order was entered on 10-20-00 restricting the physician's license under certain terms and conditions. Action due to disciplinary action taken by peers.

Briner, Barbara, M.D., Humble, TX, Lic. #H1346

An Agreed Order was entered on 8-26-00 suspending the physician's license. Action due to inability to practice medicine with reasonable skill and safety to patients because of excessive use of drugs.

Burgess, David B., M.D., Borger, TX, Lic. #F6489

An Agreed Order was entered on 5-19-00 restricting the physician's license for five years under certain terms and conditions. Action due to inability to practice medicine with reasonable skill and safety to patients because of intemperate use of alcohol, and for failure to practice medicine in an acceptable manner consistent with public health and welfare.

Caderao, Jess B., M.D., Arlington, TX, Lic. #F6363

An Agreed Order was entered on 5-19-00 publicly reprimanding the physician and assessing an administrative penalty in the amount of $2,000. Action due to failure to practice medicine in an acceptable manner consistent with public health and welfare.

Cepero, Ralph, M.D., Odessa, TX, Lic. #G4903

An Agreed Order was entered on 8-26-00 restricting the physician's license for five years under certain terms and conditions. Physician was also assessed an administrative penalty in the amount of $5,000. Action due to failure to adequately supervise the activities of those acting under his supervision.

Clark, Beverly A., M.D., Amarillo, TX, Lic. #G0588

An Agreed Order was entered on 8-26-00 restricting the physician's license for three years under certain terms and conditions. Action due to professional failure to practice medicine in an acceptable manner consistent with public health and welfare.

Clark, Cordell, M.D., Dallas, TX, Lic. #F8827

An Order was entered 9-25-00 suspending the physician's license. Action due to violation of probation.

Crouch, Michael A., M.D., Houston, TX, Lic. #H8613

An Agreed Order was entered on 8-26-00 restricting the physician's license for seven years under certain terms and conditions. Action due to unprofessional or dishonorable conduct that is likely to deceive or defraud the public or injure the public, and failure to practice medicine in an acceptable professional manner consistent with public health and welfare.

Elkins, Terri Miller, M.D., Plano, TX, Lic. #H6192

A Temporary Suspension Order was entered on 10-19-00 temporarily suspending Dr. Terri Miller Elkins' license due to evidence and information that her continuation in the practice of medicine would constitute a continuing threat to public welfare. The allegations related to the application for temporary suspension are to be the subject of a disciplinary hearing as soon as can be accomplished under the Administrative Procedure Act and the Medical Practice Act.

Fiedler, Benjamin P., M.D., Conroe, TX, Lic. #J9498

An Agreed Order was entered on 8-26-00 restricting the physician's license for three years under certain terms and conditions. Action due to failure to practice medicine in an acceptable manner consistent with public health and welfare, and disciplinary action taken by a licensed hospital or medical staff of a hospital.

Franz, F. Perry, M.D., Austin, TX, Lic. #K3193

An Agreed Order was entered on 5-19-00 restricting the physician's license for five years under certain terms and conditions. Action due to inability to practice medicine with reasonable skill and safety due to mental or physical condition.

Fulton, Carl L., M.D., Dallas, TX, Lic. #G6170
A Mediated Settlement Order was entered on 10-20-00 approving a Mediated Settlement Agreement in which the physician's license is suspended until he complies with the agreement.

Gregory, Walter D., M.D., Canyon Lake, TX, Lic. #D1655
An Agreed Order was entered on 10-20-00 suspending the physician's license. Action due to unprofessional conduct, prescribing or dispensing to habitual user, nontherapeutic prescribing or treatment and use of fraud in applying for a license.

Hankins, David L., D.O., Arlington, TX, Lic. #H3391
An Agreed Order was entered on 8-26-00 restricting physician's license for seven years under certain terms and conditions. Action due to failure to practice medicine in an acceptable manner consistent with public health and welfare, writing prescriptions for or dispensing to a person who is known to be an abuser of drugs, prescribing or administering a drug or treatment that is nontherapeutic in nature or nontherapeutic in the manner the drug or treatment is administered or prescribed, and unprofessional or dishonorable conduct.

Harmon, John B. Jr., M.D., Austin, TX, Lic. #G3432
An Agreed Order was entered on 8-26-00 suspending the physician's license; however, the suspension was stayed and the physician was placed on probation for five years under certain terms and conditions. Action due to unprofessional conduct.

Herman, James J., M.D., Houston, TX, Lic. #E0977
An Agreed Order was entered on 5-19-00 publicly reprimanding the physician. Action for conviction of a felony.

Hinkley, Bruce S., M.D., Arlington, TX, Lic. #D9497
On 10-20-00, the Board voted to order the revocation of Dr. Hinkley's Texas medical license. Action based on unprofessional or dishonorable conduct likely to deceive or defraud the public or injure the public. Dr. Hinkley may file a Motion for Rehearing within 20 days of the Order. If a motion is filed, and the Board denies the motion, the Order is final. If a motion is filed and the Board grants the motion, the Order is not final and a hearing will be scheduled.

Johnson, Danny Ray, M.D., Houston, TX, Lic. #H0499
An Agreed Order was entered on 8-26-00 publicly reprimanding the physician. Action due to failure to practice medicine in an acceptable manner consistent with public health and welfare.

Johnson, David G., M.D., Laredo, TX, Lic. #F5243
An Agreed Order was entered on 8-26-00 publicly reprimanding the physician and assessing an administrative penalty in the amount of $5,000. Action due to failure to adequately supervise those acting under the physician's supervision, from October 1, 1993, through April 11, 1994, who were responsible for the billing of Medicare for services rendered.

Jones, Wayne C., M.D., Richardson, TX, Lic. #D6049
An Agreed Order was entered on 5-19-00 restricting the physician's license for three years under certain terms and conditions. Action due to violation of laws connected with the practice of medicine, and failure to keep drug records.

Jose, Mamerto M., M.D., Terrell, TX, Lic. #D4618
An Agreed Order was entered on 8-26-00 in which the physician voluntarily and permanently surrendered his Texas medical license. Action due to failure to practice medicine in an acceptable manner consistent with public health and welfare.

Ketterer, Cynthia L., M.D., Houston, TX, Lic. #K3771
Temporary Suspension Order was entered 6-29-00 temporarily suspending Dr. Ketterer's license due to evidence and information that her continuation in the practice of medicine would constitute a continuing threat to public welfare. On 8-26-00 an Agreed Order was entered suspending the physician's license. Action due to intemperate use of alcohol or drugs, and unprofessional conduct.

Kollaus, Kennard L., M.D., Seguin, TX, Lic. #G8222
An Agreed Order was entered on 8-26-00 restricting the physician's license for five years under certain terms and conditions. Action due to violation of Board rules, unprofessional conduct, nontherapeutic prescribing or treatment, prescribing or dispensing to habitual user, and administering dangerous or controlled drugs in an improper manner.

Latoni, Dimitri E., M.D., San Antonio, TX, Lic. #J6153
An Agreed Order was entered on 8-26-00 assessing an administrative penalty in the amount of $100. Action due to aiding and abetting in the corporate practice of medicine.

Le, Minh Huy, M.D., Houston, TX, Lic. #J0769
An Agreed Order was entered on 8-26-00 restricting the physician's license for three years under certain terms and conditions. Action due to inadequate medical records, failure to practice medicine in an acceptable manner consistent with public health and welfare, unprofessional or dishonorable conduct that is likely to deceive or defraud the public, writing false or fictitious prescriptions for dangerous drugs, prescribing or administering a drug or treatment that is nontherapeutic in nature or nontherapeutic in the manner the drug or treatment is administered or prescribed, and prescribing, administering, or dispensing in a manner inconsistent with public health and welfare.

Leonard, Bradley M., M.D., Dallas, TX, Lic. #G3554
An Agreed Order was entered on 10-20-00 suspending the physician's license, staying the suspension and placing the physician on probation for five years under certain terms and conditions. Action due to inability to practice medicine with reasonable skill and safety because of illness or substance abuse, intemperate use of alcohol or drugs, and disciplinary action by peers.

Lera, Thomas A. Jr., M.D., Galveston, TX, Lic. #F9729
An Agreed Order was entered on 5-19-00 in which the physician voluntarily and permanently surrendered his Texas medical license. Action due to disciplinary action by another state board.

Madiedo, Eduardo Jr., M.D., San Antonio, TX, Lic. #D5091
An Agreed Order was entered on 5-19-00 suspending the physician's license; however, the suspension was stayed and the physician was placed on probation for 10 years under certain terms and conditions. Action due to intemperate use of alcohol.

Mahl, Michael, M.D., Tucson, AZ, Lic. #G0627
An Agreed Order was entered on 8-26-00 suspending the physician's license. Action due to intemperate use of alcohol or drugs, and disciplinary action by another state or the military.

Marsh, Peter H., M.D., Kaufman, TX, Lic. #G1470
An Agreed Order was entered on 8-26-00 assessing an administrative penalty in the amount of $500. Agreed action taken as physician desires expeditious resolution of allegations of prohibited acts or practices.

Martinez, Jorge A., M.D., Edinburg, TX, Lic. #H1801
An Agreed Order was entered on 10-20-00 assessing an administrative penalty in the amount of $1,000 and restricting the physician's license for 10 years under certain terms and conditions. Action due to unprofessional conduct and intemperate use of alcohol or drugs.

Melch, Herbert R., M.D., Fort Worth, TX, Lic. #C5450
Dr. Melch's medical license was suspended effective 5-17-00. Action due to violation of Order dated 4-10-99.

Moncrief, Jack W., M.D., Austin, TX, Lic. #D0234
An Agreed Order was entered on 5-19-00 publicly reprimanding the physician and assessing an administrative penalty in the amount of $3,000. Action due to unprofessional or dishonorable conduct, disciplinary action by peers, and failure to practice medicine in an acceptable manner consistent with public health and welfare.

Murphy, James M., M.D., Plano, TX, Lic. #G6219
An Agreed Order was entered on 10-20-00 restricting the physician's license for five years under certain terms and conditions. Action due to failure to practice medicine consistent with public health and welfare, unprofessional conduct, and nontherapeutic prescribing or treatment.

Nelms, R.L., D.O., San Antonio, TX, Lic. #D6833
An Order was entered 8-11-00 suspending physician's license. Action due to violation of probation.

Nix, Darryl D., D.O., Arlington, TX, Lic. #F9883
An Agreed Order was entered on 8-26-00 suspending the physician's license; however, the suspension was stayed and he was placed on probation under certain terms and conditions until 12-4-04. Action due to failure to practice medicine in an acceptable professional manner consistent with public health and welfare, and prescribing or administering a drug or treatment that is nontherapeutic in nature or nontherapeutic in the manner the drug or treatment is administered or prescribed.

O'Connor, Andrew M., M.D., Dallas, TX, Lic. #E7690
An Agreed Order was entered on 8-26-00 suspending the physician's license. Action due to intemperate use of alcohol or drugs and inability to practice medicine with reasonable skill and safety because of illness or substance abuse.

Offenbach, Howard A., M.D., Dallas, TX, Lic. #F4335
A Temporary Suspension Order was entered on 9-15-00 temporarily suspending Dr. Offenbach's license due to evidence and information that his continuation in the practice of medicine would constitute a continuing threat to public welfare. An Agreed Order was entered on 10-20-00 suspending physician's license. Action due to intemperate use of alcohol or drugs, unprofessional conduct, and inability to practice medicine with reasonable skill and safety to patients because of excessive use of drugs, narcotics, chemicals, or another substance.

Patel, Dhiren B., D.O., Dallas, TX, Lic. #J4423
An Agreed Order was entered on 10-20-00 publicly reprimanding the physician and assessing an administrative penalty in the amount of $2,000. Action due to unprofessional conduct and failure to practice medicine consistent with public health and welfare.

Patel, Nandlal M., M.D., Big Spring, TX, Lic. #J0892
An Agreed Order was entered on 10-20-00 publicly reprimanding the physician and assessing an administrative penalty in the amount of $5,000. Action due to failure to practice medicine consistent with public health and welfare.

Pettey, Thomas D., M.D., Fort Worth, TX, Lic. #G9187
An Agreed Order was entered on 8-26-00 suspending the physician's license. Action due to failure to practice medicine consistent with public health and welfare, violation of laws connected with the practice of medicine, failure to keep drug records, prescribing or dispensing to habitual user, nontherapeutic prescribing or treatment, administering dangerous or controlled drugs in an improper manner, and failure to keep drug records.

Prater, William E., Jr., M.D., Breckenridge, TX, Lic. #G8349
An Agreed Order was entered on 10-20-00 publicly reprimanding the physician and assessing an administrative penalty in the amount of $5,000. Action due to prescribing or dispensing to habitual user and administering dangerous or controlled drugs in an improper manner.

Reichelt, Edward G., M.D., Arlington, TX, Lic. #D2711
An Agreed Order was entered on 10-20-00 assessing an administrative penalty in the amount of $5,000. Action due to unprofessional conduct and delegation of unqualified person.

Safford, H. Robinson III, M.D., Denver, CO, Lic. #D5194
An Agreed Order was entered on 8-26-00 restricting license under certain terms and conditions. Action due to disciplinary action taken by another state and inability to practice with reasonable skill and safety as a result of a mental or physical condition.

Sartor, Charles Don, M.D., Leander, TX, Lic. #G2473
An Agreed Order was entered on 8-26-00 suspending the physician's license; however, the suspension was stayed and the physician was placed on probation for four years under certain terms and conditions. Action due to unprofessional conduct.

Schaeffer, Lawrence A., M.D., Amarillo, TX, Lic. #H5053
An Agreed Order was entered on 10-20-00 restricting the physician's license for three years under certain terms and conditions. Action due to unprofessional conduct and failure to keep drug records.

Scharff, Earle U. Jr., M.D., Fort Worth, TX, Lic. #C7425
An Agreed Order was entered on 8-26-00 publicly reprimanding the physician and assessing an administrative penalty in the amount of $5,000. Action as a result of disciplinary action by a licensed hospital.

Simmons, John H. II., M.D., Lufkin, TX, Lic. #H8403
An Agreed Order was entered on 8-26-00 suspending the physician's license; however, the suspension was stayed and the physician was placed on probation for 10 years under certain terms and conditions. Action due to intemperate use of alcohol or drugs, unprofessional conduct, violation of laws

connected with the practice of medicine and failure to practice medicine consistent with public health and welfare.

Slusher, Kevin D., M.D., Tyler, TX, Lic. #J7200
An Agreed Order was entered on 10-20-00 amending the 12-11-99 Agreed Order. Action due to failure to practice medicine in an acceptable manner consistent with public welfare and violation of Board rules.

Smith, Rodney L., M.D., Phoenix, AZ, Lic. #H1022
An Agreed Order was entered on 10-20-00 in which the physician's license was suspended. Action due to failure to practice medicine in an acceptable manner consistent with public health and welfare and disciplinary action by another state.

Steele, Darryl N., M.D., Hurst, TX, Lic. #F2945
An Agreed Order was entered 8-26-00 suspending the physician's license; however, the suspension was stayed and the physician's license is restricted for five years under certain terms and conditions. Action due to unprofessional conduct, failure to keep drug records and false, misleading or deceptive advertising.

Swift, Leon J., D.O., Arlington, TX, Lic. #H4739
An Agreed Order was entered on 5-19-00 suspending physician's license. Action due to the physician's request relating to health conditions.

Taylor, Roosevelt Jr., M.D., Dallas, TX, Lic. #D9896
An Agreed Order was entered on 5-19-00 publicly reprimanding the physician and restricting the physician's license for five years under certain terms and conditions. Action due to failure to practice medicine in an acceptable manner consistent with public health and welfare.

Thomas, Stephen Crockett, M.D., Lubbock, TX, Lic. #J5036
A Temporary Suspension Order was entered on 10-27-00 suspending Dr. Thomas' license due to evidence and information that his continuation in the practice of medicine would constitute a continuing threat to public welfare. The allegations related to the application for temporary suspension are to be the subject of a disciplinary hearing as soon as can be accomplished under the Medical Practice Act.

Turkowski, Walter J., M.D., Plainview, TX, Lic. #K0224
An Agreed Order was entered on 5-19-00 restricting the physician's license for five years under certain terms and conditions. Action due to failure to practice medicine in an acceptable manner consistent with public health and welfare and disciplinary action by peers.

Tye, Christopher L., M.D., Colleyville, TX, Lic. #J2388
An Agreed Order was entered on 8-26-00 assessing an administrative penalty in the amount of $2,500. Action due to failure to practice medicine in an acceptable manner consistent with public health and welfare.

Unite, Anselmo F., Lake Jackson, TX, Lic. #D9311
An Agreed Order was entered on 10-20-00 publicly reprimanding the physician. Action due to failure to practice medicine in an acceptable manner consistent with public health and welfare.

Watson, Michael Q., M.D., Seminole, TX, Lic. #G6770
An Agreed Order was entered on 8-26-00 publicly reprimanding the physician and restricting the physician's license under certain terms and conditions. Action due to unprofessional conduct, intemperate use of alcohol or drugs, disciplinary action by peers and failure to practice medicine consistent with public health and welfare.

Weitzel, Robert Allen, M.D., Salt Lake City, UT, Lic. #H2895
A Temporary Suspension Order was entered on 10-19-00 temporarily suspending Dr. Robert Allen Weitzel's license due to evidence and information that his continuation in the practice of medicine would constitute a continuing threat to public welfare. The allegations related to the application for temporary suspension are to be the subject of a disciplinary hearing as soon as can be accomplished under the Administrative Procedure Act and the Medical Practice Act.

Yazdgerdi, Daryoush, M.D., Vacaville, CA, Lic. #E1193
An Agreed Order was entered on 5-19-00 suspending the physician's license. Action due to disciplinary action by another state.

Physician Assistants
Ainsworth, Walter F., P.A., Longview, TX, Lic. #PA00327
An Agreed Order was entered on 4-28-00 publicly reprimanding the physician assistant and assessing an administrative penalty in the amount of $150.00. Action due to violation of Board rule.

Flores, Reynaldo, P.A., Pearland, TX, Lic. #PA00677
An Agreed Order was entered on 4-28-00 suspending the physician assistant's license; however, the suspension was stayed and he was placed on probation for five years under certain terms and conditions. The physician assistant was also assessed as administrative penalty in the amount of $1,000. Action due to habitually using intoxicating liquors.

Holthoff, Bruce, P.A., Irving, TX, Lic. #PA01932
A Proposal for Decision was heard concerning Bruce Holthoff on 4-28-00. Mr. Holthoff's physician assistant license was revoked and an administrative penalty was assessed in the amount of $5,000. Action due to disciplinary action taken by another state. Action will not be final until all appeals are exhausted.

Kerich, Lisa Ann, P.A., Dallas, TX, Lic. #PA00181
An Agreed Order was entered on 10-27-00 publicly reprimanding the physician assistant and assessing an administrative penalty in the amount of $500. Action due to unprofessional conduct.

Acudetox Specialist

Mubarak, Khairi R., C.A.S., Fort Worth, TX, Lic. #AD00001
An Agreed Order was entered on 10-20-00 in which the acudetox specialist voluntarily surrendered his certification as an acudetox specialist in Texas. Action due to violation of statutes or Board rules pertaining to acudetox specialists.