

Medical Board Report

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Announcement

Physicians should be aware of the new training requirements for non-certified radiologic technicians. Information will be mailed to the radiologic technicians within four to six weeks.

Board Initiates CME Audits

The Texas State Board of Medical Examiners requires that all physicians licensed in Texas complete 24 hours of continuing medical education (CME) each year in order to maintain licensure. Twelve of these hours at a minimum must be in formal Category I education.

In order to inform the Board of the number of CME hours completed, physicians must complete the CME section on their annual registration form. We do not require all physicians returning their annual renewal forms to include proof of CME hours.

However, in order to ensure compliance with this requirement, the Board has instituted quarterly CME audits. A small percentage of the physicians returning their annual renewal forms every quarter will be required to

produce proof of completion of the hours they reported. The physicians are chosen randomly out of the quarter's receipt of annual renewal forms.

Once a physician has been randomly chosen for the CME audit, he or she will receive a letter requiring that the physician submit to the Board proof of the hours stated on the annual renewal form. The Board does not require original documents; copies of certificates and forms are sufficient.

If the physician does not comply with the request for documentation within 60 days, or if the physician is unable to provide proof of the hours stated on the annual renewal form, the physician will be investigated by the Board. If the investigation shows that the requirement was not met, the physician may be disciplined. The penalty for non compliance with the annual CME requirement is no less than a Public Reprimand and a \$500 Administrative Penalty (formerly \$100 at the time of this publication).

The Texas State Board of Medical Examiners appreciates the cooperation of all of its licensees when reporting continuing medical education hours.

Chapter 194. Non-Certified Radiologic Technicians

The following rules have been proposed for public comment and will soon appear in the Texas Register. The proposed rules are not printed in their entirety.

194.1 Purpose. The purpose of these rules is to implement the provisions of the Medical Radiologic Technologist Certification Act, Texas Civil Statutes, Article 4512m, applicable to non-certified radiologic technicians or non-certified technicians.

194.2 Definitions. The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.

Board - The Texas State Board of Medical Examiners.

Non-certified technician (NCT) or registrant - A person who:

(a) has completed a training program approved by the Texas Department of Health by January 1, 1998; however, if the person is employed after January 1, 1998, the training program approved by the Texas Department of Health shall be completed prior to the person performing radiologic procedures for any medical purpose;

(b) after January 1, is listed on the registry with the Texas Department of Health; and

(c) is registered with the Board.

Supervision - Responsibility for and control of quality, radiation safety and protection, and technical aspects of the application of ionizing radiation to human beings for diagnostic purposes.

TRCR - Texas Regulations for the Control of Radiation, 25 Texas Administrative Code, Chapter 289. The regulations are available from the Standards Branch, Bureau of Radiation Control, Texas Department of Health.

194.3 Registration.

(a) Any person performing radiologic procedures, as defined in section 194.5 of this chapter (relating to non-certified Technicians Scope of Practice), under the supervision of a licensed Texas physician must be registered with the Texas State Board of Medical Examiners.

(b) This section does not apply to registered nurses, physician assistants, or to persons certified by the Department of Health under the Medical Radiologic Technologist Certification Act.

(c) An applicant shall make application for registration with the board on a form provided by the board, which includes a list of the applicant's supervising physician(s), and shall pay the appropriate fee established by the board. Multiple physicians, each of whom will have an equal right and responsibility to supervise a particular non-certified technician at different times at the same geographic location, may be listed on a single application form.

(d) Applicants shall:

(1) receive training and instruction as set out in 25 Texas Administrative Code, section 143.17 (relating to Mandatory Training Programs for Non-Certified Technicians). The completion of mandatory training shall be demonstrated by proof of an applicant's registry with the Texas Department of Health; and

(2) be 18 years of age or older.

194.4 Annual Renewal.

(a) Registrants shall renew the registration annually by submitting a registration application, paying a fee, as specified by the board, to the Texas State Board of Medical Examiners by cashiers check or money order, and providing proof of the registrant's renewal of status on the Texas Department of Health registry.

(b) If the annual registration fee and if proof of the registrant's renewal status on the Texas Department of Health registry is not received on or before the expiration date of the registration, the following penalty will be imposed:

(1) one to 90 days late - \$25.00 plus the required annual registration fee;

(2) over 90 days late - registration will be submitted to the board for cancellation.

(c) The board by rule may adopt a system under which registrations expire on various dates during the year. For the year in which the expiration date is changed, registration fees payable on or before January 1 shall be prorated on a monthly basis so that each registrant shall pay only that portion of the registration fee which is allocable to the number of months during which the

registration is valid. On renewal of the registration on the new expiration date, the total registration is payable.

(d) Registrants shall inform the board of address changes within two weeks.

194.5 Non-Certified Technician's Scope of Practice.

(a) A registrant may only perform the following radiologic procedures:

(1) chest, spine, extremities, abdomen, and skull studies utilizing standard film or film screen combinations and an x-ray tube that is stationary at the time of exposure; or

(2) bone densitometry utilizing a dual energy x-ray densitometer.

(b) A registrant may not perform studies which require use of contrast agents unless the registrant's supervising physician is physically present on the premises.

(c) A registrant may not perform a radiologic procedure which has been identified as dangerous or hazardous by the Texas Department of Health in 25 Texas Administrative Code _143.16 (relating to Dangerous or Hazardous Procedures).

(d) A registrant shall perform radiologic procedures under the supervision, instruction, or direction of a physician physically present on the premises.

(e) All registrants must comply with the safety rules of the Texas Department of Health relating to the control of radiation as set forth in that department's document titled, "Texas Regulations for Control of Radiation."

194.6 Suspension, Revocation or Nonrenewal of Registration.

(a) The board may refuse to issue a registration to an applicant and may, following notice of hearing and a hearing as provided for in the Administrative Procedure Act, take disciplinary action against any non-certified technician who:

(1) violates the Medical Practice Act, the rules of the Texas State Board of Medical Examiners, an order of the board previously entered in a disciplinary proceeding, or an order to comply with a subpoena issued by the board;

(2) violates the Medical Radiologic Technologist Certification Act or the rules promulgated by the Texas Department of Health;

(3) violates the rules of the Texas Department of Health for control of radiation;

(4) obtains, attempts to obtain, or uses a registration by bribery or fraud;

(5) engages in unprofessional conduct, including, but not limited to, conviction of a crime, commission of any act that is in violation of the laws of the State of Texas if the act is connected with provision of health care, and commission of an act of moral turpitude;

(6) develops or has an incapacity that prevents the practice of radiologic technology with reasonable skill, competence, and safety to the public as a result of:

(A) an illness;

(B) drug or alcohol dependency; or habitual use of drugs or intoxicating liquors; or

(C) another physical or mental condition;

(7) fails to practice as a non-certified technician in an acceptable manner consistent with public health and welfare;

(8) has disciplinary action taken against a certification, permit, or registration as a non-certified technician in another state, territory, or country or by another regulatory agency;

(9) engages in acts requiring registration under these rules without a current registration from the board;

(10) is removed, suspended, or has had disciplinary action taken against registrant.

(b) The board may suspend, revoke, or refuse to renew the registration of a non-certified technician, upon a finding that a non-certified technician has committed any offense listed in this section.

Errata

The fall issue of the Medical Board Report hosted an excellent article written by Jennifer Seltzer, Pharm D., "Oral Prescription Medications and Black Box Warnings." The article was mistakenly attributed to Curtis Burch. The Medical Board Report would like to extend its apologies to Jennifer Selzer and thank her for her contributions to this newsletter.

Executive Director's Column

by Bruce A. Levy, M.D., J.D.

When I was selected as Executive Director three years ago, there were almost 200 open investigations over a year old, with some over four years of age. The average age of an investigation was 247 days. At present, there are only a handful of cases over one year of age, and the average age of an investigation is 187 days. Several factors precipitated this increased efficiency, including the quality of our investigators, the initiation of a team concept of investigation and the use of many actively practicing Texas licensed physicians as consultants to review cases and act as expert witnesses. The use of these consultants facilitates our ability to quickly and

thoroughly investigate a case. In addition, in order to bring many cases to closure, the Board increased the number of informal settlement conferences held by 50 percent.

As a result of all these efforts, the Board has disciplined over 500 physicians during the last three years. Over 150 have had their licenses either revoked or suspended or have surrendered their licenses. The Board feels these actions against physicians were vital to the protection of the public, which is the main mission of the Board.

Impairment is a critical issue facing the health professional community today. Twenty percent of the physicians who have been disciplined during the last three years were disciplined for impairment. Of those physicians, remarkably only 7 percent relapsed after extensive treatment, continual follow-up and observation. This is due to the success of our compliance department, which works diligently to ensure that impaired physicians under an order with the Board comply fully with its terms.

Today, our impairment program does not always include a public disciplinary order. The Board believes it is a greater protection of the public and a better marshaling of resources to rehabilitate than to cast aside physicians who have become impaired. The legislature in the last session gave the Board a unique tool which allows us to help impaired physicians. If a physician voluntarily comes forward and tells the Board of his or her substance abuse problem and does not have a previous disciplinary action, the Board has the discretion to put the physician under a non-disciplinary, rehabilitative order. This order is not subject to the Open Records Act and only myself, a minimum number of Board members and investigative staff will know the identity of the physician. The rehabilitation order requires that the physician be treated and monitored under guidelines of the Board. However, if the physician relapses, a standard, public disciplinary order is put into place. The new rehabilitation order gives the impaired physician a chance to deal with his or her substance abuse problem without the public stigma of a disciplinary order while giving the Board the ability to protect the public.

I urge you to seek help with the Board. If you or any of your colleagues are impaired or have difficulty with alcohol or drugs, please come forward. This private rehabilitation order can help you recover and maintain your dignity while protecting the people of Texas.

Explanation of Annual Fees

The Texas State Board of Medical Examiners requires that all physician licensees submit an annual renewal fee of \$300 to maintain licensure. The Board feels it is important to inform licensees of the purpose of these fees and where the fees are directed after collection.

In fiscal year 1996, the Texas State Board of Medical Examiners collected 14.7 million in annual renewal fees for physicians. All of these fees go directly into the general revenue fund and are not kept by the Board. Two-thirds of the annual renewal fee is a professional tax which the legislature has mandated that all physicians pay annually to the state. Last year, the

professional taxes collected by the Board amounted to 9.9 million. The remaining one-third, or \$100, is collected to pay for the operating expenses of the Board.

After the fees are collected, the Board then receives an appropriation from the legislature equaling approximately 4.5 million dollars. The Board generates more funds than are appropriated.

Illustrative Disciplinary Case

by Tim Weitz, J.D.

A licensed Texas physician was monitored by the Texas State Board of Medical Examiners ("the Board") for several years due to the physician's problems with chemical dependency and intemperate use of drugs. Due to substance abuse, the physician's medical license was suspended by the Board; however, the suspension order allowed the physician to have the suspension lifted by demonstrating sobriety and a favorable recovery history of at least one year. The physician received treatment for chemical dependency, and was subsequently able to regain authority to resume the practice of medicine with continued monitoring and various restrictions.

After more than a year under the order, the restrictions were further tailored and amended to better address the physician's circumstances. After approximately two more years of monitoring and reported recovery, the physician suffered a relapse and ingested a controlled substance in violation of the order. The physician's license was once again suspended and remained suspended for about two more years. During this period of suspension, the physician participated in recovery programs and reportedly maintained sobriety. Upon personally appearing before the Board and providing sufficient evidence to show the ability to practice medicine with reasonable skill and safety, the suspension of the physician's license was lifted. The physician's return to the practice of medicine was under more stringent terms and conditions than previously imposed, and the physician was placed on probation for a period of ten years.

Among the various terms of the probation, the physician was prohibited from alcohol or drug consumption unless prescribed by another physician for a legitimate medical purpose. The physician was also required to submit to drug screens by urine, blood, or hair analysis, and was required to appear before the Board on a regular basis to report on compliance with the order. The physician's efforts were tracked by an agency compliance officer. As required by the order, the physician appeared before the Board for a routine probationary appearance. In response to a question from the Board's president, the physician reported a sobriety date which would have given the physician over two years of sobriety. Immediately after the probationary appearance, the agency compliance officer conducted a compliance interview of the physician. During the probationary appearance and the compliance interview, the compliance officer noticed a large bulge under the physician's sport coat below the belt line and above the left hip pocket. A urine sample

was requested. Prior to providing the urine specimen, the physician advised the compliance officer that the physician had a urinary problem which caused disruption of urine flow and further advised the compliance officer of recent ingestion of over-the-counter medications and a controlled substance. The controlled substance was reportedly prescribed by another physician for an injury.

During submission of the urine specimen, the sound of voiding was inconsistent with the compliance officer's previous observations and another sound was heard which raised the compliance officer's level of suspicion. Temperature strips placed on the urine sample submitted by the physician did not register an appropriate temperature. The compliance officer confronted the physician with concerns that the urine was not from the physician's body, but had been substituted by the physician in an attempt to conceal illegal drug use. After a series of denials and differing explanations, the physician eventually admitted to submitting another person's urine which had been contained in a plastic bottle beneath the physician's clothes. The bottle and controlled substances in the physician's possession were seized by the compliance officer. The physician's recent illegal consumption of a controlled substance was also confirmed. The Disciplinary Panel of the Board was convened, and the physician's medical license was temporarily suspended pending a full hearing. Prior to the anticipated hearing, the physician agreed to an order which revoked the physician's Texas medical license. The disciplinary actions taken against the physician were reported to various agencies including the National Practitioner Data Bank.

Physician Laurels

Vicente Tavarez, Jr., M.D.

The Board would like to offer its condolences to the family and friends of Vicente Tavarez, Jr., M.D., who died on October 5, 1996. Dr. Tavarez was a McAllen surgeon who served as a Board District Review Committee member for over four years.

After receiving his medical degree from the University of Nuevo Leon Medical School in Monterrey, Mexico, in 1954, he completed an internship at the Sioux Valley Hospital in Sioux Falls, South Dakota, and a one-year residency in surgical pathology at the University of Denver General Hospital in Denver, Colorado. Dr. Tavarez then completed a five-year residency program at Norfolk General Hospital in Norfolk, Virginia, becoming senior surgical resident.

Dr. Tavarez began his private surgery practice in McAllen in 1965 and served its residents for over twenty years.

Dr. Tavarez was active in many professional, civic and charity organizations. His professional associations include the Texas Medical Association, the American College of Surgeons, the International College of Surgeons and the Hidalgo-Starr Medical Society. Dr. Tavarez was on the Board of Directors of the McAllen Chamber of Commerce. He was also a founding board member of

the McAllen Boys Club and served as the second president of the McAllen Boys Club Board. In addition, for eighteen years he was a Medical Director of the Easter Seal Society in McAllen and was given the Humanitarian Award in 1992.

Dr. Tavaréz also served his country in the United States Air Force Active Reserves for eleven years, attaining the rank of Colonel. He was awarded the Air Force Commendation Medal in 1987 and the Meritorious Service Medal in 1994.

Among his other accomplishments, Dr. Tavaréz was an outstanding athlete, qualifying for the Olympics in the Helsinki Games in 1948 and the London Games in 1952 in the 110 meter high hurdles. Instead of competing, he chose to pursue his medical degree.

Dr. Tavaréz received the Outstanding Physician Award from the Hidalgo-Starr Medical Society in 1996.

The Board appreciates Dr. Tavaréz's diligent service on the District Review Committee and his commitment to excellence in his practice and his life.

Position Statement: Unlicensed Practice of Medicine

During the course of rulemaking related to nonprofit health organizations and telemedicine, as well as during its day-to-day regulatory activities, the Texas State Board of Medical Examiners has received comments and evidence on the adverse impact and potential harm to patients resulting from the influence of unlicensed individuals on the medical decision-making process of Texas physicians. Prompted by concerns raised in this regard, and in an effort to protect patients by preserving the independent medical judgment of physicians, the Texas State Board of Medical Examiners has chosen to issue this position statement.

It is the position of the Texas State Board of Medical Examiners, consistent with the provisions of section 3.06(i) of the Medical Practice Act, that the determination of medical necessity or appropriateness of proposed care so as to effect the diagnosis or treatment of a patient is the practice of medicine. To engage in the determination of medical necessity or appropriateness of an evaluation or care so as to effect the diagnosis or treatment of a patient in Texas requires a Texas medical license. Consistent with section 3.06(i) of the Medical Practice Act, the Texas State Board of Medical Examiners recognizes that a person physically located in another jurisdiction who, through any medium, performs an act that is part of a patient service initiated in this state and that would effect the diagnosis or treatment of a patient is also engaged in the practice of medicine so as to require a Texas medical license.

An individual or entity which makes a determination of medical necessity or appropriateness of any medical evaluation or care so as to effect the diagnosis or treatment of a patient in Texas, and who does not possess a Texas medical license or other authorization to practice medicine in this State, shall be subject to referral for further investigation, criminal prosecution, injunctive action, and the possible imposition of monetary penalties. A person who practices medicine in Texas without a license or permit so as to cause

financial, physical, or psychological harm shall be subject to prosecution for a third degree felony as provided for in section 3.07 of the Medical Practice Act.

The exercise of decision-making authority over the need for or appropriateness of a medical evaluation or care so as to effect diagnosis or treatment is the practice of medicine. Consequently, such activity requires a Texas medical license. This requirement applies to those individuals and entities, both inside and outside the State of Texas, who engage in determining the need or appropriateness of any medical evaluation or care in regard to a Texas patient. Participants in such misconduct will be referred for criminal prosecution, civil action, and when available, disciplinary action. Licensed Texas physicians are encouraged to report the unlicensed practice of medicine. To avoid a violation of the law regarding unlicensed practice, reviewers, insurers, medical directors, and managed care gatekeepers should all be particularly conscientious in allowing physician providers to exercise independent medical judgment to the greatest extent possible.

Prescriptive Authority A&A

Q: Which scheduled medications can a physician assistant now prescribe under the new legislation?

A: Physician assistants are not allowed to prescribe any controlled substances. Physician assistants are authorized to carry out or sign prescription drug orders for dangerous drugs only.

Q: Where can physician assistants sign or carry out prescription drug orders?

A: (1) Medically underserved areas; (2) physician's primary practice site; and (3) facility-based practice.

Q: What is considered a physician's primary practice site?

A: (1) The practice location where the physician spends the majority of his or her time; (2) a licensed hospital, a licensed long-term care facility and a licensed adult care center where both the physician and the physician assistant are authorized to practice; (3) an established patient's residence; (4) in the physical presence of the supervising physician.

Q: What does a physician assistant have to do to start issuing prescriptions under the new legislation?

A: The supervising physician must delegate the prescribing authority to the physician assistant on a form provided by the Texas State Board of Medical Examiners. The prescription forms must contain the following information: name, address and telephone number of the physician; the name, address, telephone and license number of the physician assistant signing the prescription drug order. The prescription will contain the following information: patient's name and address, drug to be dispensed, directions to the patient in regard to the taking and dosage, the intended use of the drug (if appropriate), the date, the number of refills permitted and substitution instructions (dispense as written or product selection permitted).

Texas Medicaid Drug Use Review

Treatment of Non-Insulin Dependent Diabetes Mellitus: Use of Newer Oral Hypoglycemics in

The Texas Medicaid Drug Use Review (DUR) Board wishes to share the following information with practitioners in the interest of promoting optimal pharmaceutical therapy for patients with non-insulin dependent diabetes mellitus. The DUR Board has reviewed numerous profiles of patients receiving either multiple sulfonylurea agents concomitantly and/or sulfonylureas at dosages in excess of the maximum recommended daily dose, and wishes to provide information regarding potential problems associated with such regimens.

In recommended doses, oral sulfonylureas reduce blood glucose levels by stimulating insulin secretion from pancreatic b cells. This is accomplished as oral sulfonylureas bind to and activate receptors on the b cell surface. Additionally, sulfonylurea therapy may stimulate insulinsecreting abilities indirectly as improved blood glucose control enhances b cell function. Maximum recommended daily doses for oral sulfonylureas are listed in Table 1.

Table 1. Sulfonylureas

Oral Antidiabetic Agents	Maximum Recommended Daily Dose
Acetohexamide (Deymelor, various generics)	1500 mg
Chlorpropamide (Diabinese, various generics)	750 mg
Tolazamide (Tolinase, various generics)	1000 mg
Tolbutamide (Orinase, various generics)	3000 mg
Glipizide (Glucotrol, various generics)	40 mg
Glyburide (nonmicronized) (DiaBeta, Micronase, various generics)	20 mg
Glyburide (micronized) (Glynase)	12 mg
Glimepiride (Amaryl)	8 mg

While drug dosage titration is necessary to find the optimal therapeutic dose for a patient, increasing oral sulfonylurea doses beyond the maximum daily dose may saturate the binding process for receptors on the b cell surface.

Insulin secretion by pancreatic β cells may be maximized prematurely if these cells are exposed to high concentrations of oral sulfonylureas for prolonged time periods. This may necessitate initiating daily insulin therapy earlier than anticipated due to the loss of β cell activity. Several investigators have noted that increasing oral sulfonylurea doses impairs, rather than improves, blood glucose control when compared to lower doses. Additionally, treatment with multiple oral sulfonylureas does not contribute an additional mechanism of action to the management of NIDDM but resembles those drug regimens which utilize large doses of single agents. NIDDM treatment with oral sulfonylurea combinations may also limit, rather than improve, the effectiveness of oral therapy.

Patients who do not respond adequately to recommended sulfonylurea doses may benefit from the addition of one of the newer antidiabetic agents [metformin (Glucophage \diamond), acarbose (Precose \diamond)] to current antidiabetic treatment regimens. Metformin is a biguanide oral antidiabetic agent available in much of the world since the 1950s. In December 1994, metformin received approval in the United States as a new class of oral monotherapy to manage NIDDM. Metformin differs mechanistically from oral sulfonylureas as insulin secretion is unaffected, which explains the lack of hypoglycemia seen with metformin. Instead, metformin lowers blood glucose by limiting intestinal glucose absorption and inhibiting hepatic glucose production. Metformin also significantly increases peripheral tissue sensitivity to insulin without inducing weight gain, and in some instances promoting weight loss, making metformin a first-line drug treatment for the obese NIDDM patient. Metformin has exerted successful glycemic control when used alone and in combination with oral sulfonylureas. In patients who fail sulfonylurea treatment, the addition of metformin to the therapeutic regimen may provide satisfactory control and delay insulin therapy for several years. Metformin and sulfonylureas, when used concomitantly, demonstrate complimentary therapeutic effects as these agents work at different sites of action. Several studies have shown that the combined use of metformin and an oral sulfonylurea produces greater blood glucose lowering effects than either agent used alone. Metformin use is contraindicated in patients with hepatic dysfunction, cardiovascular or respiratory disease, renal insufficiency, acute infection and alcoholism as these conditions may precipitate lactic acidosis, the most serious adverse effect attributable to metformin therapy. Metformin is supplied as 500 mg and 850 mg tablets. The effective maintenance dosage for metformin in NIDDM is 1 to 3 grams daily. Treatment is usually initiated with small doses of 500 mg one to three times daily and titrated gradually in 500 mg increments every two or three weeks to a maximally effective dose of 2500 mg (500 mg tablet) or 2550 mg (850 mg tablet).

Patients who have not responded to maximal sulfonylurea dosages may benefit from the addition of acarbose to existing oral sulfonylurea therapy. Acarbose is an α -glucosidase inhibitor approved in September 1995 for use in the treatment of NIDDM. Acarbose decreases postprandial glucose concentrations but does not affect fasting blood glucose levels. Acarbose works by competitively inhibiting the intestinal α -glucosidase enzymes sucrase, glucoamylase, dextrinase, maltase and isomaltase, which delays conversion of nonabsorbable dietary starch and sucrose into glucose. This response only occurs when acarbose is ingested concurrently with meals containing complex carbohydrates. Investigators have observed improved

blood glucose control with the adjunctive use of acarbose and oral sulfonylureas in NIDDM patients unresponsive to oral sulfonylurea therapy alone. The acarbose-sulfonylurea combination has demonstrated comparable efficacy to metformin-oral sulfonylurea combinations and is superior to placebo, diet alone, and acarbose, metformin and oral sulfonylureas when used as monotherapy.

Similarly, other investigators have shown that the addition of acarbose to pre-existing antidiabetic medication regimens improves blood glucose control regardless of concomitant antidiabetic agent (i.e., oral sulfonylurea, insulin, metformin). Adverse events commonly reported by patients utilizing acarbose include intestinal gas, abdominal distention, abdominal pain and frequent loose or soft stools. These events appear to be dose-related and may be minimized or reduced by dosage reductions as well as titrating to an effective dosage based on clinical response and tolerance. Recommended dosage regimens for acarbose include initial doses of 25 mg three times daily, increasing at four- to eight-week intervals depending on response and tolerance up to 50 mg three times daily for patients weighing less than 60 kg or 100 mg three times daily for heavier patients. Acarbose should be administered with the first bite of each main meal to be fully effective.

Treating patients with NIDDM offers several challenges. Patients are frequently noncompliant with diet and/or oral medications and attempts to initiate insulin therapy are often met with resistance. Additionally, approximately 5-10% of patients per year experience secondary failure to oral sulfonylureas, which may be due to progressive deterioration in β cell function. Treatment with oral sulfonylureas can delay the need for daily insulin injections if used effectively. However, data show that a satisfactory response with oral sulfonylureas is not likely if blood glucose control is not achieved within 3 to 4 weeks following maximal doses. The addition of a newer antidiabetic agent to a pre-existing, unsuccessful oral sulfonylurea regimen may improve blood glucose control significantly, potentially allowing reductions in oral sulfonylurea doses and prolonging initiation of insulin therapy.

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Prepared by:

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The Role of the Physician Assistant

Many members of the public are uncertain about the role of the physician assistant in the medical

community. The following is a brief explanation of the physician assistant's education, training and scope of practice.

A physician assistant (PA) is a health professional who practices medicine with physician supervision. PAs are qualified by graduation from an accredited PA educational program and certification by the National Commission on Certification of Physician Assistants (NCCPA) to exercise a level of autonomy in the performance of clinical responsibilities within state medical practice-authorized scope of practice and the supervisory relationship.

PAs can perform services provided that the acts are within the education, training, and experience of the PA and are delegated by the supervising physician. These services may include, but are not limited to: obtaining patient histories and performing physical examinations; ordering and/or performing diagnostic and therapeutic procedures; formulating a working diagnosis; developing and implementing a treatment plan; monitoring the effectiveness of therapeutic interventions; assisting at surgery; offering counseling and education to meet patient needs; and making referrals. A PA must have protocols, standing orders, or physician orders which authorize the PA to perform medical services. The PA utilizes the same medical theory base as physicians and approaches patients with a disease oriented focus.

Acupuncture Rule Changes

Chapter 183:

The amendments clarified the requirements for English competency and outlined the requirements for proper advertising by licensed acupuncturists in order to ensure that licensed acupuncturists refrain from advertising in a manner that is misleading or deceptive.

TMB Rules Changes

Chapter 163: Licensure:

These amendments acknowledge the validity of the National Board of Osteopathic Medical Examiners examination for purposes of licensure. The Board also clarified the criteria to be evaluated when considering licensure of graduates of simultaneous MD-PhD or DO-PhD programs.

Chapter 177: Certification of Non-Profit Health Organizations:

These rules more clearly define the procedure for the approval for certification of migrant, community, or homeless health centers, or federally qualified health centers as non-profit health organizations pursuant to section 5.01(b) of the Medical Practice Act.

Chapter 166: Physician Registration:

This rule change amended the continuing medical education requirements to allow flexibility in the reporting of CME hours. The change allows physicians to

carry forward excess CME for up to two years beyond the annual registration period during which the hours were earned. A maximum of 48 excess hours may be carried forward over a two year period. In addition, beginning January 1, 1999, the amendment requires at least one hour of the annual requirement of 24 hours of CME to be medical ethics and/or professional responsibility. In order to fulfill the requirement beginning in 1999, physicians must obtain the hour of medical ethics within the twelve months prior to their expiration date. All physicians will receive a copy of this chapter with their annual renewal notice in 1997.

Recent Rule Changes

Chapter 185.6

The Board created a Continuing Medical Education temporary license to allow physician assistants, who have not obtained or timely reported the required number of CME hours, an opportunity to correct any deficiency.

Chapter 185.4

An amendment to the licensure portion of the physician assistant rules grants the Executive Director discretion regarding licensure application eligibility for physician assistants.

Chapter 185.20

The Board created disciplinary guidelines for physician assistants.

Chapter 185.23

This rule change expanded the language concerning rehabilitation orders.

Chapter 185.27

This rule created a mechanism for requesting modification or termination of agreed orders or disciplinary orders.

Disciplinary Actions

Physicians

Allas, Jose O., M.D., Lubbock, TX, Lic. #H-9589

An Agreed Order was entered on 8-17-96 publicly reprimanding Dr. Allas. Action due to professional failure to practice medicine in an acceptable manner consistent with public health and welfare.

Angle, John F., M.D., Longview, TX, Lic. #D-3132

An Agreed Order was entered on 8-17-96 restricting his license for 4 years under various terms and conditions. Action due to professional failure to practice medicine in an acceptable manner consistent with public health and welfare.

Ashby, Charles H., M.D., Pampa, TX, Lic. #B-6292

An Agreed Order was entered on 8-17-96 restricting his license and on or before 11-30-96, Dr. Ashby shall cease the practice of medicine and shall not practice in Texas until such time as he appears before the Board and provides sufficient evidence to show that he is physically, mentally,

and otherwise competent to safely practice medicine. Action due to professional failure to practice medicine in an acceptable manner consistent with public health and welfare.

Azim, Mohammad, M.D., Seabrook, TX, Lic. #J-3398

An Agreed Order was entered on 11-16-96 publicly reprimanding Dr. Azim. Action due to professional failure to practice medicine in an acceptable manner consistent with public health and welfare.

Bass, Robert K., M.D., Dallas, TX, Lic. #C-4230

An Agreed Order was entered on 8-17-96 for the voluntary and permanent surrender of his license to avoid the expense of litigation.

Berezoski, Robert N., M.D., Lic. #E-0812

A proposal for decision was heard concerning Dr. Robert N. Berezoski. Dr. Berezoski's license was suspended for 10 years and probated for the last 8 years under various terms and conditions. Action due to professional failure to practice medicine in an acceptable manner consistent with public health and welfare. The Board Order will become final when administrative appeals have been exhausted. The physician has 20 days from the service of the Order to file a motion for rehearing.

Bernath, Alexander S., M.D., Sherman, TX, Lic. #G-4525

An Agreed Order was entered on 8-17-96 publicly reprimanding Dr. Bernath and restricting his license for 3 years under various terms and conditions. Action due to prescribing or dispensing 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 not consistent with public health and welfare.

Brown, William C., M.D., Houston, TX, Lic. #H-3859

An Agreed Order was entered on 8-17-96 suspending his license until such time as Dr. Brown appears before the Board and provides sufficient evidence to show that he is physically, mentally, and otherwise competent to safely practice medicine. Action due to intemperate use of alcohol or drugs.

Cartwright, Gregory B., M.D., Silsbee, TX, Lic. #H-7544

An Agreed Order was entered on 8-17-96 suspending his license until such time as Dr. Cartwright appears before the Board and provides sufficient evidence to show that he is physically, mentally, and otherwise competent to safely practice medicine. Action due to intemperate use of alcohol or drugs.

Castaneda, Manuel F., M.D., Houston, TX, Lic. #G-6798

An Agreed Order was entered on 11-16-96 suspending his license; however, the suspension was stayed and the physician was placed on probation for 5 years under various terms and conditions. Action due to 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; prescribing, administering, or dispensing in a manner not consistent with public health and welfare; and professional failure to practice medicine in an acceptable manner.

Chamberlain, Charles D., M.D., Brenham, TX, Lic. #C-6886

An Agreed Order was entered on 11-16-96 suspending his license until such time as Dr. Chamberlain appears before the Board and provides sufficient evidence to show that he is physically, mentally, and otherwise competent to safely practice medicine. Action due to unprofessional or dishonorable conduct that is likely to deceive or defraud the public.

Chears, William C., Jr., M.D., Dallas, TX, Lic. #C-7199

An Agreed Order was entered on 8-17-96 publicly reprimanding Dr. Chears and assessing an administrative penalty in the amount of \$100.00. Action due to violation of Board rules relating to mandatory completion and reporting of continuing medical education.

Coats, Robert E., D.O., Arlington, TX, Lic. #G-7795

An Agreed Order was entered on 8-17-96 suspending his license; however, the suspension was stayed and the physician was placed on probation for 6 years under various terms and conditions. Action due to unprofessional or dishonorable conduct that is likely to deceive or defraud the public.

Coomansingh, Belden J.L., M.D., Fort Worth, TX, Lic. #F-8446

A proposal for decision was heard concerning Belden J.L. Coomansingh. Dr. Coomansingh's license was revoked and an administrative penalty was assessed in the amount of \$25,000.00, due to unprofessional or dishonorable conduct, violation of laws connected with the practice of medicine, nontherapeutic prescribing or treatment, and professional failure to practice medicine in an acceptable manner consistent with public health and welfare. The Board Order dated 10-4-96 will become final when administrative appeals have been exhausted. The physician has 20 days from the service of the Order to file a motion for rehearing.

Cormia, Frank E., Jr., M.D., El Paso, TX, Lic. #E-3885

An Agreed Order was entered on 8-17-96 suspending his license; however, the suspension was stayed and the physician was placed on probation for 5 years under various terms and conditions. Action due to professional failure to practice medicine in an acceptable manner consistent with public health and welfare and unprofessional or dishonorable conduct.

Curvin, Thomas J., M.D., San Antonio, TX, Lic. #H-8616

An Agreed Order was entered on 8-17-96 suspending his license; however, the suspension was stayed and the physician was placed on probation for 3 years under various terms and conditions. Action due to intemperate use of alcohol or drugs.

Duncan, John D., M.D., Del Rio, TX, Lic. #D-4980

An Agreed Order was entered on 10-5-96 suspending his license until such time as Dr. Duncan appears before the Board and provides sufficient evidence to show that he is physically, mentally, and otherwise competent to safely practice medicine. Action due to intemperate use of alcohol or drugs and unprofessional or dishonorable conduct that is likely to deceive or defraud the public or injure the public.

Elovitz, Stuart, M.D., Corpus Christi, TX, Lic. #E-3906

An Agreed Order was entered on 8-17-96 publicly reprimanding Dr. Elovitz and assessing an administrative penalty in the amount of \$100.00. Action due to violation of Board rules relating to mandatory completion and reporting of continuing medical education.

Esquivel, Julio A., M.D., Fort Lauderdale, FL, Lic. #J-1655

An Agreed Order was entered on 8-17-96 publicly reprimanding Dr. Esquivel and assessing an administrative penalty in the amount of \$100.00. Action due to violation of Board rules relating to mandatory completion and reporting of continuing medical education.

Farley, Patrick C., M.D., El Paso, TX, Lic. #G-2696

An Agreed Order was entered on 8-17-96 suspending his license; however, the suspension was stayed and the physician was placed on probation for 5 years under various terms and conditions. Dr. Farley shall not practice medicine in Texas until such time as he provides sufficient evidence that the suspension previously imposed on his Washington medical license has been stayed and

lifted. Action due to impairment due to illness or chemical abuse and disciplinary action taken by another state.

Faust, Harry L., Jr., D.O., Webster, TX, Lic. #E-0905

An Agreed Order was entered on 8-17-96 restricting his license for 5 years under various terms and conditions. Action due to intemperate use of alcohol and professional failure to practice medicine in an acceptable manner consistent with public health and welfare.

Fernandez, Carlos H., M.D., Houston, TX, Lic. #D-9438

An Agreed Order was entered on 8-17-96 publicly reprimanding Dr. Fernandez. Action due to professional failure to practice medicine in an acceptable manner consistent with public health and welfare.

Fisher, Anna L., M.D., Seabrook, TX, Lic. #F-5423

An Agreed Order was entered on 8-17-96 publicly reprimanding Dr. Fisher and assessing an administrative penalty in the amount of \$100.00. Action due to violation of Board rules relating to mandatory completion and reporting of continuing medical education.

Fleming, James M., D.O., Houston, TX, Lic. #E-0006

An Agreed Order was entered on 8-17-96 restricting his license. Dr. Fleming shall not practice medicine until such time as he appears before the Board and provides sufficient evidence to show that he is physically, mentally, and otherwise competent to safely practice medicine.

Garza, Raul, M.D., San Benito, CA, Lic. #F-3134

An Agreed Order was entered on 8-17-96 restricting his license for 5 years under various terms and conditions; publicly reprimanding Dr. Garza and assessing an administrative penalty in the amount of \$10,000.00. Action due to violation of laws connected with the practice of medicine, failing to supervise adequately the activities of those acting under his supervision, violation of Board rules and aiding or abetting the unlicensed practice of medicine.

Goal, Jay C., M.D., Sugarland, TX, Lic. #H-7306

An Agreed Order was entered on 8-17-96 restricting his license for 1 year under various terms and conditions. Action due to professional failure to practice medicine in an acceptable manner consistent with public health and welfare.

Goh, Benjamin W., D.O., Orange Park, FL, Lic. #H-3386

An Agreed Order was entered on 8-17-96 assessing an administrative penalty in the amount of \$2,500.00. Action due to disciplinary action taken by another state.

Goldman, Eugene J., M.D., Houston, TX, Lic. #D-1426

An Agreed Order was entered on 8-17-96 for the voluntary and permanent surrender of his license to avoid the expense of litigation.

Gorman, Mary G., M.D., Austin, TX, Lic. #H-3249

An Agreed Order was entered on 8-17-96 suspending her license until such time as she appears before the Board and provides sufficient evidence to show that she is physically, mentally, and otherwise competent to safely practice medicine. Action due to intemperate use of alcohol or drugs, writing false or fictitious prescriptions, and unprofessional or dishonorable conduct.

Gregorio, Cesar P., Jr., M.D., Rockwall, TX, Lic. #E-7611

An Agreed Order was entered on 8-17-96 suspending his license; however, the suspension was stayed and the physician was placed on probation for 5 years under various terms and conditions.

Action due to violation of laws connected with the practice of medicine and failing to keep complete and accurate records of purchases and disposal of drugs.

Head, William J., III, M.D., Harlingen, TX, Lic. #F-6730

An Agreed Order was entered on 11-16-96 revoking his license; however, after 15 calendar days, the revocation shall be stayed and the physician shall be placed on probation for 10 years under various terms and conditions. Action due to intemperate use of alcohol or drugs.

Herlihy, Daniel, D.O., Irving, TX, Lic. #H-8125

An Agreed Order was entered on 11-16-96 suspending his license until Dr. Herlihy's federal criminal conviction in the United States District Court for the Northern District of Texas is finally adjudicated. Action due to conviction of a crime of the grade of a felony or a crime of lesser degree that involves moral turpitude; unprofessional or dishonorable conduct; nontherapeutic prescribing or treatment; and persistently and/or flagrantly overcharging or overtreating patients.

Hill, Welton W., M.D., Bellville, TX, Lic. #F-6746

An Agreed Order was entered on 8-17-96 suspending his license; however, the suspension was stayed and the physician was placed on probation for 5 years under various terms and conditions. Action due to nontherapeutic prescribing or treatment and professional failure to practice medicine in an acceptable manner consistent with public health and welfare.

Howell, Shelley B., D.O., Temple, TX, Lic. #E-3310

An Agreed Order was entered on 8-17-96 restricting his license for 3 years under various terms and conditions and publicly reprimanding Dr. Howell. Action due to professional failure to practice medicine in an acceptable manner consistent with public health and welfare.

Huey, Rodney L., M.D., Tulsa, OK, Lic. #E-6104

An Agreed Order was entered on 8-17-96 publicly reprimanding Dr. Huey and assessing an administrative penalty in the amount of \$100.00. Action due to violation of Board rules relating to mandatory completion and reporting of continuing medical education.

Hull, Jaime J., M.D., Amarillo, TX, Lic. #G-3487

An Agreed Order was entered on 8-17-96 suspending his license; however, the suspension was stayed and the physician was placed on probation for 5 years under various terms and conditions. Action due to unprofessional or dishonorable conduct that is likely to deceive or defraud the public.

Johnson, Kenneth W., M.D., Los Angeles, CA, Lic. #J-5794

An Agreed Order was entered on 8-17-96 assessing an administrative penalty in the amount of \$500.00. Action due to aiding or abetting the unlicensed practice of medicine.

Keatts, James G., M.D., Houston, TX, Lic. #D-6285

An Agreed Order was entered on 8-17-96 suspending his license until such time as he appears before the Board and provides sufficient evidence that he is physically, mentally, and otherwise competent to safely practice medicine. Action due to conviction of a crime of the grade of a felony or a crime of a lesser degree that involves moral turpitude, unprofessional or dishonorable conduct, violation of laws connected with the practice of medicine, and professional failure to practice medicine in an acceptable manner consistent with public health and welfare.

Lara, Fernan, M.D., Dallas, TX, Lic. #E-0251

An Agreed Order was entered on 8-17-96 publicly reprimanding Dr. Lara, assessing an administrative penalty in the amount of \$2,500.00 and his license is subject to various terms and

conditions for 2 years. Action due to professional failure to practice medicine in an acceptable manner consistent with public health and welfare.

Lawrence, Lorry D., D.O., Warwick, RI, Lic. #H-8193

An Agreed Order was entered on 8-17-96 publicly reprimanding Dr. Lawrence. Action due to failure to adequately supervise a medical student acting under her supervision.

Leininger, James R., M.D., San Antonio, TX, Lic. #E-1653

An Agreed Order was entered on 8-17-96 publicly reprimanding Dr. Leininger and assessing an administrative penalty in the amount of \$100.00. Action due to violation of Board rules relating to mandatory completion and reporting of continuing medical education.

Levinson, Carl, M.D., Menlo Park, CA, Lic. #E-1361

An Agreed Order was entered on 8-17-96 assessing an administrative penalty in the amount of \$5,000.00. Action due to disciplinary action taken by another state.

Levy, Jaime, M.D., Houston, TX, Lic. #C-5773

A proposal for decision was heard concerning Jaime Levy, M.D. Dr. Levy's license was restricted for 5 years under various terms and conditions, due to prescribing or administering a drug or treatment that is nontherapeutic in the manner the drug or treatment is administered or prescribed, and professional failure to practice medicine in an acceptable manner consistent with public health and welfare. The Board Order dated 10-4-96 will become final when administrative appeals have been exhausted. The physician has 20 days from the service of the Order to file a motion for rehearing.

Luecke, James D., M.D., Fort Davis, TX, Lic. #H-4504

An Agreed Order was entered on 8-17-96 assessing an administrative penalty in the Fort Davis, TX, Lic. #H-4504

An Agreed Order was entered on 8-17-96 assessing an administrative penalty in the

Mabray, Charles R., M.D., Victoria, TX, Lic. #D-3325

An Agreed Order was entered on 8-17-96 publicly reprimanding Dr. Mabray. Action due to 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.

Marcom, Ralph A., D.O., Honey Grove, TX, Lic. #D-3644

An Agreed Order was entered on 8-17-96 suspending his license; however, the suspension was stayed and the physician was placed on probation for 5 years under various terms and conditions. Action due to professional failure to practice medicine in an acceptable manner consistent with public health and welfare and nontherapeutic prescribing or treatment.

Markus, George M., M.D., Richardson, TX, Lic. #F-6905

An Agreed Order was entered on 8-17-96 restricting his license for 5 years under various terms and conditions. Action due to unprofessional or dishonorable conduct and professional failure to practice medicine in an acceptable manner consistent with public health and welfare.

McCorkle, Allan J., M.D., Amarillo, TX, Lic. #J-0110

An Agreed Order was entered on 8-17-96 suspending his license; however, the suspension was stayed and the physician was placed on probation for 5 years under various terms and conditions. Action due to intemperate use of alcohol or drugs and prescribing, administering, or dispensing in a manner not consistent with public health and welfare.

McCorkle, Ricky A., M.D., Sherman, TX, Lic. #G-7286

An Agreed Order was entered on 8-17-96 restricting his license for 5 years under various terms and conditions. Action due to unprofessional or dishonorable conduct, failing to keep complete and accurate records of purchases and disposal of drugs, prescribing or dispensing to a habitual user, nontherapeutic prescribing or treatment, and professional failure to practice medicine in an acceptable manner consistent with public health and welfare.

Morris, Brock A., M.D., Waco, TX, Lic. #E-4548

An Agreed Order was entered on 8-17-96 to resolve pending allegations of unprofessional conduct by voluntary restrictions on his practice and monitoring for 3 years under various terms and conditions.

Noaman, Abdul Galil A., M.D., Sherman, TX, Lic. #F-0273

An Agreed Order was entered on 8-17-96 wherein he voluntarily and permanently surrendered his license to avoid the expense of litigation.

Otterson, Warren N., M.D., Shreveport, LA, Lic. #E-8094

An Agreed Order was entered on 8-17-96 wherein he voluntarily and permanently surrendered his license to avoid the expense of litigation.

Patton, Garry J., M.D., Mexia, TX, Lic. #G-1746

An Agreed Order was entered on 8-17-96 wherein he voluntarily and permanently surrendered his license to avoid the expense of litigation.

Ramakrishnan, Vasuki, M.D., Stafford, TX, Lic. #F-5712

An Agreed Order was entered on 11-16-96 suspending her license until such time as Dr. Ramakrishnan appears before the Board and provides sufficient evidence to show that she is physically, mentally, and otherwise competent to safely practice medicine. Action due to unprofessional or dishonorable conduct that is likely to deceive or defraud the public.

Ramonet, Jorgelina G., M.D., Laredo, TX, Lic. #G-0802

An Agreed Order was entered on 8-17-96 publicly reprimanding Dr. Ramonet and assessing an administrative penalty in the amount of \$100.00. Action due to violation of Board rules relating to mandatory completion and reporting of continuing medical education.

Riedweg, Edward A., M.D., Kerrville, TX, Lic. #E-3757

An Agreed Order was entered on 8-17-96 suspending his license until such time as Dr. Riedweg appears before the Board and provides sufficient evidence that he is physically, mentally, and otherwise competent to safely practice medicine. Action due to intemperate use of alcohol or drugs, unprofessional or dishonorable conduct, and impairment due to illness or chemical abuse.

Ringer, B.R., Jr., D.O., Houston, TX, Lic. #G-0011

A proposal for decision was heard concerning Dr. B.R. Ringer. Dr. Ringer's license was suspended; however, the suspension was stayed and the physician was placed on probation for 5 years under various terms and conditions, due to unprofessional or dishonorable conduct. The Board Order will become final when administrative appeals have been exhausted. The physician has 20 days from the service of the Order to file a motion for rehearing.

Robinson, Daniel D., II, M.D., Houston, TX, Lic. #G-3736

An Agreed Order was entered on 11-16-96 publicly reprimanding Dr. Robinson. Action due to professional failure to practice medicine in an acceptable manner consistent with public health and welfare.

Ryan, Andrew J., M.D., Houston, TX, Lic. #C-5863

An Agreed Order was entered on 8-17-96 suspending his license; however, the suspension was stayed and the physician was placed on probation for 7 years under various terms and conditions. Action due to intemperate use of alcohol or drugs.

Sanchez, Manuel, M.D., McAllen, TX, Lic. #F-2899

An Agreed Order was entered on 11-16-96 assessing an administrative penalty in the amount of \$5,000.00. Action due to failing to supervise adequately the activities of those acting under his supervision.

Scharf, Paul L., M.D., Irving, TX, Lic. #F-1972

An Agreed Order was entered on 8-17-96 publicly reprimanding Dr. Scharf and assessing an administrative penalty in the amount of \$100.00. Action due to violation of Board rules relating to mandatory completion and reporting of continuing medical education.

Scragg, William H., M.D., El Paso, TX, Lic. #E-5614

An Agreed Order was entered on 8-17-96 assessing an administrative penalty in the amount of \$1,000.00. Action due to professional failure to practice medicine in an acceptable manner consistent with public health and welfare.

Simpson, Don E., M.D., Corinth, MS, Lic. #H-8405

An Agreed Order was entered on 11-16-96 publicly reprimanding Dr. Simpson and assessing an administrative penalty in the amount of \$100.00. Action due to violation of Board rules relating to mandatory completion and reporting of continuing medical education.

Smith, Jerry W., D.O., Houston, TX, Lic. #C-8065

An Agreed Order was entered on 11-16-96 restricting Dr. Smith from the practice of medicine until such time as he appears before the Board and provides sufficient evidence to show that he is physically, mentally, and otherwise competent to safely practice medicine. Action due to his physical disability and retirement.

Smith, Monte K., D.O., Gatesville, TX, Lic. #H-8413

An Agreed Order was entered on 8-17-96 suspending his license; however, the suspension was stayed and the physician was placed on probation for 5 years under various terms and conditions. Action due to intemperate use of alcohol or drugs and writing false or fictitious prescriptions for dangerous drugs.

Stayer, David S., M.D., Irving, TX, Lic. #D-4900

An Agreed Order was entered on 8-17-96 wherein he voluntarily and permanently surrendered his license to avoid the expense of litigation.

Swicegood, William R., II., M.D., Plano, TX, Lic. #F-5132

An Agreed Order was entered on 8-17-96 suspending his license; however, the suspension was stayed and the physician was placed on probation for 5 years under various terms and conditions. Action due to false, misleading or deceptive advertising and failing to keep complete and accurate records of purchases and disposal of drugs.

Tallant, Arthur N., M.D., San Marcos, TX, Lic. #C-5259

An Agreed Order was entered on 8-17-96 wherein Dr. Tallant's license is restricted under certain terms and conditions. Effective 1-1-97, at 12:01 a.m., his license is revoked. Action due to intemperate use of alcohol or drugs, unprofessional or dishonorable conduct, and violation of the laws of the State of Texas connected with the practice of medicine.

Tessmer, Jon F., M.D., Brownwood, TX, Lic. #G-5685

An Agreed Order was entered on 8-17-96 restricting his license for 5 years under various terms and conditions. Action due to disciplinary action taken by his peers.

Tran, Paul C.T., M.D., Houston, TX, Lic. #G-2081

An Agreed Order was entered on 8-17-96 publicly reprimanding Dr. Tran. Action due to professional failure to practice medicine in an acceptable manner consistent with public health and welfare.

Trevino, Rodolfo, M.D., San Juan, TX, Lic. #G-6112

Due to pending criminal allegations an Agreed Order was entered on 8-17-96 that during an interim period, until the allegations are resolved, Dr. Trevino agrees to abide by and be bound by various practice terms and provisions.

Truman, Michael E., D.O., Hurst, TX, Lic. #D-8836

An Agreed Order was entered on 8-17-96 restricting his license for 5 years under various terms and conditions. Action due to unprofessional or dishonorable conduct and professional failure to practice medicine in an acceptable manner consistent with public health and welfare.

Wasserman, Alan S., M.D., Denton, TX, Lic. #H-5371

An Agreed Order was entered on 8-17-96 suspending his license; however, the suspension was stayed and the physician was placed on probation for 5 years. Action due to professional failure to practice medicine in an acceptable manner consistent with public health and welfare.

Webster, Charles L., Jr., M.D., Fort Worth, TX, Lic. #D-2313

An Agreed Order was entered on 10-5-96 wherein he voluntarily and permanently surrendered his license.

Wheeler, James M., M.D., Houston, TX, Lic. #G-3903

An Agreed Order was entered on 8-17-96 restricting his license for 3 years under various terms and conditions. Action due to professional failure to practice medicine in an acceptable manner consistent with public health and welfare.

Wigg, Cindy L., M.D., Galveston, TX, Lic. #G-7430

An Agreed Order was entered on 11-16-96 assessing an administrative penalty in the amount of \$2,000.00. Action due to professional failure to practice medicine in an acceptable manner consistent with public health and welfare.

Wilson, Gerald T., M.D., Lubbock, TX, Lic. #E-7321

An Agreed Order was entered on 11-16-96 restricting his license under various terms and conditions. Action due to professional failure to practice medicine in an acceptable manner consistent with public health and welfare and having disciplinary action taken by his peers.

Zingery, Lewis, W., M.D., Fort Hood, TX, Lic. #F-4724

An Agreed Order was entered on 8-17-96 suspending his license; however, the suspension was stayed and the physician was placed on probation for 5 years under various terms and conditions. Action due to nontherapeutic prescribing or treatment and professional failure to practice medicine in an acceptable manner consistent with public health and welfare.