

Tennessee Board of Osteopathic Examination



Newsletter



A regulatory agency of the State of Tennessee

425 Fifth Avenue North, Cordell Hull Building, First Floor, Nashville, TN 37247-1010

• <http://tennessee.gov/health>

Tennessee Gets High Marks for Bioterrorism Preparedness

State Ranks Among Top Four

Nashville: In a recent report by Trust for America's Health, Tennessee was rated among the top four states for its preparedness efforts to respond to bioterrorism and public health emergencies. "Tennessee has made a great deal of progress towards strengthening our preparedness and capacity to respond rapidly to a bioterrorism threat or other public health emergency, and we are very pleased to be rated among the top states," said Health Commissioner Kenneth Robinson, MD.

The report examined state-by-state how well the public health system is prepared to manage a large-scale emergency. Each state received a score based on ten key indicators which reflect the fundamental capabilities every state should have. The indicators were basically divided into three general categories: funding, public health infrastructure preparedness, and "double duty" preparedness – the ability to leverage resources to respond to both naturally occurring and terrorist threats. Tennessee achieved seven out of the possible ten indicators, the highest score received by any state. Other states with top ratings were California, Florida, and Maryland.

"In Tennessee, state and local agencies, along with our federal partners, work together as a homeland security team. We are pleased to see the bioterrorism preparedness efforts led by the Department of Health, and supported by other agencies and jurisdictions, be recognized. However, we will not rest on our laurels. We are going to continue to improve," said General Jerry Humble, Director, Governor's Office of Homeland Security.

Tennessee received \$20 million federal funding in fiscal year 2002-2003 and \$29.6 million this year to be used for bioterrorism preparedness. The funding has enabled the State to strengthen disease surveillance and reporting systems, hire additional personnel in state and local health departments, improve communications systems and laboratory capacity, and provide training to health care providers, emergency personnel and public health staff.

"The federal bioterrorism funds that we've received have helped us to build a stronger public health system and improve our ability to protect our citizens from biological attacks and infectious disease threats," said Robinson. "Tennessee's strong relationships among state, local and regional health departments have enhanced the state's ability to accomplish a lot in a short period of time."

A portion of the funding is also being used to assist hospitals in their planning and preparedness efforts and to enhance their capability to handle large numbers of casualties. Commissioner Robinson said that the Department of Health will distribute \$8.9 million this year to 133 acute care hospitals for hospital terrorism preparedness. The individual hospital funds are to be used for personal protective equipment for hospital staff, redundant emergency communication systems, added isolation capacities for contagious patients, hospital decontamination units, hospital terrorism staff training, and special kits for emergency rooms to treat patients exposed to chemical agents.

Prescribing Methadone

Methadone is a DEA Schedule II controlled substance that is indicated for the relief of severe pain and detoxification or maintenance of narcotic addiction.

DEA regulations state "A prescription may not be issued for the dispensing of narcotic drugs listed in any schedule for "detoxification treatment" or "maintenance treatment". [CFR21 Part 1306.04 (c)] This has been modified since the introduction of buprenorphine by an amendment to the Controlled Substances Act that allows an office based treatment for opiate addiction. Under special guidelines and the issuance of a special DEA Registration number, a physician may treat up to 30 patients for addiction using Schedules III, IV, and V from his/her office practice. Methadone is still not an option for detoxification and/or maintenance treatment of narcotic addiction from a physician's office.

Use of methadone for treatment of addiction and detoxification remains restricted to non-residential narcotic treatment facilities (methadone clinics) and the physicians who work in these programs. An office based physician may administer methadone to a patient for a period not to exceed 72 hours as an emergency while getting a patient into a proper treatment facility for their addiction. This must be done 24 hours at a time for a period not to exceed three days. This is limited to one occurrence per patient.

There are currently eight methadone clinics licensed in Tennessee. The Department of Health & Human Services (HHS) Division of Substance Abuse and Mental Health Administration (SAMSHA) Center for Substance Abuse Treatment (CSAT), strictly regulate these at a federal level. Also, they are registered and regulated by the Drug Enforcement Administration (DEA) and the State of Tennessee Department of Health, Health Care Facilities Licensure and Regulation. Any patient diagnosed with opiate addiction should be referred to one of these clinics, if it is determined that methadone maintenance treatment is the most appropriate treatment.

42 CFR Chapter I, Part 8 governs the treatment that a patient receives at one of these licensed clinics. In this federal regulation, it determines the amount of counseling a patient must receive, when a patient may receive take-home medications, the accreditation process that each clinic must pass, what patients are eligible for methadone maintenance therapy, and the qualifications that each clinic must possess. The DEA controls the methadone that is dispensed from these facilities and the records that are kept by the clinic staff. The State of Tennessee has rules in place that further regulate the activities that occur in these clinics on a day to day operational basis.

There exists some confusion as to when and under what circumstances methadone may be prescribed. Physicians who possess a valid DEA registration to prescribe Schedule II Controlled Substances may prescribe methadone for the treatment of pain as described in the "General Rules and Regulations for the Practice of Medicine" [Tennessee Rules 0880-2-.14 (6)] This rule section deals with the different types of pain, acute, chronic, and intractable. A physician may prescribe opiates, of which methadone is one, for the treatment of severe chronic intractable pain. Methadone, as with all drugs, must be prescribed for legitimate medical reasons. Pain relief is the only legitimate medical reason, for which physicians may prescribe or administer methadone in an office based setting.

In summary, practicing physicians may prescribe methadone in an out-patient environment for pain according to very specific guidelines, but may NOT prescribe methadone for any reason in the treatment of ADDICTION. Please refer these patients to the appropriate facility for treatment of their opiate addiction needs.

STATUTORY CHANGES

Elder Abuse Prevention

There has been an important change in your practice Act. This year, the General Assembly adopted legislation regarding the abuse of elderly persons and abuse, neglect, and misappropriation of the property of a vulnerable person. Tennessee Code Annotated, Title 71, Chapter 6, Part 1, has been amended:

(a) All offices of physicians licensed pursuant to title 63, chapters 6 or 9, all health care facilities licensed pursuant to title 68, chapter 11, all senior centers, all community centers and all pharmacies shall post the following in the main public entrance:

(1) contact information including statewide toll-free number of the division of adult protective services, and the number for the local district attorney's office; and

(2) a statement that a person of advanced age who may be the victim of abuse, neglect, or exploitation may seek assistance or file a complaint with the division concerning abuse, neglect, and exploitation.

(b) The information listed in subsection (a) shall be posted on a sign no smaller than eleven inches (11") in width and seventeen inches (17") in height.

The Tennessee Medical Association has developed a poster which meets the requirements of the new legislation and we are pleased to provide it to you with this Newsletter. I encourage you to post it in the main public entrance of your practice as the law mandate.

CHANGES OF ADDRESS must be reported (in writing or by web) to the Board's Office within 30 days!

- **Your name and license number;**
- **Your profession;**
- **Your old address and phone number;**
- **Your new address and phone number, e-mail address, and/or your fax number; and**
- **Your SIGNATURE!**

Board's Fax Number: 615-253-4484 or on the Board's Website at tennessee.gov/health.

Welcome New Board Members!

Rafael Sanchez, D.O. was appointed on January 1, 2004 to fill the vacancy created by the resignation of Samuel Chung, D.O. Dr. Sanchez is board certified by the American Osteopathic Board of General Practitioners. Dr. Sanchez currently holds staff privileges at Gibson General Hospital in Trenton, Tennessee. Dr. Sanchez is eligible to serve until June 30, 2007.

Joyce Brown, D.O. was appointed to the Board on June 17, 2004 to replace Thomas Ely, D.O. Dr. Brown is board certified by the American Board of Preventive Medicine and practices in Antioch, TN. Dr. Brown's term runs through June 30, 2009.

A Message from the Tennessee Office of Homeland Security

Health Related Boards (HRB) is assisting the Tennessee Office of Homeland Security and Department of Health in preparing the State for emergency or crisis situations. Whether the crisis is the result of an act of bioterrorism or the rapid spread of a communicable disease such as SARS, it is imperative that our health care community have a mechanism in place to organize and address the situation in a reasonable and timely manner.

It is the task of Health Related Boards to obtain and record email addresses and/or fax numbers for individual health care professionals. This data will then be used in a crisis or emergency situation to immediately alert health care providers throughout the State of Tennessee of the situation and plan of action. The information gathered will not be shared outside state government.

Please contact your HRB profession office today and provide this vital information for the health, safety and welfare of the citizens of the State of Tennessee. You may utilize the online Change of Address option at the board website at <http://tennessee.gov/health>, fax it to 615-253-4484, or email it to Shelia.Bush@state.tn.us, Administrator for the Board of Osteopathic Examination. If you choose to mail, fax or email the information, please include your name as it appears on your license, your profession, and your license number.

Thank you for assisting us in this important project.

Public Chapters, 2004

P.C. 715 - Grounds for Licensure Discipline

The grounds for disciplinary action by the Board of Osteopathic Examinations have been expanded. Tennessee Code Annotated 63-9-111(b) has been amended to add the following paragraph:

“(22) No person licensed in this state to practice medicine shall agree or contract with any clinical, bioanalytical or hospital laboratory, wherever located, to pay such laboratory for anatomic pathology services or cytology services and thereafter include such costs in the bill or statement submitted to the patient or any entity or person for payment, unless the practitioner discloses on the bill or statement, or in writing by a separate disclosure statement in a minimum print size of ten (10) font, the name and address of the laboratory and the net amount or amounts paid or to be paid to the laboratory for the anatomic pathology services or cytology services. The provisions of this section shall not apply to the state or any local government.”

P.C. 678 -Written and Electronic Prescription Orders

In the Medication Error Reduction Act of 2004, the General Assembly created a uniform standard that health care providers must follow in issuing written or electronic prescription orders. This standard is intended to reduce medication related errors, which represent a major source of medical errors in the health care system. By adopting these standards, the general assembly intends to promote medical safety for all patients who are issued drug prescriptions in this state.

Tennessee Code Annotated, Title 63, Chapter 6, Part 2, is amended by adding the following:

“§ 63-6-235. Any written or electronic order for a drug prepared by a physician or surgeon who is authorized by law to prescribe a drug must be legibly printed or typed so that it is comprehensible by the pharmacist who fills the prescription. The written or electronic order must contain the name of the prescribing physician or surgeon; the name and strength of the drug prescribed; the quantity of the drug prescribed (written in both letters and numerals); instructions for the proper use of the drug; and the month and day that the prescription was issued (written in letters or in numerals). The prescribing physician or surgeon must sign the written or electronic order on the day it is issued. Nothing in this section shall be construed to prevent a physician or surgeon from issuing a verbal prescription order.”

To read the full text of Public Chapters go to <http://www.state.tn.us/sos/acts/103/pub/>

Public Acts, 2002 Chapter No. 872

(a) It is the intent of the general assembly to promote greater awareness of women to the risks of gynecological cancers by increasing their knowledge of the signs of such types of cancers and the benefits of early detection. The general assembly recognizes the traditional and significant role played by the department of health in educating the public about health issues and their relevance to maintaining a good quality of life for all citizens.

(b) The department of health is directed to develop and implement a statewide initiative to increase awareness of women regarding gynecological cancers. Through the department's office of women's health, the department shall work with other state and federal programs, such as the Tennessee breast and cervical cancer early detection program and the national cervical cancer coalition, to encourage all women to have regular screening examinations and to follow good health practices which may prevent gynecological cancers.

(c) During national cervical health awareness month, the department shall further the public's knowledge and understanding of the signs of gynecological cancers and the importance of early detection through regular examinations by utilizing print, electronic, audio, or other media, as deemed appropriate by the department. The department shall encourage appropriate physicians and other health care providers to actively educate their patients regarding gynecological cancers through dissemination of information about these diseases and their detection and prevention, as well as through participation in the initiative by providing free cervical cancer screening on Free Pap Smear Day. Where feasible, the department shall work with similar national campaigns which are directed toward women's health issues, as well as partner with health care professional organizations and governmental entities to enhance the department's efforts related to gynecological cancers.

Facts About Ricin

What Is Ricin?

- Ricin is a poison that can be made from the waste left over from processing castor beans.
- It can be in the form of a powder, a mist, or a pellet, or it can be dissolved in water or weak acid.
- It is a stable substance. For example, it is not affected much by extreme conditions such as very hot or very cold temperatures.

Where Is Ricin Found, and How Is It Used?

- Castor beans are processed throughout the world to make castor oil. Ricin is part of the waste "mash" produced when castor oil is made. Amateurs can make ricin from castor beans.
- Ricin has some potential medical uses, such as bone marrow transplants and cancer treatment (to kill cancer cells).

How Can People Be Exposed to Ricin?

- It would take a deliberate act to make ricin and use it to poison people. Accidental exposure to ricin is highly unlikely.
- People can breathe in ricin mist or powder and be poisoned.
- Ricin can also get into water or food and then be swallowed.
- Pellets of ricin, or ricin dissolved in a liquid can be injected into people's bodies.
- Depending on the route of exposure (such as injection), as little as 500 micrograms of ricin could be enough to kill an adult. A 500-microgram dose of ricin would be about the size of the head of a pin. A much greater amount would be needed to kill people if the ricin were inhaled (breathed in) or swallowed.
- Ricin poisoning is not contagious. It cannot be spread from person to person through casual contact.
- In 1978, Georgi Markov, a Bulgarian writer and journalist who was living in London, died after he was attacked by a man with an umbrella. The umbrella had been rigged to inject a poison ricin pellet under Markov's skin.
- Some reports have indicated that ricin may have been used in the Iran-Iraq war during the 1980s and that quantities of ricin were found in Al Qaeda caves in Afghanistan.

How Does Ricin Work?

- Ricin works by getting inside the cells of a person's body and preventing the cells from making the proteins they need. Without the proteins, cells die, and eventually the whole body can shut down and die.
- Specific effects of ricin poisoning depend on whether ricin was inhaled, swallowed, or injected.

What Are the Signs and Symptoms of Ricin Exposure?

- Inhalation: Within a few hours of inhaling significant amounts of ricin, the likely symptoms would be coughing, tightness in the chest, difficulty breathing, nausea, and aching muscles. Within the next few hours, the body's airways (such as lungs) would become severely inflamed (swollen and hot), excess fluid would build up in the lungs, breathing would become even more difficult, and the skin might turn blue. Excess fluid in the lungs would be

diagnosed by x-ray or by listening to the chest with a stethoscope.

- Ingestion: If someone swallows a significant amount of ricin, he or she would have internal bleeding of the stomach and intestines that would lead to vomiting and bloody diarrhea. Eventually, the person's liver, spleen, and kidneys might stop working, and the person could die.
- Injection: Injection of a lethal amount of ricin at first would cause the muscles and lymph nodes near the injection site to die. Eventually, the liver, kidneys, and spleen would stop working, and the person would have massive bleeding from the stomach and intestines. The person would die from multiple organ failure.
- Death from ricin poisoning could take place within 36 to 48 hours of exposure, whether by injection, ingestion, or inhalation. If the person lives longer than 5 days without complications, he or she will probably not die.

How Is Ricin Poisoning Treated?

- No antidote exists for ricin. Ricin poisoning is treated by giving the victim supportive medical care to minimize the effects of the poisoning. The types of supportive medical care would depend on several factors, such as the route by which the victim was poisoned (that is, by inhalation, ingestion, or injection). Care could include such measures as helping the victim breathe and giving him or her intravenous fluids and medications to treat swelling.

How Do We Know for Sure Whether People Have Been Exposed to Ricin?

- If we suspect that people have inhaled ricin, a possible clue would be that a large number of people who had been close to each other suddenly developed fever, cough, and excess fluid in their lungs. These symptoms could be followed by severe breathing problems and possibly death.
- No widely available, reliable test exists to confirm that a person has been exposed to ricin.

What Can People Do If They Think They May Have Been Exposed to Ricin?

- Unintentional ricin poisoning is highly unlikely. CDC has no reports of intentional ricin poisoning. If people think they might have been exposed to ricin, however, they should contact the regional poison control center at 1-800-222-1222.

Proposed Fee Increase

At the May 26, 2004 meeting, the Board of Osteopathic Examiners voted to send to rulemaking hearing a rule to increase the renewal fee of active licensees to \$375 bi-annually. The increase is to off-set increasing costs to the board and a deficit which if prolonged, could cause the Board to be terminated under the "sunset" law. The rulemaking hearing was held on August 9, 2004 and was presented to the board at their August 25, 2004 meeting for comment, review and ratification. The rule will go into effect the latter part of 2004.

It's Easy to Renew Online tennessee.gov/health

The quickest and easiest way to renew your license and update your information is to do it online! It's fast, simple, secure, and convenient – and you can pay with a credit card.



Health Commissioner Kenneth Robinson, MD recently renewed his license online and said the whole process took only moments.

Just click on license renewal, and then select your board and profession, enter your profession license number, your birth date and social security number or the transaction number from your renewal notice. Next, you will update your home address, your work address and even your billing address so the Board will have current information.

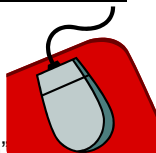
The next step is to enter your renewal information. You'll need to answer all necessary questions and provide information on licenses from other states. You'll have the opportunity to update your education information and list your principal place of employment.

Finally, just enter your payment information. By entering your credit card through the secure site and choosing "submit," you will have completed the online renewal application. Only choose submit one time!

Your renewal information will be posted to the Department of Health's licensing system and once you have met all of the criteria for your profession, you will get your renewal certificate in the mail. What could be simpler? Visit our website at tennessee.gov/health!

Instructions for Accessing the Board's Web Site

- ▶ <http://tennessee.gov/health>
- ▶ Licensing
- ▶ Health Professional Boards
- ▶ Select "Board of Osteopathic Examination"




Consumer Right-To-Know

The Health Care Consumer Right-to-Know Act of 1998, T.C.A. § 63-51-101 et seq., requires designated licensed health professionals to furnish certain information to the Tennessee Department of Health. The information for public dissemination includes: (1) A description of any criminal convictions for felonies within the most recent ten (10) years. (2) A description of any final disciplinary actions of licensing boards in other states within the most recent ten (10) years. (3) A description of any final disciplinary actions of licensing boards in other states within the most recent ten (10) years. (4) A description of revocation or involuntary restriction of hospital privileges for reasons related to competence or character that has been taken by the hospital's governing body or any other official action of the hospital after procedural due process has been afforded, or the resignation from or nonrenewal of medical staff membership or the restriction of privileges at a hospital taken in lieu of or in settlement of a pending disciplinary case related to competence or character in that hospital. Only cases which have occurred within the most recent ten (10) years shall be disclosed by the Department to the public. (5) All medical malpractice court judgments, all medical malpractice arbitration awards in which a payment is awarded to a complaining party and all settlements of medical malpractice claims in which a payment is made to a complaining party beginning with reports for 1998 and each subsequent year; provided, such reports shall not be disseminated beyond the most recent ten-year period, but shall include the most recent ten-year period for which reports have been filed. From the information submitted, the Department will compile a practitioner profile, which is required to be made available to the public via the Internet and toll-free telephone line after May 1, 1999. **Each practitioner who has submitted information must update that information in writing by notifying the Department of Health, Healthcare Provider Information Unit, within 30 days after the occurrence of an event or an attainment of a status that is required to be reported by the law.** A copy of your initial or updated profile will be furnished to you for your review prior to publication. That opportunity will allow you to make corrections, additions and helpful explanatory comments. **Failure to comply with the requirement to submit and update profiling information constitutes a ground for disciplinary action against your license.**

A blank copy of the profile may be obtained from the following website address: tennessee.gov/health. Click on "Forms & Publications"; click on the appropriate board; and click on "Mandatory Practitioner Profile Questionnaire for Licensed Health Care Providers."



 Department of Health Authorization No. 343511, No. of Copies-700
This public document was promulgated at a cost of \$1.50 per copy.

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