MINUTES
Monthly Meeting
MEDICAL LICENSURE COMMISSION OF ALABAMA
Meeting Location: 848 Washington Avenue
Montgomery, Alabama 36104

June 26, 2024

MEMBERS PRESENT IN PERSON

Craig H. Christopher, M.D., Chairman
Jorge Alsip, M.D., Vice-Chairman
Kenneth W. Aldridge, M.D.
Howard J. Falgout, M.D.
L. Daniel Morris, Esq
Paul M. Nagrodzki, M.D.
Nina Nelson-Garrett, M.D.
Pamela Varner, M.D.

MEMBERS NOT PRESENT

MLC STAFF

Aaron Dettling, General Counsel, MLC
Rebecca Robbins, Operations Director (Recording)
Nicole Roque, Administrative Assistant (Recording)
Heather Lindemann, Licensure Assistant

OTHERS PRESENT

BME STAFF

Buddy Chavez, Investigator
Anthony Crenshaw, Investigator
Randy Dixon, Investigator
Amy Dorminey, Director of Operations
Greg Hardy, Investigator
Alicia Harrison, Associate General Counsel
Effie Hawthorne, Associate General Counsel
Wilson Hunter, General Counsel
Roland Johnson, Physician Monitoring
Winston Jordan, Technology
Christy Lawson, Paralegal
William Perkins, Executive Director
Tiffany Seamon, Director of Credentialing
Scott Sides, Investigator

Call to Order: 9:04 a.m.

Prior notice having been given in accordance with the Alabama Open Meetings Act, and with a quorum of eight members present, Commission Chairman, Craig H. Christopher, M.D. convened the monthly meeting of the Alabama Medical Licensure Commission.

OLD BUSINESS

Minutes May 29, 2024

Commissioner Alsip made a motion that the Minutes of May 29, 2024, be approved. A second was made by Commissioner Aldridge. The motion was approved by unanimous vote.

NEW BUSINESS

Full License Applicants

	Name	Medical School	Endorsement
1.	Hamidreza Abbasi	Hamadan University of Medical Sciences	USMLE/NY
2.	Jodi Lynn Adler	Des Moines Univ of Osteopathic Medical Center	COMLEX/AR
3.	Amir Aghaabdollah	Lake Erie College of Osteopathic Medicine	COMLEX/FL
4.	Majid Toseef Aized	Nishtar Med College, Bahuddin Zakaria Univ	USMLE/MI
5.	Imran Ajmal	Univ of the Punjab, King Edward Medical College	USMLE
6.	Mohammed Al-Nufal	Weill Cornell Medical College in Qatar	USMLE/FL
7.	Zakaria Subhi Almuwaqqat	Jordan University of Science & Technology	USMLE/IL
8.	Colin Robert Anderson	St Georges University of London	USMLE/AZ
9.	Laureano Andrade Vicenty	Warren Alpert Medical School of Brown Univ	USMLE/FL
10.	Jack Gary Artinian	Wayne State University School of Medicine	USMLE/MI
11.	Mohammad As Sayaideh	University of Jordan	USMLE/HI
12.	Jennifer M Astacio Gonzalez	University of Medicine and Health Sciences	USMLE/MI
13.	Jonathan Joseph Baker	Loma Linda University School of Medicine	USMLE/OH
14.	Natalie M Bath	Indiana Univ School of Medicine Indianapolis	USMLE/WI
15.	Vivek Batra	Kasturba Medical College, Mangalore	USMLE/VA
16.	Ernest Schorr Behnke	Univ Tennessee Health Sci Center College of Med	USMLE/TN
17.	Lisa Natalie Bellanfonte	Howard University College of Medicine	USMLE/GA
18.	Neal Simmons Boone	University of Mississippi School of Medicine	USMLE/SC
19.	Kathy Sanders Bruner	University of Louisville School of Medicine	USMLE/KY
20.	Diane Louisa Cantrell	University of South Florida College of Medicine	NBME/FL
21.	LaWonda S Canzater	University of South Carolina School of Medicine	USMLE/MI
22.	Morgan Rey Cardon	University of South Florida College of Medicine	USMLE/FL
23.	Jose Mauro Chaves	University of South Carolina School of Medicine	USMLE/MO
24.	Stephen Butler Craft	University of South Carolina School of Medicine	USMLE/VA

	Name	Medical School	Endorsement
25.	Joseph Powell Creel	University of Mississippi School of Medicine	USMLE
26.	Siddharth Dalal	Mercer U College of Health Prof Master of Med Sci	USMLE/GA
27.	Ellen Elizabeth Davies	UAB	USMLE/SC
28.	Jericho Mel De Mata	Nova Southeastern University College of Medicine	COMLEX/MD
29.	Justin Tyler De'Prey	Medical College of Wisconsin	USMLE/FL
30.	Paula Dibo	Catholic University of Cordoba San Pablo	USMLE/CT
31.	Kristen Horne Ewing	UAB	USMLE/MO
32.	Aiden Yuzhe Feng	Harvard Medical School	USMLE/MA
33.	Christian Giovanni Flores	Philadelphia College of Osteopathic Medicine	COMLEX
34.	Izabela Anna Galdyn	Northeastern Ohio Univ American Univ of Antigua	USMLE/CA
35.	Riyad Rachid Gargoum	University of Louisville School of Medicine	USMLE/ME
36.	Ronald Gavilan Yodu	Univ of Medical Sciences of Santiago of Cuba	USMLE/CA
37.	Lawrence Robert Genen	Tufts University School of Medicine	USMLE/HI
38.	Chad E Gibbs	Edward Via College of Osteo Med, Carolinas	COMLEX
39.	Ava Marie Giugliano	West Virginia School of Osteopathic Medicine	COMLEX/NC
40.	Rebecca Lynne Grant	Ohio State Univ College of Medicine & Public Health	USMLE/OH
41.	Nupur Gupta	Midwestern University, Arizona Campus	COMLEX/PA
42.	Wasim Haidari	Georgetown University School of Medicine	USMLE
43.	Sara Elizabeth Hocker	University of Kansas School of Medicine	USMLE/MN
44.	Michael Joseph Imburgia	Southern Illinois University School of Medicine	NBME/IL
45.	Sarah Frances Jackson	University of Alabama School of Medicine Birmingham	USMLE/VT
46.	Katherine Schroeder Jerew	University of Toledo College of Medicine	USMLE/OH
47.	Ritika Johal	University of Queensland	USMLE/CA
48.	Brian Jacob Johnson	LSU School of Medicine New Orleans	USMLE/MN
49.	Kyle Sterling Johnson	Texas A&M Univ Health Sci Center College of Med	USMLE/TX
50.	Bellal Ali Joseph	Saba Uni School of Med / American U of Caribbean	USMLE/AZ
51.	Mohammad Khalil Kasaji	University Of Mosul	USMLE/NY
52.	Quinton Joel Keigley	LSU Medical Center in Shreveport	USMLE/VA
53.	Scott Benton Keller	University of Illinois College of Medicine at Peoria	USMLE/OH
54.	Jessica Noelle Lange	Univ of Tennessee Health Sci Center College of Med	USMLE/DC
55.	Robert Burnham Laverty	Uniformed Services University of Health Sciences	USMLE/VA
56.	John Kim Lee	Drexel University College of Medicine	USMLE/CA
57.	Kathy Hung-Koon Lee	SUNY Downstate Medical Center College of Medicine	USMLE/NY
58.	Stephan Nicholas Lefcoski	Brody School of Medicine at East Carolina Univ	USMLE/NC
59.	Yan Hillel Lemeshev	University of Texas Medical School at San Antonio	USMLE/TX
60.	Julie Wilson Lemmon	Univ of Tennessee Health Sci Center College of Med	USMLE/SC
61.	Jerona Alysse Lewis	Wake Forest University School of Medicine	USMLE/NC
62.	Laura Anne Kurata Ling	University of Hawaii School of Medicine	USMLE/MD
63.	Alexandra Lukianoff	University of Connecticut School of Medicine	USMLE/CT
64.	Marc Christopher Manix	Tufts University School of Medicine	USMLE/CA
65.	Joan Kathleen Marc	University of Illinois College of Medicine Chicago	USMLE
66.	Gregory Paul Marks	LSU School of Medicine New Orleans	USMLE
67.	Robert Alexander Mazur	Uniformed Services University of Health Sciences	NBME/GA

	Name	Medical School	Endorsement
68.	Amol Rajen Mehta	Rosalind Franklin Univ of Medicine and Science	USMLE/CA
69.	Rosemary Stowe Moak	University of Mississippi School of Medicine	USMLE/SC
70.	Charles Kevin Moore	Washington University School of Medicine	NBME/UT
71.	Addison Moore	Edward Via College of Osteo Medicine, Auburn	COMLEX
72.	Bhageeradh Harsha Mulpur	UAB	USMLE/OH
73.	Steve Michael Nelson	Uniformed Services University of Health Sciences	USMLE/NE
74.	Colin E Nevins	Harvard Medical School	USMLE/VA
75.	Jussi Ilmari Niiranen	University Greifswald	USMLE/FL
76.	Taylor Wilson Norton	Univ of Tennessee Health Sci Center College of Med	USMLE/AZ
77.	Henry Kosorochi Onyeaka	Kwame Nkrumah Univ of Science & Technology	USMLE/MA
78.	William Cook Palmer	University of South Carolina School of Medicine	USMLE/FL
79.	Brett McKay Patrick	UAB	USMLE/TN
80.	Brittany Carol Pederson	Des Moines Univ of Osteopathic Medical Center	COMLEX
81.	Corbin Lurrie Pomeranz	Tulane University School of Medicine	USMLE/PA
82.	Cynthia Kay Rector	Univ of Missouri School of Medicine Columbia	NBME/TN
83.	Jada J'Nene Trashon Reese	Meharry Medical College School of Medicine	USMLE/OH
84.	Elizabeth Rose Reilly	Drexel University College of Medicine	USMLE/WA
85.	Quinn Adams Rhodes	Augusta University	USMLE
86.	Daniel James Rocke	University of Michigan Medical School	USMLE/NC
87.	James Sahawneh	University of South Alabama	USMLE/OK
88.	Andre Doran Sapp	Univ of Science, Arts, Technology Faculty of Med	USMLE/VA
89.	Stephen Matthew Schleicher	Vanderbilt University School of Medicine	USMLE/MA
90.	Thomas Jay Schneider	U of Toledo C of Med / U Autonoma of Guadalajara	NBME/CA
91.	Jill Felice Schwartz-Chevlin	Albert Einstein College of Med of Yeshiva Univ	NBME/PA
92.	Raymond David Seay	Nova Southeastern University College of Medicine	COMLEX/TN
93.	Ryan Chase Seeley	UAB	USMLE
94.	Tahaamin Shokuhfar	Tehran University of Medicine Sciences	USMLE/CA
95.	Dor Shalom Shoshan	University of Arizona College of Medicine	USMLE/AZ
96.	Adham Bassam Shoujaa	Texas Tech Univ Health Sciences Center School of Medicine	USMLE/TX
97.	Vishal Shroff	University of South Alabama College of Medicine	USMLE
98.	Rachid Souleye	Michigan State University College of Osteo Med	COMLEX/MI
99.	Aparajita C Spencer	UAB	USMLE
100.	Emily Elizabeth Spurlin	USA College of Medicine	USMLE/MO
101.	Damian Joel Suarez	Latinoamericana School of Medicine	USMLE
102.	Colleen Stephanie Surlyn	University of California	USMLE/CA
103.	George Malcolm Taylor IV	UAB	USMLE/FL
104.	David Levi Thompson	LSU School of Medicine New Orleans	USMLE
105.	Erin June Trantham	Univ of North Carolina Chapel Hill School of Med	USMLE/NC
106.	Darin Patrick Trelka	Drexel University College of Medicine	USMLE/VA
107.	Ashwaan Amman Uddin	University of Kansas School of Medicine Wichita	USMLE/CO
108.	Stefan James Vila	UAB	USMLE
109.	Jessica Williams Walker	University of Mississippi School of Medicine	USMLE
110.	Anne Weaver	Tulane University School of Medicine	USMLE/NC

Name	Medical School	Endorsement
111.Christopher James Williams	Mercer University School of Medicine	USMLE/SC
112.Katrina Ann Williamson	University of Michigan Medical School	USMLE/MN
113.Samuel Pope Winegar	Alabama College of Osteopathic Medicine	COMLEX
114.Jason Hamilton Wong	Tulane University School of Medicine	USMLE/VA
115.Heidi Anne Worth	American University of The Caribbean	USMLE/WI
116.Keerthi Yarlagadda	University of Maryland School of Medicine	USMLE/GA
117.Cindy Ibrahim Zughbi	American Univ of Integrative Sciences, St. Maarteen	USMLE/FL
118.Thomas P J Holcombe	University of South Alabama College of Medicine	USMLE/VA
119.Elisa Mabel Pichlinski	Faculty of Medicine of the University of Paris	USMLE
120.*Abhishek U Achar	Philadelphia College of Osteo Medicine, Georgia Campus	COMLEX/GA
121.*Kristine A P Austriaco	University of Alabama School of Medicine Birmingham	USMLE/PA
122.*Kayla D Brazelton	Edward Via College of Osteo Medicine, Auburn Campus	COMLEX/OK
123.*Alexia Flangini	Second Faculty of Medicine, Charles University	USMLA/PA
124.*Bradley Scott Horne	Edward Via College of Osteo Medicine, Carolinas Campus	COMLEX/SC
125.*Benjamin D Reiswig	Kansas City University of Medicine & Biosciences	COMLEX/CO
126.*Heather Kelly Stewart	Florida State University College of Medicine	USMLE/MO
127.David Lamar Brand	Mercer Univ College of Health Professions Master of Med Sci	USMLE/GA
128.*Courtney M Llewellyn	Alabama College of Osteopathic Medicine	COMLEX
129.Meghana Vallabhaneni	Dr. P.S.I. Medical College	USMLE

**Approved pending acceptance and payment of NDC issued by the BME.*

A motion was made by Commissioner Aldridge with a second by Commissioner Alsip to approve applicant numbers one through one hundred twenty-nine (1-129) for full licensure. The motion was approved by unanimous vote.

Limited License Applicants

	Name	Medical School	Endorsement	Location	License
1.	Olivia Ricks Agee	UAB	LL/AL	USA Health OB/GYN	R
2.	Idongesit Ime Akpan	College of Medical Sciences Nepal	LL/AL	Thomas Hospital IM	R
3.	TiAriel M Anderson	USA College of Medicine	LL/AL	USA Health FM	R
4.	Lora Jashen Bailey	Lincoln Memorial U Debusk C of Osteo Med	LL/AL	USA Emergency Med	R
5.	Jarrett A Barnes	USA College of Medicine	LL/AL	USA Health FM	R
6.	Claudia C Barrios	Univ of Med and Health Sciences, St. Kitts	LL/AL	USA Health IM	R
7.	David M Bentley	Edward Via College of Osteo Med Auburn	LL/AL	Crestwood FM	R
8.	Jonathan T Bergeron	LSU Medical Center in Shreveport	LL/AL	Thomas Hospital IM	R
9.	Brandon Y Boeur	Philadelphia College of Osteopathic Med	LL/AL	USA Health IM	R
10.	Daniel Ray Cales	USA College of Medicine	LL/AL	Cahaba FM	R
11.	Brandon T Chiedo	Morehouse School Of Medicine	LL/AL	UA Tuscaloosa FM	R

	Name	Medical School	Endorsement	Location	License
12.	Haley K Cook	Edward Via College of Osteo Med Carolina	LL/AL	UA Tuscaloosa FM	R
13.	Clay C Coppinger	Lincoln Memorial U Debusk C of Osteo Med	LL/AL	Infirmary Health IM	R
14.	Aditi A Dave	Mercer Univ College of Medical Science	LL/AL	Cahaba FM	R
15.	Trevor S Decker	Alabama College of Osteopathic Medicine	LL/AL	Southeast Trans Year	R
16.	Moin Ud Din	U of the Punjab, King Edward Med College	LL/AL	Infirmary Health IM	R
17.	Numair Ehtsham	UAB	LL/AL	USA Health IM	R
18.	Julianna N Eisele	Kansas City College of Medicine & Surgery	LL/AL	Cahaba FM	R
19.	William E Fagan	Univ of Alabama School of Med Tuscaloosa	LL/AL	UA Tuscaloosa FM	R
20.	Karl J Fischer	University of Kansas School of Medicine	LL/AL	USA Health Surgery	R
21.	Nathan D Flesher	University of Kansas School of Medicine	LL/AL	USA Health Surgery	R
22.	Matthew P Garrett	LSU Medical Center in Shreveport	LL/AL	USA Health IM	R
23.	Jessica A Glas	University of Nebraska College of Medicine	LL/AL	USA Health Surgery	R
24.	Luis Gonzalez Anguiar	Univ of Miami Miller School of Medicine	LL/AL	UA Tuscaloosa FM	R
25.	Nicholas Jon Gregory	Ross University	LL/AL	USA Emergency Med	R
26.	Samuel T Grimes	USA College of Medicine	LL/AL	USA Health Psychiatry	R
27.	Sarah Jane Gross	USA College of Medicine	LL/AL	USA Health Surgery	R
28.	Sydney H Grubb	Alabama College of Osteopathic Medicine	LL/AL	USA Emergency Med	R
29.	David Gulisashvili	Tbilisi Medical Institute Vita	LL/AL	USA Health IM	R
30.	Alexander J Hans	Edward Via College of Osteo Med Auburn	LL/AL	Thomas Hospital IM	R
31.	Jessie C Harrison-Hall	Alabama College of Osteopathic Medicine	LL/AL	Crestwood FM	R
32.	Ahmer Israr	Alabama College of Osteopathic Medicine	LL/AL	USA Health Psychiatry	R
33.	Joshua J Jenkins	Univ of South Carolina School of Medicine	LL/AL	USA Health Surgery	R
34.	Mia M Jetsu	Univ of South Alabama College of Medicine	LL/AL	Crestwood FM	R
35.	Carey P Johnson	Univ of South Alabama College of Medicine	LL/AL	USA Health Pediatrics	R
36.	Marjorie T Jones	Univ of South Alabama College of Medicine	LL/AL	USA Health Surgery	R
37.	Aarti Joshi	Alabama College of Osteopathic Medicine	LL/AL	USA Health OB/GYN	R
38.	Deepak P Kalbi	Odessa National Medical University	LL/AL	UAB Radiology	R
39.	Andrew S Kennedy	Indiana University	LL/AL	Southeast Health Trans Yer	R
40.	Aariez Khalid	William Carey Univ College of Osteo Med	LL/AL	USA Health IM	R
41.	Noor O Khalil	George Washington Univ School of Med	LL/AL	UA Tuscaloosa FM	R
42.	Maliha Khan	Dow Medical College, University of Karachi	LL/AL	Infirmary Health IM	R
43.	Sarah Khan	American Univ School of Medicine Aruba	LL/AL	USA Health IM / Pediatric	R
44.	Tu Minh Khong	Emory University School of Medicine	LL/AL	USA Health Surgery	R
45.	Austin Ryan Kidd	UAB	LL/AL	Cahaba UAB FM	R
46.	Benjamin E Kimbell	USA College of Medicine	LL/AL	USA Health FM	R
47.	Keili Elisa Kimura	Edward Via College of Osteo Med Auburn	LL/AL	Crestwood FM	R
48.	Olivia M Knoll	East TN St Univ James H Quillen C of Med	LL/AL	USA Health OB/GYN	R
49.	Thaksin Kongchum	LSU Medical Center in Shreveport	LL/AL	UA Tuscaloosa FM	R
50.	Xhensila Kycyku	Nova Southeastern U, Patel C of Osteo Med	LL/AL	USA Health IM	R
51.	Mary Elizabeth Lanier	Alabama College of Osteopathic Medicine	LL/AL	UA Tuscaloosa FM	R
52.	Hanna Boge Lawson	Alabama College of Osteopathic Medicine	LL/AL	Cahaba UAB FM	R
53.	Elizabeth L Lirette	Philadelphia College of Osteopathic Med	LL/AL	Southeast Health IM	R
54.	Andrew Longanecker	LSU School of Medicine New Orleans	LL/AL	UA Tuscaloosa FM	R

	Name	Medical School	Endorsement	Location	License
55.	Lafeyette K Loper	University of Nebraska College of Medicine	LL/AL	USA Health IM	R
56.	Austin Ly	UT Health Sci Center College of Med	AL/LL	Southeast Trans Year	R
57.	Sharon W Maina	Augusta University School of Medicine	LL/AL	USA Health Ortho Surgery	R
58.	Christian A Manganti	USA College of Medicine	LL/AL	USA Health Urology	R
59.	Robert Lee Martin III	William Carey Univ College of Osteo Med	LL/AL	Cahaba UAB FM	R
60.	Ardenne S Martin	LSU School of Medicine New Orleans	LL/AL	USA Health Pathology	R
61.	Szymon Matejuk	Jagiellonian University Medical College	LL/AL	USA Health IM	R
62.	Emily M McCalley	University of Texas Houston Medical School	LL/AL	Cahaba UAB FM	R
63.	Alexandra D McNeil	William Carey Univ College of Osteo Med	LL/AL	USA Health Psychiatry	R
64.	Asha C Meilstrup	University of Mississippi School of Medicine	LL/AL	UA Tuscaloosa FM	R
65.	Omsai Reddy Meka	Wake Forest University School of Medicine	LL/AL	USA Health IM	R
66.	Melissa R Millett	St. George's Univ School of Med, Grenada	LL/AL	Southeast Trans Year	R
67.	Saad M Mohiuddin	Alabama College of Osteopathic Medicine	LL/AL	USA Health Psychiatry	R
68.	D'Angeleau Newsome	Kansas City University	LL/AL	Southeast Trans Year	R
69.	Najiullah M Noor	Philadelphia College of Osteo Medicine	LL/AL	Cahaba UAB FM	R
70.	Emily C Norton	Edward Via College of Osteo Med Auburn	LL/AL	Gadsden Regional FM	R
71.	Anita C Nwiloh	Meharry Medical College School of Med	LL/AL	Southeast Trans Year	R
72.	Katherine B O Olson	Alabama College of Osteopathic Medicine	LL/AL	Southeast Trans Year	R
73.	Robert Osborne	University of Arkansas College of Medicine	LL/AL	USA Health Psychiatry	R
74.	Alexander G Polski	USA College of Medicine	LL/AL	USA Health IM	R
75.	William N Roseberry	Edward Via College of Osteo Med Auburn	LL/AL	Thomas Hospital IM	R
76.	Luis Ruiz Marrero	Ross University	LL/AL	Southeast Health IM	R
77.	Jeanne M Ryan	Edward Via College of Osteo Med Virginia	LL/AL	Crestwood IM	R
78.	Jason A A Sabio	Lincoln Memorial U Debusk C of Osteo Med	LL/AL	Crestwood IM	R
79.	Minye Seok	USA College of Medicine	LL/AL	USA Health IM	R
80.	Vishal A Sharma	Saba University School of Medicine	LL/AL	UA Tuscaloosa FM	R
81.	Sajan P Sheth	Alabama College of Osteopathic Medicine	LL/AL	USA Health Psychiatry	R
82.	Colin R Shone	U of Tennessee Health Sci College of Med	LL/AL	USA Health Neurology	R
83.	Bijay K Shrestha	Kathmandu Univ School of Med Sciences	LL/AL	USA Health Pediatrics	R
84.	Amanda C Slade	U of Tennessee Health Sci College of Med	LL/AL	Thomas Hospital IM	R
85.	Bre'Lynn L Smith	Pacific Northwest U College of Osteo Med	LL/AL	Cahaba IM	R
86.	Brennan S Smith	USA College of Medicine	LL/AL	USA Health IM	R
87.	Cameron A Smith	Florida State University College of Medicine	LL/AL	Thomas Hospital IM	R
88.	Sanjana S Sreenath	Texas Tech Univ Health Scie School of Med	LL/AL	Southeast Trans Year	R
89.	Joncel L Stephens	Mercer University School of Medicine	LL/AL	USA Health OB/GYN	R
90.	Danielle S Stephens	University of Louisville School of Medicine	LL/AL	USA Health Surgery	R
91.	Brett A Stinger	LSU School of Medicine New Orleans	LL/AL	Thomas Hospital IM	R
92.	Humza H Syed	Perdana University School of Medicine	LL/AL	Southeast Health IM	R
93.	Nupur A Tamhane	Maharashtra University of Health Sciences	LL/AL	Gadsden Regional FM	R
94.	Lina Terzian	New York College of Osteopathic Medicine	LL/AL	Jackson Hospital FM	R
95.	Margaret Thames	USA College of Medicine	LL/AL	USA Health Surgery	R
96.	Madison P Thrower	LSU Medical Center in Shreveport	LL/AL	USA Health Surgery	R
97.	Johnny Tran	Edward Via College of Osteo Med Auburn	LL/AL	USA Health FM	R

	Name	Medical School	Endorsement	Location	License
98.	Savannah Whitney	Liberty University College of Osteo Med	LL/AL	Cahaba FM	R
99.	Larson G Zettler	Mercer University School of Medicine	LL/AL	USA Health IM	R
100.	Jared Lamar Hall	Alabama College of Osteopathic Medicine	LL/AL	Southeast Dothan	R
101.	Anthony R Jackson	Alabama College of Osteopathic Medicine	LL/AL	USA Emergency Medicine	R
102.	Chris N Towery	U of Science, Arts, Tech Faculty of Med	LL/AL	Jackson Hospital FM	R

A motion was made by Commissioner Aldridge with a second by Commissioner Morris to approve applicant numbers one through one hundred and two (1-102) for limited licensure. The motion was approved by unanimous vote.

Provisional License Applicants

	Name	Medical School	Endorsement
1.	Taylor Addison	Univ of South Carolina College of Medicine	USMLE
2.	Mary Kash Andrews	USA College of Medicine	USMLE
3.	Azeline F Borja Arcenal	USA College of Medicine	USMLE
4.	Jayci Hamrick Avery	UAB	USMLE
5.	Fabian Napoleon Berru	UAB	USMLE
6.	Emily Sutton Brown	UAB	USMLE
7.	Joshua Wayne Bush	UAB	USMLE
8.	Dax Garner Bushway	Univ of Mississippi School of Medicine	USMLE
9.	Victoria Ann Christian	Campbell Univ Wallace School of Osteo Med	COMLEX
10.	Victoria E Deal	West Virginia School of Osteopathic Med	COMLEX/AL
11.	Charlotte M K DeRose	Alabama College of Osteopathic Medicine	COMLEX
12.	Gilbert Austin Meadows	UAB	USMLE
13.	Andrew Conner Moss	East Tennessee State U Quillen College of Med	USMLE
14.	Conner Jay Mount	Augusta University	USMLE
15.	Japhet Walker Nylen	Alabama College of Osteopathic Medicine	COMLEX
16.	Caroline Julia Polska	Jagiellonian University Medical College	USMLE/AL
17.	Benjamin William Rowland	Wake Forest University School of Medicine	USMLE
18.	Alixandra Victoria Ryan	University of Queensland	USMLE
19.	Mohammad F M Saeedi	King Abdulaziz University	USMLE
20.	Souleiman Essam Salameh	Burrell College of Osteopathic Medicine	COMLEX/AL
21.	Taylor Boudreaux St Martin	LSU School of Medicine New Orleans	USMLE
22.	Christian Luke Stone	UAB	USMLE
23.	Loy Daniel Strawn	Mercer University School of Medicine	USMLE
24.	James Dugan Thorderson	Lincoln Memorial Univ Debusk C of Osteo Med	COMLEX
25.	Darryn Michael Vasquez	Baylor College of Medicine	USMLE

A motion was made by Commissioner Nelson-Garrett with a second by Commissioner Morris to approve applicant numbers one through twenty-five (1-25) for provisional licensure. The motion was approved by unanimous vote.

IMLCC Report

The Commission received as information a report of the licenses that were issued via the Interstate Medical Licensure Compact from May 1, 2024, through May 31, 2024. A copy of this report is attached as Exhibit "A".

REPORTS

Physician Monitoring Report

The Commission received as information the physician monitoring report dated June 20, 2024. A copy of the report is attached as Exhibit "B".

APPLICANTS FOR REVIEW

Syed Abbas, M.D.

A motion was made by Commissioner Alsip with a second by Commissioner Nelson-Garrett to approve Dr. Abbas' application for full licensure. The motion was approved by unanimous vote.

Mohamed K. Ibrahim, M.D.

A motion was made by Commissioner Alsip with a second by Commissioner Morris to approve Dr. Ibrahim's application for limited licensure. The motion was approved by unanimous vote.

Fabio Pencle, M.D.

A motion was made by Commissioner Alsip with a second by Commissioner Morris to defer any action on Dr. Pencle's application for limited licensure until the July 24, 2024 Commission meeting. The motion was approved by unanimous vote.

Sameh Ahmed Syed, M.D.

A motion was made by Commissioner Alsip with a second by Commissioner Morris to approve Dr. Syed's application for full licensure. The motion was approved by unanimous vote.

DISCUSSION ITEMS

BME Rules for Publication: Admin. Rules Re: Professional Boundaries CMEs for PAs and AAs

The Commission received as information the BME Rules for Publication: Administrative Rule Regarding Professional Boundaries CMEs for PAs and AAs. A copy of the rule is attached hereto as Exhibit "C".

BME Rules for Publication: Admin. Rule 540-X-7-.08(3), Grandfather Clause – Physician Assistant

The Commission received as information the BME Rules for Publication: Administrative Rule 540-X-7-.08(3), Grandfather Clause – Physician Assistant. A copy of the rule is attached hereto as Exhibit "D".

Final Adoption of Rule Amendment: 545-X-2-.08

A motion was made by Commissioner Alsip with a second by Commissioner Aldridge to adopt Rule Amendment: 545-X-2-.08. A copy of the rule is attached hereto as Exhibit "E".

Final Adoption of Rule Amendment: 545-X-4-.06

A motion was made by Commissioner Alsip with a second by Commissioner Morris to adopt Rule Amendment: 545-X-4-.06. A copy of the rule is attached hereto as Exhibit "F".

Election of Officers

A motion was made by Commissioner Aldridge to nominate Commissioner Alsip as Chairman of the Medical Licensure Commission for the 2024-2025 term. A second was made by Commissioner Morris. A vote was taken, and Commissioner Alsip was elected Chairman of the Commission by unanimous vote effective immediately following the conclusion of the June 26, 2024 meeting.

A motion was made by Commissioner Falgout to nominate Commissioner Nagrodzki as Vice Chairman of the Medical Licensure Commission for the 2024-2025 term. A second was made by Commissioner Varner. A vote was taken, and Commissioner Nagrodzki was elected Vice Chairman of the Commission by unanimous vote effective immediately following the conclusion of the June 26, 2024 meeting.

ADMINISTRATIVE FILINGS

John Thomas Belk, M.D.

The Commission received an Administrative Complaint and Petition for Summary Suspension filed by the Alabama State Board of Medical Examiners. A motion was made by Commissioner Alsip with a second by Commissioner Aldridge to enter an order summarily suspending Dr. Belk's license to practice medicine in Alabama and setting a hearing for August 28, 2024. The motion was approved by unanimous vote. A copy of the Commission's order is attached hereto as Exhibit "G".

Robert Bolling, M.D.

The Commission received an Administrative Complaint filed by the Alabama State Board of Medical Examiners. A motion was made by Commissioner Aldridge with a second by Commissioner Nelson-Garrett to enter an order setting a hearing for November 25, 2024. The motion was approved by unanimous vote. A copy of the Commission's order is attached hereto as Exhibit "H".

Kristin T. Brunsvold, M.D.

The Commission received as information a Notice of Intent to Contest Reinstatement filed by the Alabama State Board of Medical Examiners. A copy of the Notice of Intent to Contest Reinstatement is attached hereto as Exhibit "I".

Jason R. Dyken, M.D.

The Commission received as information a Notice of Intent to Contest Reinstatement filed by the Alabama State Board of Medical Examiners. A copy of the Notice of Intent to Contest Reinstatement is attached hereto as Exhibit "J".

Mark Koch, D.O.

The Commission received a Voluntary Agreement between Dr. Koch and the Alabama State Board of Medical Examiners. A motion was made by Commissioner Alsip with a second by Commissioner Morris to accept the Voluntary Agreement and to lift the restrictions placed on Dr. Koch's Alabama medical license. The motion was approved by unanimous vote. A copy of the Commission's order is attached hereto as Exhibit "K".

Jacob Mathai, M.D.

The Commission received a Voluntary Agreement between Dr. Mathai and the Alabama State Board of Medical Examiners. A motion was made by Commissioner Alsip with a second by Commissioner Nagrodzki to accept the Voluntary Agreement and to lift the restrictions placed on his Alabama medical license effective July 31, 2024. The motion was approved by unanimous vote. A copy of the Commission's order is attached hereto as Exhibit "L".

At 10:03 a.m., the Commission entered closed session pursuant to Alabama Code § 34-24-361.1 to hear and consider the following matters:

CLOSED SESSION UNDER ALA. CODE 34-24-361.1

Aaron Ramirez, M.D.

At the conclusion of hearing, a motion was made by Commissioner Alsip with a second by Commissioner Morris to issue an order revoking Dr. Ramirez's Alabama medical license and assessing an administrative fine. The motion was approved by unanimous vote. A copy of the Commission's order is attached hereto as Exhibit "M".

Meeting adjourned at 3:57 p.m.

PUBLIC MEETING NOTICE: The next meeting of the Alabama Medical Licensure Commission was announced for Wednesday, July 24, 2024, beginning at 9:00 a.m.

JORGE ALSIP, M.D., Chairman
Alabama Medical Licensure Commission

Rebecca Robbins, Director of Operations
Recording Secretary
Alabama Medical Licensure Commission

01/24/2024
Date Signed

EXHIBIT
A

IMLCC Licenses Issued May 1, 2024 - May 31, 2024 (105)

Name	License Type	License Number	Status	Issue Date	Expiration Date	State of Principal Licensure
Mandeep Mohinderpal Sahani	MD	48776	Active	5/1/2024	12/31/2024	Arizona
Arvind Durvasan	MD	48777	Active	5/1/2024	12/31/2024	Arizona
Shujera Bhutta	MD	48815	Active	5/10/2024	12/31/2024	Arizona
Faiza Shah	MD	48966	Active	5/31/2024	12/31/2024	Arizona
Kevin Donald Schmitt	MD	48804	Active	5/7/2024	12/31/2024	Colorado
Shane Edward Ruckle	MD	48844	Active	5/21/2024	12/31/2024	Colorado
Claudia Ann Davis	MD	48789	Active	5/3/2024	12/31/2024	Georgia
Lilibird Pichardo	MD	48794	Active	5/6/2024	12/31/2024	Georgia
Edwin Steven Gerson	MD	48828	Active	5/16/2024	12/31/2024	Georgia
Salil Kalra	MD	48860	Active	5/28/2024	12/31/2024	Georgia
Eugene Hebert Harris III	MD	48866	Active	5/28/2024	12/31/2024	Georgia
Melwin Joseph	DO	3704	Active	5/13/2024	12/31/2024	Illinois
James Bertram Harris III	MD	48788	Active	5/2/2024	12/31/2024	Indiana
Michael James Carl	MD	48863	Active	5/28/2024	12/31/2024	Indiana
Jeffrey Wayne Gerstel	DO	3710	Active	5/24/2024	12/31/2024	Iowa
Amber Lea Wollesen	MD	48824	Active	5/16/2024	12/31/2024	Kansas
Omar Muhsin Ali Al-Janabi	MD	48799	Active	5/7/2024	12/31/2024	Kentucky
Gregory Hardin	MD	48807	Active	5/7/2024	12/31/2024	Kentucky
Cletus Kobiah Oppong	MD	48843	Active	5/21/2024	12/31/2024	Kentucky
Sarah Jayne Sternlieb	MD	48819	Active	5/14/2024	12/31/2024	Louisiana
Matthew Givens	MD	48833	Active	5/17/2024	12/31/2024	Louisiana
Tracee Chavawn Short	MD	48865	Active	5/28/2024	12/31/2024	Louisiana
Cameron Byrne Simmons	MD	48967	Active	5/31/2024	12/31/2024	Louisiana
Stephany Ann-Marie McGann	MD	48781	Active	5/2/2024	12/31/2024	Maryland
Shawn Tyrrell Evans	MD	48818	Active	5/13/2024	12/31/2024	Maryland
Matthew Adam Schechter	MD	48821	Active	5/15/2024	12/31/2024	Maryland
Babak Salehi Pirouz	MD	48852	Active	5/22/2024	12/31/2024	Maryland
Robin Sam Thomas	MD	48797	Active	5/7/2024	12/31/2024	Michigan

Manisha Ghimire	MD	48834	Active	5/20/2024	12/31/2024	Michigan
Thomas Anthony Gill	MD	48835	Active	5/20/2024	12/31/2024	Michigan
Hamead Moshrefi	DO	3708	Active	5/20/2024	12/31/2024	Michigan
Ajeet Harihar Dube	MD	48841	Active	5/21/2024	12/31/2024	Michigan
Sujin Lee	MD	48842	Active	5/21/2024	12/31/2024	Michigan
Naomi Rebecca Vandermissen	MD	48847	Active	5/21/2024	12/31/2024	Michigan
Meenal Kapoor Kheterpal	MD	48857	Active	5/23/2024	12/31/2024	Michigan
Aharon Matisyahu Feldman	MD	48858	Active	5/23/2024	12/31/2024	Michigan
Brandi Marie Gary	MD	48864	Active	5/28/2024	12/31/2024	Michigan
Clayton Thomas Wagner	MD	48786	Active	5/2/2024	12/31/2024	Minnesota
Stephanie Price Low	MD	48810	Active	5/9/2024	12/31/2024	Minnesota
Hojung Joseph Yoon	MD	48813	Active	5/9/2024	12/31/2024	Minnesota
Jack Michael Bert	MD	48814	Active	5/9/2024	12/31/2024	Minnesota
Bradley Harold Reinke	MD	48795	Active	5/6/2024	12/31/2024	Mississippi
Reed Blanchard Hogan III	MD	48811	Active	5/9/2024	12/31/2024	Mississippi
Jordan Bryant Ingram	MD	48832	Active	5/17/2024	12/31/2024	Mississippi
Michael Douglas Casimir	MD	48802	Active	5/7/2024	12/31/2024	Montana
Ryan-Niko Hickman	MD	48782	Active	5/2/2024	12/31/2024	Nevada
Calvin Purushottam Patel	MD	48806	Active	5/7/2024	12/31/2024	Nevada
Eric Todd Wolk	DO	3703	Active	5/10/2024	12/31/2024	New Jersey
Amr Elmaghraby	MD	48845	Active	5/21/2024	12/31/2024	New Jersey
Felix Aron Geller	MD	48850	Active	5/22/2024	12/31/2024	New Jersey
Evren Burakgazi-Dalkilic	MD	48856	Active	5/23/2024	12/31/2024	New Jersey
Allison Christine Lam	MD	48961	Active	5/31/2024	12/31/2024	New Jersey
Heather DeMille Hirsch	MD	48849	Active	5/22/2024	12/31/2024	New York
Kim Evelyn Schultheiss	MD	48963	Active	5/31/2024	12/31/2024	North Dakota
Maria Heloise Mapa	DO	3707	Active	5/16/2024	12/31/2024	Ohio
Eric Edward Schott	MD	48962	Active	5/31/2024	12/31/2024	Ohio
Kareem Aref Hinedi	MD	48964	Active	5/31/2024	12/31/2024	Ohio
John David Walsh	MD	48812	Active	5/9/2024	12/31/2024	Oklahoma
Cecilia Gutierrez Hansen	DO	3699	Active	5/1/2024	12/31/2024	Tennessee

Stephen Robert Dernlan	MD	48778	Active	5/1/2024	12/31/2024	Tennessee
Scott Howard Monen	MD	48784	Active	5/2/2024	12/31/2024	Tennessee
Christopher David Adams	MD	48785	Active	5/2/2024	12/31/2024	Tennessee
Kristin Alexandria Gaffney	DO	3700	Active	5/6/2024	12/31/2024	Tennessee
Randy Scott Stoloff	MD	48796	Active	5/6/2024	12/31/2024	Tennessee
Jyothi Priya Varanasi	MD	48800	Active	5/7/2024	12/31/2024	Tennessee
Jennifer Rose Syrek	MD	48820	Active	5/14/2024	12/31/2024	Tennessee
Tara Dawn Schulte	DO	3705	Active	5/14/2024	12/31/2024	Tennessee
Kellen Bannon	DO	3706	Active	5/15/2024	12/31/2024	Tennessee
Troy Andrew Hixson	MD	48822	Active	5/15/2024	12/31/2024	Tennessee
Ted Louis Anderson	MD	48823	Active	5/16/2024	12/31/2024	Tennessee
Joshua David Chew	MD	48825	Active	5/16/2024	12/31/2024	Tennessee
Grant Ernest Fraser	MD	48830	Active	5/17/2024	12/31/2024	Tennessee
Michael Anthony Harper	MD	48839	Active	5/20/2024	12/31/2024	Tennessee
Clint Seymour	MD	48855	Active	5/23/2024	12/31/2024	Tennessee
Juanita Edwards	MD	48790	Active	5/3/2024	12/31/2024	Texas
Samuel James Collier	MD	48791	Active	5/3/2024	12/31/2024	Texas
Bashir Ahmed	MD	48793	Active	5/6/2024	12/31/2024	Texas
Sukhdeep Singh Dhesi	DO	3701	Active	5/6/2024	12/31/2024	Texas
Haritha Singireddy	MD	48798	Active	5/7/2024	12/31/2024	Texas
Lisa Rachel Rubenstein	MD	48801	Active	5/7/2024	12/31/2024	Texas
Bingnan Zhang	MD	48803	Active	5/7/2024	12/31/2024	Texas
Vinh Quang Nguyen	MD	48805	Active	5/7/2024	12/31/2024	Texas
Morgan Kuang-Tsu Li	MD	48808	Active	5/8/2024	12/31/2024	Texas
Jessica Park Hwang	MD	48809	Active	5/9/2024	12/31/2024	Texas
Anne Milia Stefani	MD	48816	Active	5/10/2024	12/31/2024	Texas
Shaila Gowda	MD	48826	Active	5/16/2024	12/31/2024	Texas
Alex Chun Kim	MD	48827	Active	5/16/2024	12/31/2024	Texas
Jaffer A Ajani	MD	48836	Active	5/20/2024	12/31/2024	Texas
Poyan Rafiei	MD	48840	Active	5/20/2024	12/31/2024	Texas
Wafik Zaky	MD	48846	Active	5/21/2024	12/31/2024	Texas

Steven Robert Hole	MD	48867	Active	5/28/2024	12/31/2024	Texas
Said Hassane Soubra	MD	48869	Active	5/29/2024	12/31/2024	Texas
Tanya Dixon	DO	3728	Active	5/31/2024	12/31/2024	Texas
Ken Kau	MD	48787	Active	5/2/2024	12/31/2024	Utah
Martin Lindsey Smart	MD	48831	Active	5/17/2024	12/31/2024	Utah
Christina Marie Long	MD	48838	Active	5/20/2024	12/31/2024	Utah
Mark Vernon Reichman	MD	48851	Active	5/22/2024	12/31/2024	Utah
Paul Douglas Nielson	MD	48960	Active	5/31/2024	12/31/2024	Utah
Katherine A McLean	MD	48783	Active	5/2/2024	12/31/2024	Washington
Cody Belkoff	DO	3702	Active	5/9/2024	12/31/2024	Washington
Carina Cezar Hopen	MD	48854	Active	5/22/2024	12/31/2024	Washington
Reza Naeem Samad	MD	48859	Active	5/24/2024	12/31/2024	Washington
Yasmeen Knowles	MD	48861	Active	5/28/2024	12/31/2024	West Virginia
Thomas McCann	DO	3709	Active	5/23/2024	12/31/2024	Wisconsin
Jan Stauss	MD	48862	Active	5/28/2024	12/31/2024	Wisconsin

**Total licenses issued since April 2017 - 4,172*

EXHIBIT

B

STATE *of* ALABAMA

MEDICAL LICENSURE COMMISSION

To: Medical Licensure Commission

From: Nicole Roque

Subject: June Physician Monitoring Report

Date: 6/20/2024

The physicians listed below are currently being monitored by the MLC.

Physician:	**Gary M. Bullock, D.O.**
Order Type:	MLC
Due Date:	6/27/2024
Order Date:	8/25/2023
License Status:	Active-Probation
Requirements:	Administrative Cost ($27,460.27) Administrative Fine ($20,000) Administrative Cost and Fine to be paid in full by 6/27/2024.
Received:	*No payment has been received

Physician:	**Shakir Raza Meghani, M.D.**
Order Type:	BME/MLC
Due Date:	Monthly
Order Date:	11/20/2023
License Status:	Active
Requirements:	Check PDMP Monthly
Received:	PDMP Compliant

EXHIBIT

C

ALABAMA STATE BOARD OF MEDICAL EXAMINERS
WILLIAM M. PERKINS, EXECUTIVE DIRECTOR

P.O.BOX 946
MONTGOMERY, ALABAMA 36101-0946
848 WASHINGTON AVE.
MONTGOMERY, ALABAMA 36104

TELEPHONE: (334) 242-4116
E MAIL: bme@albme.gov

MEMORANDUM

To: Medical Licensure Commission

From: Mandy Ellis

Date: June 20, 2024

Re: Administrative Rules Approved for Publication

The Board of Medical Examiners, at its meeting June 20, 2024, approved the following rules to be published for public comment in the *Alabama Administratively Monthly*:

- Administrative Rule 540-X-7-.29, *Continuing Medical Education – Physician Assistant*
- Administrative Rule 540-X-7-.62, *Continuing Medical Education – Anesthesiologist Assistant*
- Administrative Rule 540-X-14-.02, *Basic Requirement*

These rule amendments will require all new licensees to practice medicine and to practice as assistants to physicians to obtain two credits in professional boundaries within twelve months of the license issue date, beginning January 1, 2025. Additionally, all current M.D. / D.O. / P.A. / A.A. licensees will be required to complete two credits concerning professional boundaries by December 31, 2025.

With an expected publication date of June 28, 2024, the public comment period ends August 2, 2024. The anticipated effective date is October 14, 2024.

Attachments:

Administrative Rule 540-X-7-.29, *Continuing Medical Education – Physician Assistant*
Administrative Rule 540-X-7-.62, *Continuing Medical Education – Anesthesiologist Assistant*
Administrative Rule 540-X-14-.02, *Basic Requirement*

540-X-7-.29 Continuing Medical Education - Physician Assistant.

(1) ~~(a)~~ Effective January 1, 2025, every two calendar years, each physician assistant licensed by the Board must earn not less than fifty (50) hours of AMA PRA Category 1 Credits™ or the equivalent as defined in this rule of continuing medical education as a condition precedent to receiving his or her annual renewal of license, unless he or she is exempt from the minimum continuing medical education requirement.

~~(b) For the purpose of compliance with the continuing medical education (CME) basic requirement stated in paragraph (a) for only the 2010 calendar year, credits earned in the~~ (a) Effective January 1, 2025, each new applicant issued a license to practice as a physician assistant shall complete a Board-designated two credit course in the area of professional boundaries within twelve (12) months of the license issue date. This requirement must be met regardless of any existing exemption provided in these rules.

(b) Effective January 1, 2025, all actively licensed physician assistants shall complete a Board-designated two credit course in the area of professional boundaries by December 31, 2025. There are no exemptions to this requirement~~2009 calendar year which are not used to meet the 2009 calendar year CME requirement may be carried forward and used to meet the 2010 calendar year requirement. Carrying forward credits shall not be allowed thereafter~~.

(2) For the purposes of this chapter, AMA PRA Category 1 Credit™ continuing medical education shall mean those programs of continuing medical education designated as AMA PRA Category 1 Credit™ which are sponsored or conducted by those organizations or entities accredited by the Council on Medical Education of the Medical Association of the State of Alabama or by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor or conduct Category 1 continuing medical education programs.

(3) The following courses and continuing medical education courses shall be deemed, for the purposes of this Chapter, to be the equivalent of AMA PRA Category 1 Credit™ continuing medical education:

(a) Programs of continuing medical education designated as Category 1-A which are sponsored or conducted by organizations or entities accredited by the American Osteopathic Association to sponsor or conduct Category 1-A continuing medical education for osteopathic physicians.

(b) Programs of continuing medical education designated to confer "Prescribed credits" which are sponsored or conducted by organizations or entities accredited by the American

Academy of Family Physicians to sponsor or conduct "Prescribed credit" continuing medical education activities.
(c) Programs of continuing medical education designated as such by the Alabama Board of Medical Examiners.
(d) Programs of continuing medical education designated to confer "ACOG Cognate Credits" which are sponsored or conducted by organizations or entities which are accredited by the American College of Obstetrics and Gynecology to sponsor or conduct approved ACOG Cognate Credit activities on obstetrical and gynecologic related subjects.
(e) Programs of continuing medical education designated as AAPA Category I CME Credits which are sponsored or conducted by those organizations or entities accredited by the Education Council of the American Academy of Physician Assistants to sponsor or conduct AAPA Category I continuing medical education programs.
(f) Effective January 1, 2014, nationally recognized advanced life support/resuscitation certification courses, not otherwise accredited for AMA PRA Category 1 Credit™, for a maximum of two (2) Category 1 credits for each course. Basic life support courses are excluded and are not deemed to be the equivalent of Category 1 continuing medical education.

(4) Every physician assistant subject to the minimum continuing medical education requirement established in these rules shall maintain records of attendance or certificates of completion demonstrating compliance with the minimum continuing medical education requirement. Documentation adequate to demonstrate compliance with the minimum continuing medical education requirements of these rules shall consist of certificates of attendance, completion certificates, proof of registration, or similar documentation issued by the organization or entity sponsoring or conducting the continuing medical education program. The records shall be maintained by the physician assistant for a period of three (3) years following the year in which the continuing medical education credits were earned and shall be subject to examination by representatives of the State Board of Medical Examiners upon request. Every physician assistant subject to the continuing medical education requirements of these rules must, upon request, submit a copy of such records to the State Board of Medical Examiners for verification. Failure to maintain records documenting that a physician assistant has met the minimum continuing medical education requirement, and/or failure to provide such records upon request to the Board is hereby declared to be unprofessional conduct and may constitute grounds for discipline of the physician assistant's license to practice as a physician assistant, in accordance with the statutes and regulations governing the disciplining of a physician assistant's license.

(5) Every physician assistant shall certify annually that he or she has met the minimum annual continuing medical education requirement established pursuant to these rules or that he or she is exempt. This certification will be made on a form provided on the annual renewal of license application required to be submitted by every physician assistant on or before December 31st of each year. The Board shall not issue a renewed license to any physician assistant who has not certified that he or she has met the minimum continuing medical education requirement unless the physician assistant is exempt from the requirement.
(6) A physician assistant who is unable to meet the minimum continuing medical education requirement by reason of illness, disability or other circumstances beyond his or her control may apply to the Board for a waiver of the requirement for the calendar year in which such illness, disability or other hardship condition existed. A waiver may be granted or denied within the sole discretion of the Board, and the decision of the Board shall not be considered a contested case and shall not be subject to judicial review under the Alabama Administrative Procedure Act. If a waiver is granted, the physician assistant shall be exempt from the continuing medical education requirement for the calendar year in which the illness, disability or other hardship condition existed.
(7) A physician assistant receiving his or her initial license to practice medicine in Alabama is exempt from the minimum continuing medical education requirement for the calendar year in which he or she receives his or her initial license.
(8) A physician assistant who is a member of any branch of the armed forces of the United States and who is deployed for military service is exempt from the continuing medical education requirement for the calendar year in which he or she is deployed.
Author: Alabama Board of Medical Examiners
Statutory Authority: Code of Ala. 1975, §§34-24-290, et. seq.
History: **Repealed and Replaced:** Filed September 21, 1998; effective October 26, 1998. **Repealed and New Rule:** Filed August 22, 2002; effective September 26, 2002. **Repealed and New Rule:** Filed September 19, 2002; effective October 24, 2002. **Amended:** Filed May 21, 2004; effective June 25, 2004. **Amended:** Filed November 18, 2009; effective December 23, 2009. **Amended:** Filed March 11, 2010; effective April 15, 2010. **Amended:** Filed April 12, 2013; effective May 17, 2013. **Amended:** Filed December 12, 2013; effective January 16, 2014. **Amended:** Published November 30, 2020; effective January 14, 2021. **Amended:** Published January 31, 2024; effective March 16, 2024. **Amended:** Published ; effective .

540-X-7-.62 Continuing Medical Education - Anesthesiologist Assistant (A.A.).

(1) ~~(a)~~ Effective January 1, 2025, every two calendar years, each anesthesiologist assistant licensed by the Board must earn not less than fifty (50) hours of AMA PRA Category 1 Credits™ or the equivalent as defined in this rule of continuing medical education as a condition precedent to receiving his or her annual renewal of license, unless he or she is exempt from the minimum continuing medical education requirement.

~~(b) For the purpose of compliance with the continuing medical education (CME) basic requirement stated in paragraph (a) for only the 2010 calendar year, credits earned~~(a) Effective January 1, 2025, each new applicant issued a license to practice as an anesthesiologist assistant shall complete a Board-designated two credit course in the area of professional boundaries within twelve (12) months of the license issue date. This requirement must be met regardless of any existing exemption provided in these rules.

(b) Effective January 1, 2025, all actively licensed anesthesiologist assistants shall complete a Board-designated two credit course in the area of professional boundaries by December 31, 2025. There are no exemptions to this requirement~~2009 calendar year which are not used to meet the 2009 calendar year CME requirement may be carried forward and used to meet the 2010 calendar year requirement. Carrying forward credits shall not be allowed thereafter~~.

(2) For the purposes of this chapter, AMA PRA Category 1 Credit™ continuing medical education shall mean those programs of continuing medical education designated as AMA PRA Category 1 Credit™ which are sponsored or conducted by those organizations or entities accredited by the Council on Medical Education of the Medical Association of the State of Alabama or by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor or conduct Category 1 continuing medical education programs.

(3) The following courses and continuing medical education courses shall be deemed, for the purposes of this Chapter, to be the equivalent of AMA PRA Category 1 Credit™ continuing medical education:

(a) Programs of continuing medical education designated as Category 1-A which are sponsored or conducted by organizations or entities accredited by the American Osteopathic Association to sponsor or conduct Category 1-A continuing medical education for osteopathic physicians.

(b) Programs of continuing medical education designated to confer "Prescribed credits" which are sponsored or conducted by organizations or entities accredited by the American

Academy of Family Physicians to sponsor or conduct "Prescribed credit" continuing medical education activities.
(c) Programs of continuing medical education designated as such by the Alabama Board of Medical Examiners.
(d) Programs of continuing medical education designated to confer "ACOG Cognate Credits" which are sponsored or conducted by organizations or entities which are accredited by the American College of Obstetrics and Gynecology to sponsor or conduct approved ACOG Cognate Credit activities on obstetrical and gynecologic related subjects.
(e) Effective January 1, 2014, nationally recognized advanced life support/resuscitation certification courses, not otherwise accredited for AMA PRA Category 1 Credit™, for a maximum of two (2) Category 1 credits for each course. Basic life support courses are excluded and are not deemed to be the equivalent of Category 1 continuing medical education.
(f) Programs accredited by the Federation for Advancement of Anesthesia Care Team (FAACT) are deemed to be equivalent of Category 1 credits only for Anesthesiologist Assistants.

(4) Every anesthesiologist assistant subject to the minimum continuing medical education requirement established in these rules shall maintain records of attendance or certificates of completion demonstrating compliance with the minimum continuing medical education requirement. Documentation adequate to demonstrate compliance with the minimum continuing medical education requirements of these rules shall consist of certificates of attendance, completion certificates, proof of registration, or similar documentation issued by the organization or entity sponsoring or conducting the continuing medical education program. The records shall be maintained by the anesthesiologist assistant for a period of three (3) years following the year in which the continuing medical education credits were earned and shall be subject to examination by representatives of the State Board of Medical Examiners upon request. Every anesthesiologist assistant subject to the continuing medical education requirements of these rules must, upon request, submit a copy of such records to the State Board of Medical Examiners for verification. Failure to maintain records documenting that an anesthesiologist assistant has met the minimum continuing medical education requirement, and/or failure to provide such records upon request to the Board is hereby declared to be unprofessional conduct and may constitute grounds for discipline of the anesthesiologist assistant's license to practice as an anesthesiologist assistant, in accordance with the statutes and regulations governing the disciplining of an anesthesiologist assistant's license.

(5) Every anesthesiologist assistant shall certify annually that he or she has met the minimum annual continuing medical

education requirement established pursuant to these rules or that he or she is exempt. This certification will be made on a form provided on the annual renewal of license application required to be submitted by every anesthesiologist assistant on or before December 31st of each year. The Board shall not issue a renewed license to any anesthesiologist assistant who has not certified that he or she has met the minimum continuing medical education requirement unless the anesthesiologist assistant is exempt from the requirement.

(6) An anesthesiologist assistant who is unable to meet the minimum continuing medical education requirement by reason of illness, disability or other circumstances beyond his control may apply to the Board for a waiver of the requirement for the calendar year in which such illness, disability or other hardship condition existed. A waiver may be granted or denied within the sole discretion of the Board, and the decision of the Board shall not be considered a contested case and shall not be subject to judicial review under the Alabama Administrative Procedure Act. If a waiver is granted, the anesthesiologist assistant shall be exempt from the continuing medical education requirement for the calendar year in which the illness, disability or other hardship condition existed.

(7) An anesthesiologist assistant receiving his or her initial license to practice medicine in Alabama is exempt from the minimum continuing medical education requirement for the calendar year in which he or she receives his initial license.

(8) An anesthesiologist assistant who is a member of any branch of the armed forces of the United States and who is deployed for military service is exempt from the continuing medical education requirement for the calendar year in which he or she is deployed.

Author: Alabama Board of Medical Examiners

Statutory Authority: Code of Ala. 1975, §§34-24-290, et. seq.

History: **New Rule:** Filed July 23, 1999; effective August 27, 1999. **Amended:** Filed November 22, 1999; effective December 27, 1999. **Repealed and New Rule:** Filed August 22, 2002; effective September 26, 2002. **Repealed and New Rule:** Filed September 19, 2002; effective October 24, 2002. **Amended:** Filed May 21, 2004; effective June 25, 2004. **Amended (Rule Number Only):** Filed September 11, 2008; effective October 16, 2008. **Amended:** Filed November 18, 2009; effective December 23, 2009. **Amended:** Filed March 11, 2010; effective April 15, 2010. **Amended:** Filed April 12, 2013; effective May 17, 2013. **Amended:** Filed December 12, 2013; effective January 16, 2014. **Amended:** Published November 30, 2020; effective January 14, 2021. **Amended:** Published January 31, 2024; effective March 16, 2024. **Amended:** Published _____; effective _____.

540-X-14-.02 Basic Requirement.

(1) Every physician licensed to practice medicine in Alabama who resides or practices in the state must earn in each calendar year, on or before December 31, not less than twenty five (25) AMA PRA Category 1 Credits™ or the equivalent as defined in this rule of continuing medical education.

~~(b) For the purpose of compliance with the continuing medical education (CME) basic requirement stated in paragraph (a) for only the 2010 calendar year, credits earned in the 2009 calendar year which are not used~~(a) Effective January 1, 2025, each new applicant issued a license to practice medicine or osteopathy shall complete a Board-designated two credit course in the area of professional boundaries within twelve (12) months of the license issue date. The sole exemption from this requirement is for physicians licensed pursuant to Ala. Code § 34-24-75 ("limited licensee") who are enrolled in a residency training program or a clinical fellowship.

(b) Effective January 1, 2025, all actively licensed physicians shall complete a Board-designated two credit course in the area of professional boundaries by December 31, 2025. The sole exemption from this requirement is for physicians licensed pursuant to Ala. Code § 34-24-75 ("limited licensee") who are enrolled in a residency training program or a clinical fellowship~~ to meet the 2009 calendar year CME requirement may be carried forward and used to meet the 2010 calendar year requirement. Carrying forward credits shall not be allowed thereafter~~.

(2) For the purposes of this chapter, AMA PRA Category 1 Credit™ continuing medical education shall mean those programs of continuing medical education designated as AMA PRA Category 1 Credit™ which are sponsored or conducted by those organizations or entities accredited by the Council on Medical Education of the Medical Association of the State of Alabama or by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor or conduct Category 1 continuing medical education programs.

(3) The following continuing medical education courses shall be deemed, for the purposes of this Chapter, to be the equivalent of AMA PRA Category 1 Credit™ continuing medical education:

(a) Programs of continuing medical education designated as Category 1-A which are sponsored or conducted by organizations or entities accredited by the American Osteopathic Association to sponsor or conduct Category 1-A continuing medical education for osteopathic physicians.

(b) Programs of continuing medical education designated to confer "Prescribed credits" which are sponsored or conducted by organizations or entities accredited by the American

Academy of Family Physicians to sponsor or conduct "Prescribed credit" continuing medical education activities.

(c) Programs of continuing medical education designated to confer "ACOG Cognate Credits" which are sponsored or conducted by organizations or entities which are accredited by the American College of Obstetrics and Gynecology to sponsor or conduct approved ACOG Cognate Credit activities on obstetrical and gynecologic related subjects.

(d) Programs of continuing medical education designated as such by the Alabama Board of Medical Examiners.

(e) Effective January 1, 2014, nationally recognized advanced life support/resuscitation certification courses, not otherwise accredited for AMA PRA Category 1 Credit™, for a maximum of two (2) Category 1 credits for each course. Basic life support courses are excluded and are not deemed to be the equivalent of Category 1 continuing medical education.

(4) Effective January 1, 2003, the Board may require all physicians and osteopaths to successfully complete a prescribed course of continuing medical education on a subject or subjects designated by the Board. The Board may prescribe by regulation a fixed period of time or deadline for completion of the prescribed continuing medical education course or courses. The Board may make provision for a physician or osteopath to be excused from this requirement for reasons satisfactory to the Board. The Medical Licensure Commission of Alabama may, subject to notice and hearing, within its discretion, indefinitely suspend the license to practice medicine of a physician or osteopath who fails to successfully complete the course or courses of continuing medical education required by this subsection or impose administrative fines or other penalties as authorized by Section 34-24-381.

(a) Prescribed programs of continuing medical education required by the Board under the provisions of this paragraph shall count toward the basic requirement for continuing medical education as set forth in paragraph (1) above in the calendar year in which the program or course of continuing medical education was completed. Programs of continuing medical education developed by the Board under the provisions of this section and made available to physicians and osteopaths shall be deemed to be the equivalent of AMA PRA Category 1 Credit™ continuing medical education for the purposes of this rule. The Board may fix a reasonable charge to the licensee for any program of continuing medical education developed by the Board.

(b) Physicians holding an active license to practice medicine in this state will be notified by the Board of Medical Examiners of any prescribed course of continuing medical education by written notice which may accompany the

licensee's annual license renewal application. The notice will designate the subject matter, course content and credit hours of the prescribed continuing medical education course and will provide licensees with information concerning the source or sources of such programs of continuing medical education. The notice will contain a deadline by which time the licensee must have completed the prescribed course of continuing medical education, provided, however, that the deadline will not be less than 12 months following the date that the notice was mailed to the licensees.

(c) The Board may excuse a licensee from the requirement to complete a prescribed course of continuing medical education and may grant extensions for the completion deadline of prescribed courses of continuing medical education for reasons related to ill health, disability, financial hardship or other reasons deemed sufficient by the Board. Applications for excusal or extension of deadline should be addressed to Executive Director, State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946.

Author: Alabama Board of Medical Examiners
Statutory Authority: Code of Ala. 1975, §34-24-53; Act 89-244.
History: Filed November 2, 1990; effective October 1, 1991.
Amended: Filed December 16, 1999; effective January 20, 2000.
Amended: Filed August 22, 2002; effective September 26, 2002.
Repealed and New Rule: Filed April 23, 2004; effective May 28, 2004. **Amended:** Filed August 27, 2004; effective October 1, 2004. **Amended:** Filed November 18, 2009; effective December 23, 2009. **Amended:** Filed August 24, 2012; effective September 28, 2012. **Amended:** Filed December 12, 2013; effective January 16, 2014. **Amended:** Published ; effective .

EXHIBIT
D

ALABAMA STATE BOARD OF MEDICAL EXAMINERS
WILLIAM M. PERKINS, EXECUTIVE DIRECTOR

P.O. BOX 946
MONTGOMERY, ALABAMA 36101-0946
848 WASHINGTON AVE.
MONTGOMERY, ALABAMA 36104

TELEPHONE: (334) 242-4116
E MAIL: bme@albme.gov

MEMORANDUM

To: Medical Licensure Commission

From: Mandy Ellis

Date: June 20, 2024

Re: Administrative Rules Approved for Publication

The Board of Medical Examiners, at its meeting June 20, 2024, approved the following rule to be published for public comment in the *Alabama Administratively Monthly*:

- Administrative Rule 540-X-7-.08(3), *Grandfather Clause – Physician Assistant*

This rule amendment allows an unlicensed medical doctor to apply to practice as an assistant to physicians in Alabama.

With an expected publication date of June 28, 2024, the public comment period ends August 2, 2024. The anticipated effective date is October 14, 2024.

Attachments:

Administrative Rule 540-X-7-.08(3), *Grandfather Clause – Physician Assistant*

540-X-7-.08 Grandfather Clause - Physician Assistant (P.A.).

(1) Any person who was certified by the board as a physician assistant or surgeon assistant to a licensed physician on December 21, 1994, shall be eligible for the issuance of a license and a registration to practice as a physician assistant.
(2) To qualify for a license under this section, an applicant must submit an application for licensure and the required fee on or before May 7, 1999. After May 7, 1999, an applicant must meet all of the requirements of Rule 540-X-7-.04 concerning licensure.
~~(3) A person who holds a degree of doctor of medicine but who is not licensed to practice medicine in the State of Alabama shall not be eligible for a license and a registration as a physician assistant except as provided in paragraph (1) of this Rule.~~
Author: Alabama Board of Medical Examiners
Statutory Authority: Code of Ala. 1975, §§34-24-290, et. seq.
History: Repealed and Replaced: Filed September 21, 1998; effective October 26, 1998. **Repealed and New Rule:** Filed August 22, 2002; effective September 26, 2002. **Repealed and New Rule:** Filed September 19, 2002; effective October 24, 2002. **Amended:** Published October 29, 2021; effective December 13, 2021. **Amended:** Published ; effective .

EXHIBIT
E

STATE *of* ALABAMA
MEDICAL LICENSURE COMMISSION

MEMORANDUM

To: Medical Licensure Commission

From: Rebecca Robbins

Date: June 20, 2024

Subject: Final Adoption of Rule Amendment: 545-X-2-.08

In March 2024, the Commission approved a new rule amendment to Ala. Admin. Code r. 545-X-2-.08 that removes the requirement to pay a license issuance fee for a temporary expedited license for military members and their spouses.

The proposed rule amendment was published in the April 2024 *Alabama Administrative Monthly*, with a comment period end date of June 4, 2024. No comments were received.

If approved for final adoption, the final rule will be published in the August 2024 *Alabama Administrative Monthly* with an anticipated effective date of September 14, 2024.

APA-1

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control:	545
Department or Agency:	Medical Licensure Commission of Alabama
Rule No.:	545-X-2-.08
Rule Title:	Temporary Expedited License For Military Members And Spouses
Intended Action	Amend

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety?	Yes
Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare?	Yes
Is there another, less restrictive method of regulation available that could adequately protect the public?	No
Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved?	No

To what degree?: N/A

Is the increase in cost more harmful to the public than the harm that might result from the absence of the proposed rule?	NA
Are all facets of the rule-making process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public?	Yes
Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule?	No

Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer: Rebecca Robbins
Rebecca S Robbins

REC'D & FILED
APR 15, 2024
LEGISLATIVE SVC AGENCY

Date: Thursday, April 11, 2024

APA-2

MEDICAL LICENSURE COMMISSION OF ALABAMA

NOTICE OF INTENDED ACTION

AGENCY NAME: Medical Licensure Commission of Alabama

RULE NO. & TITLE: 545-X-2-.08 Temporary Expedited License For Military Members And Spouses

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:
Amendment removes the $75 licensure fee associated with the issuance of a temporary expedited license for military members and their spouses. The amendment also gives the Director of Operations of the Medical Licensure Commission the authority to issue the expedited temporary license in absence of a formal meeting and vote of the Commission.

TIME, PLACE AND MANNER OF PRESENTING VIEWS:
With an expected publication date of April 19, 2024, the public comment period ends June 04, 2024. The anticipated effective date is August 12, 2024.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:
Tuesday, June 4, 2024

CONTACT PERSON AT AGENCY:
Rebecca Robbins
Director of Operations
Medical Licensure Commission of Alabama
848 Washington Avenue
Montgomery, AL 36104
(334) 242-4153
rrobbins@almlc.gov

Rebecca Robbins
Rebecca S Robbins

(Signature of officer authorized to promulgate and adopt rules or his or her deputy)

545-X-2-.08 Temporary Expedited License For Military Members And Spouses.

(1) Upon the filing of a temporary expedited certificate of qualification for military members and spouses by the Alabama State Board of Medical Examiners, along with a properly completed application form ~~and a license processing fee of $75.00~~, the Medical Licensure Commission of Alabama, after being satisfied that all requirements of the law have been met, that the applicant is of good moral character, and that the applicant should be approved for licensure, shall issue ~~an~~ to an applicant an expedited temporary license to practice medicine in the state of Alabama. Under the circumstances prescribed in this subsection, the Director of Operations of the Medical Licensure Commission of Alabama is authorized to issue an expedited temporary license to practice medicine in the state of Alabama in the absence of a formal meeting and vote of the Commission.

(2) An expedited license for military members and spouses shall be dated and numbered in the order of issuance, shall bear the date of issuance, and shall indicate on its face that the license is a temporary license for military service members and their spouses.

(3) A temporary expedited license for military members and spouses shall expire twelve (12) months after the date of issuance of the license or the expiration of the temporary expedited certificate of qualification for military members and spouses issued by the Alabama State Board of Medical Examiners expires, whichever occurs first.

Author: Alabama Medical Licensure Commission.

Statutory Authority: Code of Ala. 1975, §34-24-311.

History: **New Rule:** Published November 30, 2021; effective January 14, 2022. **Amended:** March 28, 2024; Published April 19, 2024; effective August 12, 2024.

EXHIBIT

F

STATE *of* ALABAMA

MEDICAL LICENSURE COMMISSION

MEMORANDUM

To: Medical Licensure Commission

From: Rebecca Robbins

Date: June 20, 2024

Subject: Final Adoption of Rule Amendment: 545-X-4-.06

In March 2024, the Commission approved a new rule amendment to Ala. Admin. Code r. 545-X-4-.06 that amends the language and clarifies that prescribing or dispensing controlled substances to someone where the physician's professional objectivity or patient's autonomy is substantially compromised by their relationship as unprofessional conduct.

The proposed rule amendment was published in the April 2024 *Alabama Administrative Monthly*, with a comment period end date of June 4, 2024. No comments were received.

If approved for final adoption, the final rule will be published in the July 2024 *Alabama Administrative Monthly* with an anticipated effective date of September 14, 2024.

APA-1

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control: 545

Department or Agency: Medical Licensure Commission of Alabama

Rule No.: 545-X-4-.06

Rule Title: Unprofessional Conduct

Intended Action: Amend

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety?	Yes
Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare?	Yes
Is there another, less restrictive method of regulation available that could adequately protect the public?	No
Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved?	No

To what degree?: N/A

Is the increase in cost more harmful to the public than the harm that might result from the absence of the proposed rule?	NA
Are all facets of the rule-making process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public?	Yes
Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule?	No

Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer: *Rebecca Robbins*

Rebecca S Robbins

Date: Thursday, April 11, 2024

REC'D & FILED

APR 15, 2024

LEGISLATIVE SVC AGENCY

APA-2

MEDICAL LICENSURE COMMISSION OF ALABAMA

NOTICE OF INTENDED ACTION

AGENCY NAME: Medical Licensure Commission of Alabama

RULE NO. & TITLE: 545-X-4-.06 Unprofessional Conduct

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:
Proposed rule amendment strengthening the language that prohibits the treatment of one's immediate family member or close personal friend.

TIME, PLACE AND MANNER OF PRESENTING VIEWS:
With an expected publication date of April 19, 2024, the public comment period ends June 04, 2024. The anticipated effective date is August 12, 2024.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:
Tuesday, June 4, 2024

CONTACT PERSON AT AGENCY:
Rebecca Robbins
Director of Operations
848 Washington Avenue
Montgomery, AL 36104
(334) 242-4153
rrobbins@almlc.gov

Rebecca Robbins
Rebecca S Robbins

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

545-X-4-.06 Unprofessional Conduct.

Unprofessional conduct shall mean the Commission or omission of any act that is detrimental or harmful to the patient of the physician or detrimental or harmful to the health, safety, and welfare of the public, and which violates the high standards of honesty, diligence, prudence and ethical integrity demanded from physicians and osteopaths licensed to practice in the State of Alabama. Furthermore, without limiting the definition of unprofessional conduct in any manner, the Commission sets out the below as examples of unprofessional conduct:

(1) The refusal by a physician to comply, within a reasonable time, with a request from another physician for medical records or medical information when such request is accompanied by a properly executed authorization of the patient.

(2) Intentionally, knowingly or willfully causing or permitting a false or misleading representation of a material fact to be entered on any medical record of a patient.

(3) Intentionally, knowingly or willfully preparing, executing or permitting the preparation by another of a false or misleading report or statement concerning the medical condition or extent of disability of a patient.

(4) The prescribing, dispensing, administering, supplying or otherwise distributing of any Schedule II amphetamine and/or Schedule II amphetamine-like anorectic drug in violation of Code of Ala. 1975, §20-2-54, as amended in ~~Action~~Act No. 83-890, Special Session, 1983.

(5) The failure to report to the Alabama State Board of Medical Examiners any final judgment rendered against such physician during the preceding year or any settlement in or out of court during the preceding year, resulting from a claim or action for damages for personal injuries caused by an error, omission or negligence in the performance of his professional services without consent as required by Code of Ala. 1975, §34-24-56.

(6) The refusal or failure by a physician to comply with an order entered by the Medical Licensure Commission or by the Board of Medical Examiners issued pursuant to Code of Ala. 1975, Section 34-24-360(19) or (20) or pursuant to Code of Ala 1975, Section 34-24-361(h).

(7) Intentionally or knowingly making a false, deceptive or misleading statement in any advertisement or commercial solicitation for professional services and/or intentionally or knowingly making a false, deceptive or misleading statement about another physician or group of physicians in any advertisement or commercial solicitation for professional services.

(8) Failure or refusal of a J-1 physician to comply with waiver service requirements stated in the J-1 Visa Waiver Affidavit and Agreement signed by a J-1 physician.
(9) Conduct which is immoral and which is willful, shameful, and which shows a moral indifference to the standards and opinions of the community.
(10) Conduct which is dishonorable and which shows a disposition to lie, cheat, or defraud.
(11) Failing or refusing to maintain adequate records on a patient or patients.
(12) Prescribing or dispensing a controlled substance to oneself or to one's spouse, child, sibling (including step- and half-siblings), parent, intimate partner, or to any other person where the physician's professional objectivity, the patient's autonomy, or informed consent are substantially compromised~~or parent~~, unless such prescribing or dispensing is necessitated by emergency or other exceptional circumstances.
(13) Signing a blank, undated or predated prescription form.
(14) Representing that a manifestly incurable disease or infirmity can be permanently cured, or that any disease, ailment or infirmity can be cured by a secret method, procedure, treatment, medicine or device, if such is not the fact.
(15) Refusing to divulge to the board or commission upon demand the means, method, procedure, modality of treatment, or medicine used in the treatment of a disease, injury, ailment or infirmity.
(16) Knowingly making any false or fraudulent statement, written or oral, in connection with the practice of medicine or osteopathy or in applying for privileges or renewing an application for privileges at a health care institution.
(17) Sexual misconduct in the practice of medicine as defined in Rule 545-X-4-.07.
(18) Representing or holding oneself out as a medical specialist when such is not the case.
(19) Failing to furnish information in a timely manner to the board or Commission if requested by the board or Commission.
(20) Failing to report to the board in a timely manner information required to be reported by Code of Ala. 1975, Section 34-24-361(b).
(21) Giving false testimony in any judicial or administrative proceeding.
(22) The violation of any rule promulgated by the Alabama Board of Medical Examiners or the Medical Licensure Commission pursuant to their rule making authority as set forth in the Alabama Administrative Procedures Act.

(23) The refusal or failure by a physician to comply with any voluntary agreement entered into between the physician and the Board of Medical Examiners and/or the Commission.

Author: Wayne P. Turner, Wallace D. Mills
Statutory Authority: Code of Ala. 1975, §34-24-360(2).
History: Filed February 3, 1984. **Amended:** Filed June 4, 1985.
Amended: Filed July 11, 2000; effective August 15, 2000.
Amended: Filed March 4, 2003; effective April 8, 2003.
Amended: Filed June 24, 2005; effective July 27, 2005.
Amended: Filed December 10, 2018; effective January 24, 2019.
Amended: March 28, 2024; Published April 19, 2024; effective August 12, 2024.

EXHIBIT

G

ALABAMA STATE BOARD OF MEDICAL EXAMINERS,

Complainant,

vs.

JOHN THOMAS BELK, M.D.,

Respondent.

BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA

CASE NO. 2024-014

ORDER TEMPORARILY SUSPENDING LICENSE AND SETTING HEARING

The Medical Licensure Commission has received the verified Administrative Complaint and Petition for Summary Suspension of License ("the Administrative Complaint") filed by the Alabama State Board of Medical Examiners in this matter. The Commission has determined that this matter is due to be set down for hearing under the provisions of Ala. Code § 34-24-361(e). This Order shall serve as the Notice of Hearing prescribed in Ala. Admin. Code r. 545-X-3-.03(3), (4). The Commission's legal authority and jurisdiction to hold the hearing in this matter are granted by Article 8, Chapter 24, Title 34 of the Code of Alabama (1975), and the particular sections of the statutes and rules involved are as set forth in the Administrative Complaint and in this Order.

1. **Temporary Suspension of License**

Upon the verified Administrative Complaint of the Alabama State Board of Medical Examiners, and pursuant to the legal authority of Ala. Code §§ 34-24-361(f) and 41-22-19(d), it is the ORDER of the Commission that the license to practice medicine or osteopathy, license certificate number MD.46162 of JOHN THOMAS BELK, M.D. ("Respondent"), be, and the same is hereby, immediately SUSPENDED. Respondent is hereby ORDERED and DIRECTED to surrender the said license certificate to the Medical Licensure Commission, at 848 Washington Avenue, Montgomery, Alabama, 36104. Respondent is further ORDERED immediately to CEASE and DESIST from the practice of medicine in the State of Alabama.

This action is taken consistent with the Rules and Regulations of the Board of Medical Examiners and the Medical Licensure Commission and Ala. Code § 34-24-361(f), based upon the request of the Alabama State Board of Medical Examiners upon the Board's finding and certification that the Board presently has in its possession evidence that the continuance in practice of Respondent may constitute an immediate danger to his patients and the public.

Respondent is reminded that the suspension of his or her license to practice medicine in Alabama triggers certain obligations with regard to patient notification

and patient records. *See* Ala. Admin. Code r. 540-X-9-.10(4)(c); 545-X-4-.08(4)(c). Respondent shall comply with these requirements.

2. **Service of the Administrative Complaint**

A copy of the Administrative Complaint and a copy of this Order shall be served forthwith upon the Respondent, by personally delivering the same to Respondent if he or she can be found within the State of Alabama, or, by overnight courier, signature required, to Respondent's last known address if he or she cannot be found within the State of Alabama. The Commission further directs that personal service of process shall be made by FedEx, who is designated as the duly authorized agent of the Commission.

3. **Initial Hearing Date**

This matter is set for a hearing as prescribed in Ala. Code §§ 34-24-360, *et seq.*, and Ala. Admin. Code Chapter 545-X-3, to be held on Wednesday, August 28, 2024, at 10:00 a.m., at 848 Washington Avenue, Montgomery, Alabama, 36104. Unless otherwise specified by the Commission, the hearing will be held in person. All parties and counsel are expected to appear and to be prepared for the hearing at this date, time, and place.

4. **Appointment of Hearing Officer**

The Commission appoints the Honorable William R. Gordon, Circuit Judge (Ret.) as the Hearing Officer in this matter, pursuant to Ala. Admin. Code r. 545-X-3-.08. The Hearing Officer shall exercise general superintendence over all pre-hearing proceedings in this matter, and shall serve as the presiding officer at the hearing, having and executing all powers described in Ala. Admin. Code r. 545-X-3-.08(1)(a)-(g).

5. **Answer**

Respondent shall file an Answer, as prescribed in Ala. Admin. Code r. 545-X-3-.03(6), within 20 calendar days of the service of the Administrative Complaint. If Respondent does not file such an Answer, the Hearing Officer shall enter a general denial on Respondent's behalf.

6. **Rescheduling/Motions for Continuance**

All parties and attorneys are expected to check their schedules immediately for conflicts. Continuances will be granted only upon written motion and only for good cause as determined by the Chairman (or, in his absence, the Vice-Chairman) of the Medical Licensure Commission. Continuances requested on grounds of engagement of legal counsel on the eve of the hearing will not be routinely granted.

7. **Case Management Orders**

The Hearing Officer is authorized, without further leave of the Commission, to enter such case management orders as he considers appropriate to the particular case. Among any other matters deemed appropriate by the Hearing Officer, the Hearing Officer may enter orders addressing the matters listed in Ala. Admin. Code r. 545-X-3-.03(5)(a)-(f) and/or 545-X-3-.08(1)(a)-(g). All parties will be expected to comply with such orders.

8. **Manner of Filing and Serving Pleadings**

All pleadings, motions, requests, and other papers in this matter may be filed and served by e-mail. All filings should be e-mailed to:

- The Hearing Officer, William Gordon (wrgordon@charter.net);
- The Director of Operations of the Medical Licensure Commission, Rebecca Robbins (rrobbins@almlc.gov);
- General Counsel of the Medical Licensure Commission, Aaron Dettling (adettling@almlc.gov);
- General Counsel for the Alabama Board of Medical Examiners, Wilson Hunter (whunter@albme.gov); and
- Respondent/Licensee or his or her counsel, as appropriate.

The Director of Operations of the Medical Licensure Commission shall be the custodian of the official record of the proceedings in this matter.

9. **Discovery**

Consistent with the administrative quasi-judicial nature of these proceedings, limited discovery is permitted, under the supervision of the Hearing Officer. *See* Ala. Code § 41-22-12(c); Ala. Admin. Code r. 545-X-3-.04. All parties and attorneys shall confer in good faith with one another regarding discovery. If disputes regarding discovery are not resolved informally, a motion may be filed with the Hearing Officer, who is authorized to hold such hearings as appropriate and to make appropriate rulings regarding such disputes.

10. **Publicity and Confidentiality**

Under Alabama law, the Administrative Complaint and this Order are public documents. The hearing itself is closed and confidential. The Commission's written decision, if any, will also be public. *See* Ala. Code § 34-24-361.1; Ala. Admin. Code r. 545-X-3-.03(10)(h), (11).

11. **Stipulations**

The parties are encouraged to submit written stipulations of matters as to which there is no basis for good-faith dispute. Stipulations can help to simplify and shorten the hearing, facilitate the Commission's decisional process, and reduce the overall costs of these proceedings. Written stipulations will be most useful to the Commission if they are submitted in writing approximately 10 days preceding the

hearing. The Hearing Officer is authorized to assist the parties with the development and drafting of written stipulations.

12. Judicial Notice

The parties are advised that the Commission may take judicial notice of its prior proceedings, findings of fact, conclusions of law, decisions, orders, and judgments, if any, relating to the Respondent. *See* Ala. Code § 41-22-13(4); Ala. Admin. Code r. 545-X-3-.09(4).

13. Settlement Discussions

The Commission encourages informal resolution of disputes, where possible and consistent with public interest. If a settlement occurs, the parties should notify the Hearing Officer, the Commission's Director of Operations, and Commission's General Counsel. Settlements involving Commission action are subject to the Commission's review and approval. To ensure timely review, such settlements must be presented to the Commission no later than the Commission meeting preceding the hearing date. Hearings will not be continued based on settlements that are no presented in time for the Commission's consideration during a monthly meeting held prior to the hearing date. The Commission Vice-Chairman may assist the parties with the development and/or refinement of settlement proposals.

14. Subpoenas

The Commission has the statutory authority to compel the attendance of witnesses, and the production of books and records, by the issuance of subpoenas. *See* Ala. Code §§ 34-24-363; 41-22-12(c); Ala. Admin. Code r. 545-X-3-.05. The parties may request that the Hearing Officer issue subpoenas for witnesses and/or documents, and the Hearing Officer is authorized to approve and issue such subpoenas on behalf of the Commission. Service of such subpoenas shall be the responsibility of the party requesting such subpoenas.

15. Hearing Exhibits

A. Parties and attorneys should, if possible, stipulate as to the admissibility of documents prior to the hearing.

B. The use of electronic technology, USB drives, CD's, DVD's, etc. is acceptable and encouraged for voluminous records. If the Commission members will need their laptop to view documents, please notify the Hearing Officer prior to your hearing.

C. If providing hard copies, voluminous records need not be copied for everyone but, if portions of records are to be referred to, those portions should be copied for everyone.

D. If a document is to be referred to in a hearing, copies should be available for each Commission member, the Hearing Officer, the Commission's General Counsel, opposing attorney, and the court reporter (12 copies).

E. Index exhibits/documents for easy reference.

F. Distribute exhibit/document packages at the beginning of the hearing to minimize distractions during the hearing.

16. Administrative Costs

The Commission is authorized, pursuant to Ala. Code § 34-24-381(b) and Ala. Admin. Code r. 545-X-3-.08(9) and (10), to assess administrative costs against the Respondent if he or she is found guilty of any of the grounds for discipline set forth in Ala. Code § 34-24-360. The Board of Medical Examiners **[X]has / [ ]has not** given written notice of its intent to seek imposition of administrative costs in this matter.

17. Appeals

Appeals from final decisions of the Medical Licensure Commission, where permitted, are governed by Ala. Code § 34-24-367.

DONE on this the 27th day of June, 2024.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Craig Christopher, M.D.
on 2024-06-27 22:41:56 CDT

Craig H. Christopher, M.D.
its Chairman

Distribution:

- Honorable William R. Gordon (incl. Administrative Complaint)
- Rebecca Robbins
- Respondent/Respondent's Attorney
- E. Wilson Hunter
- Aaron L. Dettling

EXHIBIT
H

ALABAMA STATE BOARD OF MEDICAL EXAMINERS,

Complainant,

vs.

ROBERT PEARCE BOLLING, M.D.,

Respondent.

BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA

CASE NO. 2024-121

ORDER SETTING HEARING
For Contested Cases Initiated by Administrative Complaint

The Medical Licensure Commission has received the verified Administrative Complaint filed by the Alabama State Board of Medical Examiners in this matter. The Commission has determined that this matter is due to be set down for hearing under the provisions of Ala. Code § 34-24-361(e). This Order shall serve as the Notice of Hearing prescribed in Ala. Admin. Code r. 545-X-3-.03(3), (4). The Commission's legal authority and jurisdiction to hold the hearing in this matter are granted by Article 8, Chapter 24, Title 34 of the Code of Alabama (1975), and the particular sections of the statutes and rules involved are as set forth in the Administrative Complaint and in this Order.

1. **Service of the Administrative Complaint**

A copy of the Administrative Complaint and a copy of this Order shall be served forthwith upon the Respondent, by personally delivering the same to Respondent if he or she can be found within the State of Alabama, or, by overnight courier, signature required, to Respondent's last known address if he or she cannot be found within the State of Alabama. The Commission further directs that personal service of process shall be made by Greg Hardy, who is designated as the duly authorized agent of the Commission.

2. **Initial Hearing Date**

This matter is set for a hearing as prescribed in Ala. Code §§ 34-24-360, *et seq.*, and Ala. Admin. Code Chapter 545-X-3, to be held on Monday, November 25, 2024, at 10:00 a.m., at 848 Washington Avenue, Montgomery, Alabama, 36104. Unless otherwise specified by the Commission, the hearing will be held in person. All parties and counsel are expected to appear and to be prepared for the hearing at this date, time, and place.

3. **Appointment of Hearing Officer**

The Commission appoints the Honorable William R. Gordon, Circuit Judge (Ret.) as the Hearing Officer in this matter, pursuant to Ala. Admin. Code r. 545-X-3-.08. The Hearing Officer shall exercise general superintendence over all pre-hearing proceedings in this matter, and shall serve as the presiding officer at the

hearing, having and executing all powers described in Ala. Admin. Code r. 545-X-3-.08(1)(a)-(g).

4. **Answer**

Respondent shall file an Answer, as prescribed in Ala. Admin. Code r. 545-X-3-.03(6), within 20 calendar days of the service of the Administrative Complaint. If Respondent does not file such an Answer, the Hearing Officer shall enter a general denial on Respondent's behalf.

5. **Rescheduling/Motions for Continuance**

All parties and attorneys are expected to check their schedules immediately for conflicts. Continuances will be granted only upon written motion and only for good cause as determined by the Chairman (or, in his absence, the Vice-Chairman) of the Medical Licensure Commission. Continuances requested on grounds of engagement of legal counsel on the eve of the hearing will not be routinely granted.

6. **Case Management Orders**

The Hearing Officer is authorized, without further leave of the Commission, to enter such case management orders as he considers appropriate to the particular case. Among any other matters deemed appropriate by the Hearing Officer, the Hearing Officer may enter orders addressing the matters listed in Ala. Admin. Code

r. 545-X-3-.03(5)(a)-(f) and/or 545-X-3-.08(1)(a)-(g). All parties will be expected to comply with such orders.

7. **Manner of Filing and Serving Pleadings**

All pleadings, motions, requests, and other papers in this matter may be filed and served by e-mail. All filings should be e-mailed to:

- The Hearing Officer, William Gordon (wrgordon@charter.net);
- The Director of Operations of the Medical Licensure Commission, Rebecca Robbins (rrobbins@almlc.gov);
- General Counsel of the Medical Licensure Commission, Aaron Dettling (adettling@almlc.gov);
- General Counsel for the Alabama Board of Medical Examiners, Wilson Hunter (whunter@albme.gov); and
- Respondent/Licensee or his or her counsel, as appropriate.

The Director of Operations of the Medical Licensure Commission shall be the custodian of the official record of the proceedings in this matter.

8. **Discovery**

Consistent with the administrative quasi-judicial nature of these proceedings, limited discovery is permitted, under the supervision of the Hearing Officer. *See* Ala. Code § 41-22-12(c); Ala. Admin. Code r. 545-X-3-.04. All parties and attorneys

shall confer in good faith with one another regarding discovery. If disputes regarding discovery are not resolved informally, a motion may be filed with the Hearing Officer, who is authorized to hold such hearings as appropriate and to make appropriate rulings regarding such disputes.

9. Publicity and Confidentiality

Under Alabama law, the Administrative Complaint is a public document. The hearing itself is closed and confidential. The Commission's written decision, if any, will also be public. *See* Ala. Code § 34-24-361.1; Ala. Admin. Code r. 545-X-3-.03(10)(h), (11).

10. Stipulations

The parties are encouraged to submit written stipulations of matters as to which there is no basis for good-faith dispute. Stipulations can help to simplify and shorten the hearing, facilitate the Commission's decisional process, and reduce the overall costs of these proceedings. Written stipulations will be most useful to the Commission if they are submitted in writing approximately 10 days preceding the hearing. The Hearing Officer is authorized to assist the parties with the development and drafting of written stipulations.

11. Judicial Notice

The parties are advised that the Commission may take judicial notice of its prior proceedings, findings of fact, conclusions of law, decisions, orders, and judgments, if any, relating to the Respondent. *See* Ala. Code § 41-22-13(4); Ala. Admin. Code r. 545-X-3-.09(4).

12. Settlement Discussions

The Commission encourages informal resolution of disputes, where possible and consistent with public interest. If a settlement occurs, the parties should notify the Hearing Officer, the Commission's Director of Operations, and Commission's General Counsel. Settlements involving Commission action are subject to the Commission's review and approval. To ensure timely review, such settlements must be presented to the Commission no later than the Commission meeting preceding the hearing date. Hearings will not be continued based on settlements that are not presented in time for the Commission's consideration during a monthly meeting held prior to the hearing date. The Commission Vice-Chairman may assist the parties with the development and/or refinement of settlement proposals.

13. Subpoenas

The Commission has the statutory authority to compel the attendance of witnesses, and the production of books and records, by the issuance of subpoenas. *See* Ala. Code §§ 34-24-363; 41-22-12(c); Ala. Admin. Code r. 545-X-3-.05. The

parties may request that the Hearing Officer issue subpoenas for witnesses and/or documents, and the Hearing Officer is authorized to approve and issue such subpoenas on behalf of the Commission. Service of such subpoenas shall be the responsibility of the party requesting such subpoenas.

14. **Hearing Exhibits**

A. Parties and attorneys should, if possible, stipulate as to the admissibility of documents prior to the hearing.

B. The use of electronic technology, USB drives, CD's, DVD's, etc. is acceptable and encouraged for voluminous records. If the Commission members will need their laptop to view documents, please notify the Hearing Officer prior to your hearing.

C. If providing hard copies, voluminous records need not be copied for everyone but, if portions of records are to be referred to, those portions should be copied for everyone.

D. If a document is to be referred to in a hearing, copies should be available for each Commission member, the Hearing Officer, the Commission's General Counsel, opposing attorney, and the court reporter (12 copies).

E. Index exhibits/documents for easy reference.

F. Distribute exhibit/document packages at the beginning of the hearing to minimize distractions during the hearing.

15. **Administrative Costs**

The Commission is authorized, pursuant to Ala. Code § 34-24-381(b) and Ala. Admin. Code r. 545-X-3-.08(9) and (10), to assess administrative costs against the Respondent if he or she is found guilty of any of the grounds for discipline set forth in Ala. Code § 34-24-360. The Board of Medical Examiners **[X]has / [ ]has**

not given written notice of its intent to seek imposition of administrative costs in this matter.

16. **Appeals**

Appeals from final decisions of the Medical Licensure Commission, where permitted, are governed by Ala. Code § 34-24-367.

DONE on this the 27th day of June, 2024.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Craig Christopher, M.D.
on 2024-06-27 22:47:33 CDT

Craig H. Christopher, M.D.
Its Chairman

Distribution:

- Honorable William R. Gordon (incl. Administrative Complaint)
- Rebecca Robbins
- Respondent/Respondent's Attorney
- E. Wilson Hunter
- Aaron L. Dettling

EXHIBIT
I

BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA

ALABAMA STATE BOARD OF MEDICAL EXAMINERS,	)	
Complainant,	)	
vs.	)	CASE NO.: 2024-147
KRISTIN TAYLOR BRUNSVOLD, M.D.,	)	
Respondent.	)	

NOTICE OF INTENT TO CONTEST REINSTATEMENT

Pursuant to ALA. CODE § 34-24-337, the Alabama State Board of Medical Examiners ("the Board") hereby gives notice of the Board's intent to contest the reinstatement of the license to practice medicine in Alabama of Kristin Taylor Brunsvold, M.D. ("Respondent"), license number MD.23403. The Board has probable cause to believe that grounds exist for the denial of the application for reinstatement and will exhibit the same in its forthcoming Administrative Complaint.

The Board requests that a hearing be scheduled before the Medical Licensure Commission prior to a decision regarding the reinstatement of Respondent's license to practice medicine in Alabama.

EXECUTED this 30th day of May, 2024.

William M. Perkins
Executive Director
ALABAMA STATE BOARD OF MEDICAL EXAMINERS

Alicia Harrison, Associate General Counsel
ALABAMA STATE BOARD OF MEDICAL EXAMINERS
Post Office Box 946
Montgomery, Alabama 36101-0946
Telephone: 334-833-0167
Email: aharrison@albme.gov

EXHIBIT
J

BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA

ALABAMA STATE BOARD OF MEDICAL EXAMINERS,	)	
Complainant,	)	
vs.	)	CASE NO.: 2024-148
JASON RICHARD DYKEN, M.D.,	)	
Respondent.	)	

NOTICE OF INTENT TO CONTEST REINSTATEMENT

Comes now the Alabama State Board of Medical Examiners ("the Board"), under ALA. CODE § 34-24-337 (2007), and gives notice of the Board's intent to contest the reinstatement of the license to practice medicine in Alabama of Respondent Jason Richard Dyken, M.D. ("Respondent"), license number MD.16761. The Board has probable cause to believe that grounds exist for the denial of the application for reinstatement and will exhibit the same in its forthcoming Administrative Complaint.

The Board requests that a hearing be scheduled before the Medical Licensure Commission prior to a decision regarding the reinstatement of Respondent's license to practice medicine in Alabama.

EXECUTED this 30th day of May 2024.

William M. Perkins
Executive Director
ALABAMA STATE BOARD OF MEDICAL EXAMINERS

Alicia Harrison

Alicia Harrison, Associate General Counsel
ALABAMA STATE BOARD OF MEDICAL EXAMINERS
Post Office Box 946
Montgomery, Alabama 36101-0946
Telephone: 334-833-0167
Email: aharrison@albme.gov

EXHIBIT
K

ALABAMA STATE BOARD OF MEDICAL EXAMINERS,

Complainant,

vs.

MARK PETER KOCH, D.O.,

Respondent.

BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA

CASE NO. 2012-010

ORDER

This matter is before the Medical Licensure Commission of Alabama on Respondent's "Motion for Unrestricted License," filed on April 17, 2024. The Commission notes that: (1) Respondent has complied with the requirements outlined in our order of October 31, 2022; (2) Respondent has entered into a voluntary agreement with the Board that is sufficient to protect public safety; and (3) the Board does not oppose issuance of an unrestricted license at this time.

Upon consideration, therefore, Respondent's motion is granted, and Respondent's license to practice medicine and/or osteopathy in the State of Alabama is restored to full and unrestricted status.

DONE on this the 2nd day of July, 2024.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Jorge Alsip, M.D.
on 2024-07-02 09:56:04 CDT

Jorge A. Alsip, M.D.
its Chairman

EXHIBIT
L

In re:

JACOB K. MATHAI, M.D.

BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA

ORDER

On August 1, 2023, we entered an Order issuing a license to practice medicine in the State of Alabama to Jacob K. Mathai, M.D., restricted to the Jackson Hospital and Clinic Family Medicine Residency Program. Because Dr. Mathai had agreed to a voluntary restriction upon his Certificate of Qualification, the parallel restriction on his license was required by Ala. Code § 34-24-361(g) ("If the board attaches restrictions to a physician's . . . certificate of qualification, it shall notify the commission of the restrictions and the commission shall also place the restrictions on the physician's . . . license to practice medicine or osteopathy in the State of Alabama.").

The Board, at its June 20, 2024 meeting, granted Dr. Mathai's request to lift the restrictions from his Certificate of Qualification. Dr. Mathai has presented letters of support from his Program Director and Associate Program Director, both of whom fully support the issuance of an unrestricted license.

Accordingly, it is ordered that the restrictions imposed on Dr. Mathai's license to practice medicine and/or osteopathy in the State of Alabama imposed by our order

of August 1, 2023, are lifted, and Dr. Mathai's license to practice medicine and/or osteopathy in the State of Alabama is restored to full and unrestricted status.

DONE on this the 2nd day of July, 2024.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Jorge Alsip, M.D.
on 2024-07-02 09:56:21 CDT

Jorge A. Alsip, M.D.
its Chairman

EXHIBIT
M

ALABAMA STATE BOARD OF MEDICAL EXAMINERS,

Complainant,

v.

AARON A. HERNANDEZ-RAMIREZ, M.D.,

Respondent.

BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA

CASE NO. 2023-033

FINDINGS OF FACT AND CONCLUSIONS OF LAW

This matter came before the Medical Licensure Commission of Alabama for a contested case hearing on May 29 and June 26, 2024. After receiving and considering all of the relevant evidence and argument, we find the Respondent, Aaron A. Hernandez-Ramirez, M.D., guilty of the two disciplinary charges presented by the Board, and impose professional discipline as set forth below.

I. Introduction and Statement of the Case

The respondent in this case is Aaron Areli Hernandez-Ramirez, M.D. (hereinafter "Respondent"). Respondent was first licensed by the Commission on January 27, 2021, having been issued license no. MD.42155. The disciplinary charges in this case arise out of the revocation of Respondent's clinical staff privileges at Grove Hill Memorial Hospital, and Respondent's alleged inability to

practice medicine with reasonable skill and safety by reason of lack of medical knowledge and clinical competency.

II. Procedural History

On February 21, 2023, the Alabama Board of Medical Examiners filed an Administrative Complaint and Petition for Summary Suspension of License (the "Administrative Complaint"). The Administrative Complaint contains two counts.

Count One of the Administrative Complaint alleges that, on or about September 30, 2022, Respondent suffered revocation of his clinical staff privileges by Grove Hill Memorial Hospital by reason of incompetence in the practice of medicine, in violation of Ala. Code § 34-24-360(18). In Count Two, the Board alleges that Respondent "has demonstrated an inability to practice medicine with reasonable skill and safety to his patients by reason of lack of basic medical knowledge and clinical incompetency," contrary to Ala. Code § 34-24-360(20)a.

In accordance with Ala. Code § 34-24-361(f) and Ala. Admin. Code r. 545-X-3-.13(1)(a), on February 23, 2023, we entered an order summarily suspending Respondent's license to practice medicine and setting this matter for a full

evidentiary hearing. Respondent has executed a valid waiver of the 120-day limit on summary suspension found in Ala. Code §§ 34-24-361(f) and 41-22-19(d).

On May 29 and June 26, 2024, we conducted a full evidentiary hearing on these charges as prescribed in Ala. Admin. Code r. 545-X-3. The case supporting the disciplinary charges was presented by the Alabama Board of Medical Examiners through its attorneys E. Wilson Hunter and Alicia Harrison. Respondent was represented by attorney Kent Garrett. Pursuant to Ala. Admin. Code r. 545-X-3-.08(1), the Honorable William R. Gordon presided as Hearing Officer.

Each side was offered the opportunity to present evidence and argument in support of its respective contentions, and to cross-examine the witnesses presented by the other side. After careful review, we have made our own independent judgments regarding the weight and credibility to be afforded to the evidence, and the fair and reasonable inferences to be drawn from it. Having done so, and as prescribed in Ala. Code § 41-22-16, we enter the following Findings of Fact and Conclusions of Law.

III. Findings of Fact

We find the following facts to be established by the preponderance of the evidence presented at the hearing:

1. On or about January 27, 2021, Aaron Areli Hernandez-Ramirez, M.D., ("Respondent") was issued license number MD.42155 which authorized him to practice medicine in the State of Alabama. Respondent was employed at the relevant times at Grove Hill Memorial Hospital ("Grove Hill") located in Grove Hill, Alabama. Respondent was hired at Grove Hill to work as a family practice obstetrician.

2. Before Respondent came to Alabama, in 2019, his staff privileges were revoked by the Salem VA Medical Center in Salem, Virginia, after working there for approximately only five months. (Board Exhibit 9; Tr2. 108-110; 161.) The clinical concerns expressed by Salem VA Medical Center included at least the following:

- "[Respondent] significantly failed to meet generally accepted standards of clinical practice when he did not order a head CT during the Veteran's initial [Emergency Department] visit and he inappropriately prescribed Motrin 800 mg three times a day increasing the Veteran's risk for bleeding due to Apixaban." When a head CT was completed on this patient, the patient "was diagnosed with moderate to large acute subdural hemorrhage requiring a transfer to and emergency surgery at an outside facility."

- "Evidence of substandard care and potential harm was identified when [Respondent] significantly failed to meet generally accepted standards of clinical practice when he prescribed high doses of Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) to a Veteran patient with known Chronic Kidney Disease Stage IV. By prescribing these contraindicated medications, [Respondent] increased [the

patient's] risk for NSAID-related side effects such as bleeding or renal impairment resulting in a reasonable concern for the safety of this Veteran."

- Respondent provided a patient a refill of fentanyl patches and discharged the patient home without reassessment of the patient's hypertension, documented to be 213/100 upon intake, "as to raise reasonable concern for the safety of this Veteran."

- Respondent's treatment of at least three Emergency Room patients—one with trauma to the hand, one with an upper respiratory infection, and one with a broken tooth—without any physician notes being recorded in the hospital's electronic medical record (EMR) system.

(Board Exhibit 9.)

3. Dr. Charles M. A. Rogers, IV ("Dr. Rogers") was the Director of Women's Services at Grove Hill. As such, Dr. Rogers was one of the physicians responsible for training and supervising Respondent. Respondent would take one-third of the call, Dr. Rogers would take one-third of the calls, and another physician would take the last third.

4. Not long after Respondent's arrival at Grove Hill, concerns began to emerge about his medical knowledge and clinical competence.

5. At first, concerns filtered in gradually through nursing staff to Dr. Rogers. The first issue that Dr. Rogers encountered was Respondent's use of albuterol and chest percussion in newborns. Dr. Rogers talked with Respondent about his use of albuterol and percussion, and explained to Respondent that these

treatments were not consistent with the standard of care. After Respondent attempted to explain why his approach was acceptable, Dr. Rogers consulted with Dr. Keith Peevy, a neonatologist at the University of South Alabama. Dr. Peevy confirmed that there was no indication for the use of albuterol and chest percussion in a newborn. Notwithstanding Dr. Rogers' admonition, counseling, and instruction, Respondent continued to use albuterol and chest percussion with newborns at Grove Hill.

6. When Dr. Rogers saw that Respondent was not listening to his constructive input, Dr. Rogers wondered if there might be a language barrier. So from then on out, Dr. Rogers tried to take more time explaining issues relating to the standard of care to Respondent.

7. The next issue arose with regard to Respondent's routine use of 800 micrograms of misoprostol (commonly known by the brand name "Cytotec") rectally for routine vaginal deliveries. Various members of the Grove Hill nursing staff came forward to Dr. Rogers and informed him that Respondent was inserting 800 micrograms of Cytotec rectally into every patient, regardless of bleeding. In an emergent situation for postpartum hemorrhage, inserting Cytotec rectally is a valid "last-ditch" maneuver to attempt to stop the bleeding. It is not, however, the standard of care for routine vaginal deliveries.

8. Concerned about this, Dr. Rogers sat down with Respondent and explained to Respondent that his routine use of Cytotec was inconsistent with the standard of care.

9. The unnecessary use of Cytotec rectally is not harmless or devoid of secondary side effects. Cytotec often causes nausea, vomiting, diarrhea, and fever. These issues, in turn, can confound a physician's assessment of the mother's recovery, because it can be hard to distinguish between side effects caused by the Cytotec versus some other complication.

10. Once again, Respondent disregarded Dr. Rogers' advice and continued to use Cytotec with routine vaginal deliveries, contrary to the standard of care.[1]

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[1] Respondent gave incoherent and internally contradictory explanations of his use, or non-use, of Cytotec. On one hand, Respondent claimed—incorrectly and contrary to all other available evidence—that he learned that 800 micrograms of Cytotec is in fact "the standard of care." (Tr2. 110.) In the next breath, however, Respondent denied using it as routine prophylaxis. (Tr2. 111, 114, 150-152.) In fact, Respondent protested that if he used Cytotec in more than two cases, "you can have my license." (Tr2 114.) In rebuttal, Dr. Rogers was able, within 30 minutes, to search the hospital's EMR and to identify at least eight cases in which Respondent ordered 800 micrograms (the rectal dose) of Cytotec. (Tr2. 186.) On top of that, the CPEP evaluation report, discussed below, also independently corroborates Dr. Rogers' concerns about Respondent's unwarranted use of Cytotec. Based on CPEP's review of only 24 of Respondent's patient charts at Grove Hill, CPEP found: "One of the obstetrical patients received Cytotec after the delivery, *but the labor and delivery note does not mention this, nor does it provide a rationale for it to have been administered.*" (Board Exhibit 4 at 12, 13 (emphasis added).)

11. The third area of concern with Respondent's care centered on how Respondent performed colposcopies and cervical biopsies. Nursing staff told Dr. Rogers that they were having problems with patients bleeding due to the manner in which Respondent was performing cervical biopsies.

12. Many of Grove Hill's patients came to Grove Hill from the County Health Department with a positive pap smear. Dr. Rogers explained to Respondent that for patients with low-grade or mildly abnormal pap smear, it was not necessary to take four cervical biopsies. In fact, Dr. Rogers explained, it may not be necessary to do any biopsies at all. The standard of care was and is to apply acetic acid (*i.e.*, vinegar) to the cervix, examine the cervix for any visible lesions, and possibly biopsy any visible lesions.[2] It is not necessary, nor appropriate, nor consistent with the standard of care, to routinely take four quadrant biopsies based on a positive pap smear alone. Yet, that is exactly what Respondent did with many patients. Respondent would routinely take four biopsies of each woman's cervix: one at each of the 3, 6, 9, and 12 o' clock positions. Unnecessary biopsies can cause patient harm, inasmuch as biopsy sites can and often do bleed.

13. Dr. Rogers again counseled and educated Respondent that it is inappropriate and contrary to the standard of care to take four cervical biopsies

[2] Respondent admits that this is the standard of care, but alleges that he did not use acetic acid because the hospital did not keep it on hand. (Tr2. 145-146.)

based only on a positive pap smear. Even after counseling, Dr. Rogers found that Respondent continued to take unnecessary cervical biopsies at the 3, 6, 9, and 12 o' clock positions.

14. Dr. Rogers then reviewed some of Respondent's charts, and identified eleven charts, all of which documented four cervical biopsies. Every one of the 44 biopsies was negative, and some of the women had experienced bleeding issues afterwards. Dr. Rogers asked Respondent if he had seen pathology at the 44 sites where he had taken biopsies. Respondent answered that he had seen pathology at every single site. The pathology reports for all 44 samples, however, were all negative for any abnormal tissue.[3]

15. At that point, Dr. Rogers began to wonder if Respondent even knew what cervical pathology looked like. Dr. Rogers tried to drive home the point to Respondent that he was "mutilating" women's cervixes unnecessarily. At that point, Dr. Rogers made the decision that Respondent would not be allowed to perform any further colposcopies at Grove Hill.[4]

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[3] Respondent responds by simply alleging that Dr. Rogers lied. (Tr2. 148-50.) Based on the totality of the evidence, and our firsthand observation of the live testimony of both Respondent and Dr. Rogers, we choose to believe Dr. Rogers' account, and disbelieve Respondent's.

[4] Notably, the CPEP evaluation, discussed below, independently corroborates Dr. Rogers' concerns about Respondent's competency and practices regarding cervical biopsies. Based on CPEP's independent review of 24 of Respondent's patient charts, CPEP found: "Some concerns were identified specifically regarding the quality of care provided to Dr. Hernandez Ramirez's patients who underwent colposcopy as part of an evaluation of abnormal Pap smears.

16. On another occasion, Dr. Rogers learned that Respondent had used a "Bovie" electrocautery device to stop bleeding on the penis of a newborn after circumcision. Dr. Rogers explained to Respondent that the use of a Bovie on a small, sensitive area of the body, such as a newborn penis or even a fingertip, is inappropriate because of the nerve damage that can be caused by the electrical currents that are concentrated in the small area of tissue. Respondent responded to this counseling by talking about his use of a Bovie device in other areas, such as a patient's face, back, or stomach. Far from alleviating Dr. Rogers' concerns, Respondent's explanations suggested that Respondent did not comprehend how a Bovie works or why it is improper to use one on a fingertip or penis. Dr. Rogers ordered Respondent not to use a Bovie anymore for newborn circumcisions.[5]

17. Dr. Rogers was also "put on alert" by Grove Hill nursing staff about a "chaotic" environment that tended to prevail during Respondent's deliveries.

While he correctly recommended the procedure for two of his actual patients, *it was unclear from the chart reviews whether he performed the colposcopies adequately, including but not limited to, the appropriate number and location of biopsies based on the visual findings and performance of endocervical curettage. There was no informed consent found for either of these patients.*" (Board Exhibit 4 at 11 (emphasis added).) CPEP further found, based on its review of Respondent's medical recordkeeping, that "[c]olposcopy procedure notes did not include sufficient level of detail (they lacked diagrams and/or descriptions of the cervix as well as clinical thinking for why a biopsy at that location was performed)." (Board Exhibit 4 at 17.)

[5] Underscoring the point further, Respondent attempted to justify his use of the Bovie electrocautery device on the neonate's penis by presenting to the Commission a putative abstract of a journal article (of unknown provenance) about the use of a completely different thermal cautery device in neonatal circumcision. (Respondent's Exhibit 3.) Not only is this putative article not about the Bovie device, it does not address electrothermal cautery at all.

Dr. Rogers performed several vaginal deliveries and Caesarean section deliveries with Respondent and observed this firsthand. Dr. Rogers described the environment in Respondent's deliveries, "especially in a fast-changing environment," as characterized by "a lack of organization, a lack of focus or maybe a lack of prioritization," and "chaotic, very confusing, and disorganized." (Tr1 25, 26, 28.)[6]

18. Of all of these concerns with clinical knowledge and care, Dr. Rogers' most serious concern with Respondent was his seeming inability to acknowledge his own weak spots and unwillingness to learn and be trained and adapt his practice to the standard of care. (Tr1 29.)

19. Saree Downey was and is the Chief Nursing Officer at Grove Hill. In that role, Downey oversees infection control, patient care quality, ER, OR, med-surge, nursery, and labor and delivery. In sum, all matters involving nursing care at Grove Hill reports to Downey.

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[6] Again, the CPEP evaluation independently corroborated Dr. Rogers' concerns about Respondent's ability to manage high-stress situations. In this regard, CPEP reported: "Overall, Dr. Hernandez Ramirez's performance was not consistent with medical competence. He failed to recognize and manage high-acuity situations, leading to high risk of harm to the pregnant [female] and the fetus and expressed significant unease with situations and his management of them. He appeared overwhelmed by emergent decision-making and stressful situations, leading to difficulty in establishing rapport and team management. Management of emergent situations was limited. . . . Engagement with the patient and [her] support person was limited. . . . Additionally, communication with the medical team was rated as unacceptable overall. This is key in managing emergent situations. In all scenarios, instructions required prompting, repeating or clarification, to the detriment of patient care." (Board Exhibit 4 at 16.)

20. Although Downey liked Respondent very much as a person, a few months after Respondent became employed at Grove Hill, she began to receive complaints and concerns about his patient care from nurses under her supervision.

21. Initially, concerns were relayed to Downey about a generally chaotic and disorganized environment in the delivery room, including at least one situation in which a patient had asked whether Respondent was a real physician. (Tr1 80.) Other nurses spoke with Downey about their concerns about Respondent using Cytotec rectally after routine vaginal deliveries. Downey relayed those concerns to Dr. Rogers. Downey also received and relayed to Dr. Rogers other concerns about Respondent's use of albuterol and chest percussions on newborns. Downey made these reports to Dr. Rogers because Dr. Rogers sat on the hospital's Medical Executive Committee.

22. Other nurses relayed to Downey more fundamental concerns, such as Respondent apparently not knowing exactly where to make an incision for a Caesarean section delivery, or not understanding how to clamp and cut an umbilical cord.

23. There were also concerns at Grove Hill with Respondent's care of patients in areas other than obstetrics. In one case, Respondent saw a patient in the emergency room. Respondent sent the patient home, when in fact the patient

was having a heart attack. The patient was seen by a hospital in Mobile the next day in Mobile, and survived.

24. Respondent's deficient care of patients at Grove Hill caused problems for Downey in retaining staff. Several nurses told Downey that they would not work with Respondent without another physician present, because they did not trust him and felt that he was unsafe for patients. For that reason, Downey did try to staff more experienced nurses with Respondent so that he would have as much support as possible if he did not know what to do in a particular situation. A more experienced nurse, Downey reasoned, would be more likely to assert herself and let Respondent know if he was about to do something inconsistent with the standard of care.

25. Downey described a specific instance in which Respondent misinterpreted "decels" (*i.e.*, fetal heart rate decelerations) on the fetal monitoring strip. Respondent wanted to call a Caesarean section delivery on the patient—a first-time mother—even though the mother wanted to deliver vaginally. The attending nurses argued that there weren't decels, and that the Caesarean section was not warranted. Downey went and looked for herself. In Downey's opinion, the baby and mother were fine and did not need to deliver via Caesarean section. The mother ended up delivering vaginally and everyone was fine.

26. Downey also personally attended four counseling sessions in which Dr. Rogers attempted to counsel Respondent about his treatment falling below the standard of care. In Downey's view, the most pressing issue that emerged during these sessions was that Respondent was unwilling to accept any constructive criticism of his treatment of patients. Downey reported that Respondent argued with Dr. Rogers about every issue, even after Dr. Rogers presented evidence to the contrary.

27. After receiving and trying to resolve all of these concerns about Respondent's care informally, the Medical Executive Committee decided that it was necessary to have Respondent formally and independently evaluated in terms of his clinical knowledge and ability to practice medicine with reasonable skill and safety. It was important for all involved that the evaluation be unbiased. The Medical Executive Committee therefore required Respondent to undergo a clinical competency evaluation at the Center for Personalized Education for Professionals, commonly known as "CPEP." CPEP is a non-profit organization that specializes in the independent assessment, education, and monitoring of physicians and other healthcare professionals.

28. Respondent participated in the CPEP evaluation on June 29 and 30, 2022. CPEP designed the assessment process to rigorously assess his competency

in the areas of outpatient family medicine and obstetrics. The assessment process relied on a variety of assessment tools and methodologies, including:

- ***Patient Charts:*** CPEP selected and reviewed 24 charts identified from Dr. Hernandez Ramirez's April 2021 through May 2022 patient logs. They were chosen to represent a variety of diagnoses and conditions.

- ***Clinical Interviews:*** Three clinical interviews were conducted by board-certified family medicine physicians who include obstetrics in their practice. The consultants based the interviews on the patient charts, hypothetical cases, and topic-based discussions.

- ***Simulated Patient (SP) Encounters:*** The exercise included three 20-minute virtual patient encounters. The SP cases were selected to represent conditions typically seen in the participant's specialty setting.

- ***SP Documentation Exercise:*** The exercise involved documentation of each interview with an SP.

- ***Electrocardiogram (ECG) Interpretation:*** The exercise included one ECG tracing for which the ventricular rate, PR interval, QRS duration, QT interval, and QRS axis were requested, and 10 ECG tracings for which a written description, interpretation, and course of action were requested.

- ***Fetal Monitor Strip (FMS) Interpretation Exercise:*** The exercise included 12 FMS tracings for which a written description, interpretation and course of action were requested.

- ***Multiple-Choice Question Examination:*** The multiple choice examination included one 90-question exam in family medicine.

- ***Obstetric Simulation:*** This exercise involved a variety of birthing scenarios including routine vaginal deliveries and vaginal deliveries with complications (shoulder dystocia, uterine rupture, and post-partum hemorrhage) using the Gaumard Birth High Fidelity Simulator.

(Board Exhibit 4 at 6.)

29. When CPEP evaluates a physician, it generally classifies the physician into one of three categories:

a. Safe to practice with no or limited recommendations (safe to practice independently while remediating educational needs through ongoing professional development with or without informal collegial support).

b. Safe to practice with recommendations (safe to practice independently while remediating educational needs in a CPEP Education Plan or similar setting that incorporates structure, support, oversight and accountability).

c. Not safe to practice independently at this time (CPEP opines that formal remediation in a residency, fellowship or formal training setting is recommended).

(Board Exhibit 4 at 2.)

30. CPEP summarized its overall findings as to Respondent as follows:

> Due to the extent of the overall educational needs identified, impacted significantly by his performance in the area of obstetrics, CPEP opines that his spectrum of needs is not likely to be successfully remediable outside of a formal training setting. In as much, CPEP opines that the best option would be for Dr. Hernandez Ramirez to remediate in a formal training setting, such as a residency or fellowship. **This is *most consistent* with the performance category of (c) *Not safe to practice independently at this time.***

(Board Exhibit 4 at 2 (emphasis added).) The report explains that "it is reasonable to consider that an individual receiving this recommendation has 'failed' the Assessment." (Board Exhibit 4 at 27.)

31. CPEP did, however, allow for the possibility that Respondent's educational needs could be addressed while continuing to practice under supervision and with a limited scope:

> However, if Dr. Hernandez Ramirez were to narrow his practice and target his remediation to the area of outpatient family medicine, Dr. Hernandez Ramirez's performance in outpatient family medicine is consistent with (b), safe to practice with recommendations including a recommendation for structured remedial education.

(Board Exhibit 4 at 2, 3.) Elizabeth Grace, M.D., CPEP's Medical Director, elaborated on this option, noting that "if that was an option for him, it *might be worth an attempt* at structured remedial education with some initial oversight." (Tr1 153 (emphasis added).) Dr. Grace also qualified this option, however, noting that "a lot of it is up to the clinician and how much effort they're willing to put into it." (Tr1 183.)

32. The CPEP evaluation revealed significant deficits in Respondent's knowledge of family medicine:

> However, Dr. Hernandez Ramirez demonstrated multiple significant gaps in his knowledge of family medicine including causes and evaluation of chest pain, adult health maintenance recommendations, diabetes mellitus management guidelines, in addition to management of abnormal Pap smears including colposcopy technique and informed consent. His knowledge of acute and chronic kidney disease, hyponatremia, hypocalcemia, assessment tools in the evaluation of pulmonary embolus, and treatment of cellulitis was inadequate. In the area of pediatrics, Dr. Hernandez Ramirez also had significant deficiencies including components of the newborn physical examination, evaluation of respiratory complaints in

> infants, diagnosis and management of bronchiolitis, and use of over-the-counter cough and cold medications in children. He also had adequate knowledge of Plastibell circumcision technique and aftercare instructions. However, he demonstrated incomplete knowledge of the risks, benefits, and adverse effects of male circumcision, relevant anatomy, and how to diagnose hypospadias (a contraindication to circumcision).
>
> ***On a 90-item multiple choice exam in Family Medicine, Dr. Hernandez Ramirez achieved a percent correct score of 43, with a ranked score of less than one percent, indicating the need for further study of foundational knowledge. His performance on the ECG interpretation exercise was inadequate.***

(Board Exhibit 4 at 7 (emphasis added).) Respondent's performance on the 90-item multiple choice test in family medicine is, in the Commission's view, particularly alarming. Respondent's performance on this test was worse than 99% of a sample of medical-school students "who took a form of this examination as end-of-course or end-of-clerkship examination for the first time during the academic year from 6/1/2020 through 5/31/2021." CPEP noted that "[t]his represented inadequate performance and further study in the area of family medicine is warranted." (Board Exhibit 4 at 23, 24.)

33. The CPEP assessment report described serious deficits in Respondent's clinical judgment and reasoning:

> Dr. Hernandez Ramirez's clinical judgment and reasoning, as demonstrated during this Assessment, were variable, ranging from acceptable to inadequate, with a number of concerns raised regarding overall approach to patient care and decision-making.

Dr. Hernandez Ramirez's overall approach to hypothetical discussions was not systematic, lacking organization and thoroughness. His ability to gather pertinent clinical information in both actual and hypothetical cases was incomplete. For example, in one of his adult patients with back pain, his evaluation lacked a neurological examination as well as other relevant information. During some discussions, Dr. Hernandez Ramirez also did not demonstrate logical thought processes as was the evident in a hypothetical case discussion of a patient with chest pain in which he failed to recommend an ECG and was unable to describe initial acute coronary syndrome management. Along with insufficient data gathering, in several hypothetical cases Dr. Hernandez Ramirez jumped to testing before completing gathering sufficient subjective and objective patient data; as a result, he often recommended unnecessary tests.

Dr. Hernandez Ramirez's ability to develop differential diagnoses during the interviews was limited, with described differential diagnoses that were consistently limited to one or two conditions. He did not include differential diagnoses in his actual patient charts.

During discussions of hypothetical cases, Dr. Hernandez Ramirez's ability to appropriately recognize acuity of illness and emergent scenarios was generally inadequate. He failed to recognize the emergent nature of chest pain associated with symptoms of aortic dissection until prompted by the consultant. In addition, he was unable to determine whether a hypothetical patient with stroke warranted emergency room evaluation.

Based on review of patient charts, the quality of care provided to Dr. Hernandez Ramirez's actual patients was variable. In a few cases, documentation deficiencies interfered with the consultant's ability to determine the quality of care provided. The quality of care for some patients was good, such as his patient with pneumonia/chronic obstructive pulmonary disease. However, there were some concerns about the care of other patients. His treatments were not consistently well justified, such as when he prescribed steroid injections to one of his patients with sinus complaints without indication and without evidence that he recognized the potential for adverse effects. He also did not appear to recognize the potential for iatrogenic bleeding in

one of his elderly patients taking full-strength aspirin without indication.

Regarding the quality of care provided to pediatric patients, seven charts of actual pediatric patients (9 months of age and younger) were included in Dr. Hernandez Ramirez's Assessment. The consultant agreed with the management of a healthy newborn and another newborn seen for circumcision. However, the care of two pediatric patients was rated as below standard of care, including for a 9 month-old patient with bronchiolitis whose treatment regimen was not evidence-based, and a one-month old patient with failure to thrive whose evaluation was incomplete and who was treated repeatedly with steroids and antihistamine, as well as with antibiotics without apparent indication. There was an additional pediatric case - a newborn admission history and physical - for whom Dr. Hernandez Ramirez performed an incomplete newborn evaluation, lacking several standard components of the newborn exam such as examination of the head and skull, eyes, mouth, femoral pulses, hips, genitalia, and others.

(Board Exhibit 4 at 10-12.)

34. The CPEP assessment report describes particularly acute deficiencies in Respondent's clinical judgment and reasoning in the area of obstetrics:

As was the case with Dr. Hernandez Ramirez's outpatient family medicine cases, his described approach to obstetric patient care was not consistently systematic, thorough, and up-to-date. For example, he did not describe a structured approach to antenatal surveillance. He did not apply evidence-based principles to his discussions of induction of labor. Also noted with his outpatient family medicine practice, his data gathering in obstetrical patients was not consistently thorough; for example, in a hypothetical scenario of gestational diabetes mellitus, he gathered insufficient information about history of present illness, past medical history, social history, fetal heart rate, fundal height, and physical examination.

> The overall quality of Dr. Hernandez Ramirez's obstetric care in his actual obstetrical (OB) patients was variable. His care appeared entirely appropriate for two of his patients with normal spontaneous vaginal deliveries (NSVD), one of whom experienced postpartum hemorrhage following NSVD, and another who underwent a repeat cesarean section. For the remaining cases, the consultants raised some level of reservation or concern. In one such case, Dr. Hernandez Ramirez misdiagnosed hypertension that was identified prior to 20 weeks gestation as gestational hypertension rather than chronic hypertension, and he also failed to conduct a complete evaluation of the patient's renal status. For an additional three patients, there were more significant concerns identified. Multiple issues were not addressed in one of Dr. Hernandez Ramirez's pregnant patients: uterine size less than dates from 34 weeks on, poor weight gain, and a history of Down's syndrome on the paternal side. For another OB patient who underwent emergent repear [*sic*] cesarian section, he failed to address prenatal anemia and perform a complete evaluation of elevated blood pressure; the consultant was unable to determine if a work-up for preeclampsia had been completed. It also appeared that he did not monitor the patient appropriately once initiating the antihypertensive medication, labetalol: the patient remained hypertensive at one week without mention of it in the record. Dr. Hernandez Ramirez prescribed betamethasone unnecessarily to this patients who was over 37 weeks of gestation. For a another OB patient who had an abnormal quad screen (a genetic screening test), Dr. Hernandez Ramirez appropriately referred her to maternal fetal medicine (MFM), however, there was no evidence that he had provided any counselling to her about the results; furthermore, it is not clear that he ensured that the consultation took place, as there was no MFM consultation note or recommendations in the record.

(Board Exhibit 4 at 12.)

35. Respondent's performance on CPEP's obstetrical simulation exercise raised even more alarming concerns about Respondent's clinical competence:

During the orientation scenario (normal delivery), he did not introduce himself to the patient or the patient's support person. He assessed the fetal monitoring data (although specifically required orientation to the FHR tracing and tocometry, which is unusual) and inappropriately stated concern (lack of variability) with a normal FHR tracing. He obtained medical history, correctly assessed cervical dilation and began pushing. He provided minimal reassurance and coaching during the delivery but correctly performed delivery maneuvers. He delivered the placenta correctly and started Pitocin.

During the shoulder dystocia scenario, he introduced himself to the patient and support person. He obtained a history of gestational diabetes but did not discuss blood glucose control or estimated fetal weight. Dr. Hernandez Ramirez applied excessive traction on the fetal head. Once the shoulder dystocia occurred and the fetal heart rate tracing became nonreassuring, he did not call for additional team members, request OR setup, anesthesia or pediatrics teams; nor did he verbalize that a shoulder dystocia was occurring or provide reassurance to the patient or support person. He then performed some appropriate maneuvers (McRoberts, suprapubic pressure, attempt to deliver posterior arm) at which point he was able to deliver the fetus. ***In a "real life" scenario, his management may have resulted in severe neonatal harm or death as delivery took several minutes to accomplish.***

The next scenario was for a patient with high blood pressure that progressed rapidly to eclampsia. Dr. Hernandez Ramirez introduced himself, got a brief history, and correctly noted the patient's severe-range elevated blood pressure. He treated with an appropriate dose of IV antihypertensive before inquiring about patient's allergies. When he asked, the patient said "You should have asked that before giving me medicine," and he did not follow up to obtain information. He did not initially obtain lab work but eventually called for appropriate labs (except for P:C ratio, which was omitted). He also got an ultrasound but could not provide a specific reason for this. Dr. Hernandez Ramirez provided fetal resuscitation during the seizure with oxygen, but did not give medication to stop the seizure. He started magnesium sulfate when the seizure occurred. Compromised

fetal status was noted and the subject had the patient begin pushing. He applied the vacuum without informed consent and had 2 pop-offs. A second seizure occurred during pushing, at which time he asked for assistance from anesthesia. ***The fetus delivered but only after several minutes of decreased fetal heart tones, and the subject did not call from assistance from the pediatrics team. Actions in this scenario very likely would have resulted in both maternal and fetal harm.***

* * *

Overall, Dr. Hernandez Ramirez's performance was not consistent with medical competence. He failed to recognize and manage high-acuity situations, leading to high risk of harm to the pregnant [female] and the fetus and expressed significant unease with situations and his management of them. He appeared overwhelmed by emergent decision-making and stressful situations, leading to difficulty in establishing rapport and team management. Management of emergent situations was limited. Dr. Hernandez Ramirez responded correctly to decelerations with patient positioning, oxygen and hydration but allowed fetal distress to persist for several minutes prior to offering Cesarean delivery when these efforts were unsuccessful. He did not obtain lab work to guide management in the setting of postpartum hemorrhage.

History taking and patient communication warrants focused attention. Minimal history was taken during all scenarios beyond what was provided by the nurse; this could lead to adverse patient outcomes and inaccurate management if vital parts of the medical history are not obtained. At the very least, a complete obstetrical and medical history should be obtained when meeting each patient. Dr. Hernandez Ramirez should also discuss the risks/benefits/alternatives of interventions with patients/support individuals with more detail and be sure to obtain informed consent. This can be done efficiently and succinctly in emergent situations but requires practice and is a distinct skill. He rarely discussed concerns with the patient and support person and made multiple non-reassuring statements (*e.g.* "Oh, wow-that's bad."). Engagement with the patient and their support person was limited. Dr. Hernandez Ramirez is encouraged to provide information without use of jargon

> and discuss options during these interactions. Discussions regarding risk/benefits/alternatives, clearly obtaining consent, and engaging patients when they express concern or resistance to a plan will help in medical decision making and partnership. Additionally, communication with the medical team was rated as unacceptable overall. This is key in managing emergent situations. In all scenarios, instructions required prompting, repeating or clarification, to the detriment of patient care.

(Board Exhibit 4 at 14-16 (emphasis added).)

36. Based on Dr. Rogers' personal observations of Respondent's care, he also agrees with the CPEP conclusions. (Tr1 31.) Dr. Rogers opined that Respondent is "not proficient" as to deliveries. (Tr1 36.) "What I have seen repeatedly with my own eyes," Dr. Rogers testified, "is a functioning well below the standard of care without embracing the need to change." (Tr1 54.)

37. As a result of the CPEP findings, the Medical Executive Committee voted to revoke Respondent's privileges at Grove Hill. Dr. Rogers expressed confidence that both he personally, and Grove Hill as a hospital, did all that they reasonably could do in order to rehabilitate Respondent's deficiencies in clinical knowledge and practice.

38. It is true, and most fortunate, that there apparently have not been any catastrophic outcomes (*e.g.*, patient deaths, serious injury, disfigurement, etc.) associated with Respondent's care of patients at Grove Hill. Neither Grove Hill

nor this Commission, however, are required to wait for a catastrophic outcome before taking action to protect the public from substandard care.

39. As part of his 2023 medical license renewal application, submitted on October 26, 2022, Respondent disclosed that his staff privileges at Grove Hill had been revoked, and that he "took the CPEP evaluation and did poorly." As part of the same application, Respondent also disclosed two malpractice settlements arising out of his treatment of patients at Salem VA Medical Center. (Board Exhibit 6.)

40. Notwithstanding everything that has gone before, Respondent does not acknowledge that he has any deficiencies at all in his clinical knowledge or skills, and he categorically denies the need for any educational remediation whatsoever. Respondent plainly stated—contrary to overwhelming evidence to the contrary—that he believes that he can safely practice both obstetrics and family medicine, steadfastly refusing to acknowledge "any deficits" in those areas. (Tr2 152, 155.) Respondent specifically affirmed his belief that the CPEP evaluation "inadequately or falsely identified problems [he didn't] have." (Tr2 159, 160.) When asked if he had started any of the educational remedial measures recommended by CPEP, Respondent replied that he had not, referring to the CPEP evaluation as "a scam." (Tr2 126.) Respondent expressly made known his unwillingness to undergo any remedial training, protesting that "I don't have no

[*sic*] problems." (Tr2 127, 128.) And when one Commissioner in particular offered Respondent multiple opportunities to express openness to a remedial process, he refused:

> DR. [NELSON-GARRETT]: So this will be my last statement. Insight is what I think – what I'm trying to get to. Because you've been presented a lot of different cases of concerns, not just at Grove Hill, other places as well. And what I'm asking is insight. Each of us will make mistakes. Each of us will have issues. But when someone brings that to you, how do you internally decide this is something I need to work on? Unfortunately, what I'm getting from you is you don't feel as though that's needed at this point.
>
> THE WITNESS: That is correct.

(Tr2 171-174.)

41. And once again, our findings regarding Respondent's lack of insight into his remedial needs are independently corroborated by the CPEP evaluation. In its report, CPEP observed that "it appeared that, in certain instances, [Respondent] lacked adequate insight into limitations of knowledge." (Board Exhibit 4 at 13.)

IV. Conclusions of Law

1. The Medical Licensure Commission of Alabama has jurisdiction over the subject matter of this contested case proceeding pursuant to Act No. 1981-218, Ala. Code §§ 34-24-310, *et seq*. Under certain conditions, the Commission "shall have the power and duty to suspend, revoke, or restrict any

license to practice medicine or osteopathy in the State of Alabama or place on probation or fine any licensee." Ala. Code § 34-24-360. In addition to all other authorized penalties and remedies, the Commission may impose a fine of up to $10,000 per violation, and may require the payment of administrative expenses incurred in connection with the disciplinary proceeding. Ala. Code § 34-24-381(a), (b).

2. Respondent was properly notified of the time, date, and place of the administrative hearing and of the charges against him in compliance with Ala. Code §§ 34-24-361(e) and 41-22-12, and Ala. Admin. Code r. 545-X-3-.03(3), (4). At all relevant times, Respondent was a licensee of this Commission and was and is subject to the Commission's jurisdiction.

3. A physician may be disciplined by the Commission if, after notice and hearing, he is found to have suffered "[t]he termination, revocation, probation, restriction, denial, failure to renew, suspension, reduction, or resignation of staff privileges . . . by a hospital in this or any other state when such action is related to negligence or incompetence in the practice of medicine . . . ." Ala. Code § 34-24-360(18).

4. It is undisputed that Grove Hill Memorial Hospital revoked Respondent's staff privileges. Although Respondent denies any gaps whatsoever in his clinical knowledge or skills, it is clearly substantiated that clinical

incompetency, as documented in the CPEP report, was the reason precipitating the termination of Respondent's privileges.

5. A physician may also be disciplined if, after notice and hearing, the Commission finds that he is "unable to practice medicine or osteopathy with reasonable skill and safety to patients by reason of a demonstrated lack of basic medical knowledge or clinical competency." Ala. Code § 34-24-360(19).

6. The evidence before the Commission clearly demonstrates that Respondent has extremely serious gaps in his clinical knowledge, clinical skills, and lacks insight into his shortcomings. These gaps in knowledge and skill are perhaps most acute in the areas of obstetrics and gynecology, but are also significant with regard to family practice. As noted above, Respondent's performance on the multiple-choice family medicine examination—underperforming 99% of medical students who took the same test—is particularly disquieting. Respondent's loss of privileges at the Salem VA Medical Center further evidences that Respondent's deficits span other domains of medical competence. We therefore find that Respondent is "unable to practice medicine or osteopathy with reasonable skill and safety to patients by reason of a demonstrated lack of basic medical knowledge or clinical competency." Ala. Code § 34-24-360(19).

7. We have carefully weighed whether any sanction less than license revocation could be an adequate response to the facts established at the hearing. We have considered the possibility of restricting Respondent's license to family medicine for a period of time, with the requirement of highly structured and closely supervised remedial education. Ultimately, and with regret, however, we have concluded that only the sanction of revocation of Respondent's license to practice medicine in Alabama is sufficient to protect the public. First, the evidence presented to the Commission clearly evidences that Respondent's lack of clinical competency is by no means confined to obstetrics and gynecology. To the contrary, Respondent clearly has serious deficits in medical knowledge across multiple domains of professional competency, including family medicine. Indeed, the record taken as a whole is devoid of any evidence that Respondent is able to practice medicine safely in any practice area or context. Second, instead of confronting these well-substantiated deficits head-on, Respondent responds with implausible and dismissive denials, reflecting an absence of the insight and judgment required of physicians. While we have seen many physicians successfully remediate educational deficiencies and overcome personal and professional hurdles similar to Respondent's, they have all started with an acceptance of personal responsibility and a sincere and authentic desire to embrace the remediation process, followed by months or even years of substantial

engagement. In this case, however, Respondent not only failed to exhibit openness to any educational remediation process—he outright rejected it, to the point of referring to the CPEP evaluation as "a scam." Educational remediation cannot be effective if the physician refuses to acknowledge any need for it whatsoever. As CPEP's Medical Director put it, "a lot of it [*i.e.*, the likelihood of successful remediation] is up to the clinician and how much effort they're willing to put into it." Based on Respondent's own statements, that appears to be zero. For these reasons, we are left with the firm conviction that nothing less than revocation of Respondent's license is consistent with public health and safety.

8. We reach these conclusions based all of the evidence presented, viewed through the lens of our professional experience and specialized knowledge of the practice of medicine. *See* Ala. Code § 41-22-13(5) ("The experience, technical competence, and specialized knowledge of the agency may be utilized in the evaluation of the evidence.").

V. Decision

Based on all of the foregoing, it is **ORDERED, ADJUDGED, AND DECREED**:

1. That the Respondent, Aaron Areli Hernandez-Ramirez, M.D., is adjudged **GUILTY** of revocation of his clinical staff privileges by reason of

incompetence in the practice of medicine, in violation of Ala. Code § 34-24-360(18), as charged in Count One of the Administrative Complaint.

2. That the Respondent, Aaron Areli Hernandez-Ramirez, M.D., is adjudged **GUILTY** of inability to practice medicine with reasonable skill and safety to patients by reason of lack of basic medical knowledge and clinical incompetency, contrary to Ala. Code § 34-24-360(20)a., as charged in Count Two of the Administrative Complaint.

3. That, separately and severally for each of Counts One and Two, Respondent's license to practice medicine in the State of Alabama is **REVOKED**.

4. That Respondent shall, within 30 days of this Order,[7] pay an administrative fine in the amount of $10,000.00 as to Count One, and $10,000.00 as to Count Two, for a total administrative fine of $20,000.00.

5. That it is the present sense of the Commission that any application for reinstatement filed within the 24-month period immediately following the date of this Order is likely to be summarily denied as prematurely filed pursuant to Ala. Code § 36-24-361(h)(9), and any application for reinstatement filed

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[7] *See* Ala. Admin. Code r. 545-X-3-.08(8)(d)(i). Respondent is further advised that "[t]he refusal or failure by a physician to comply with an order entered by the Medical Licensure Commission" may be a separate instance of "unprofessional conduct." *See* Ala. Admin. Code r. 545-X-4-.06(6). Failure to pay the assessed costs and fines may therefore form an independent basis for further disciplinary action against Respondent.

thereafter is not likely to be granted except and unless Respondent establishes to the satisfaction of the Commission, after a hearing, that he has successfully completed all of the following requirements, and subject to the following conditions and restrictions:

a. Respondent shall have completed remedial Continuing Medical Education coursework approved in advance by the Commission, consisting of no less than eight (8) hours each in the topics of (i) electrocardiogram interpretation, (ii) communication skills, and (iii) medical recordkeeping.

b. Respondent shall have successfully completed a structured remedial education program designed and administered by CPEP, and shall have been re-evaluated for competency in family medicine. At a minimum, the structured remedial education program shall include at least one full week (40 hours) of instruction.

c. Respondent shall have paid all fines and costs assessed in this matter.

d. Respondent's license, if reinstated, will be subject to restrictions providing for no practice in obstetrics/gynecology, and no neonatal circumcisions, unless Respondent completes

an ACGME-accredited residency program, followed by a formal re-evaluation for minimum clinical competency in the area of obstetrics/gynecology, and other restrictions and conditions deemed appropriate by the Commission at that time.

6. That within 30 days of this order, the Board shall file its bill of costs as prescribed in Ala. Admin. Code r. 545-X-3-.08(10)(b), and Respondent shall file any objections to the cost bill within 10 days thereafter, as prescribed in Ala. Admin. Code r. 545-X-3-.08(10)(c). The Commission reserves the issue of imposition of costs until after full consideration of the Board's cost bill and Respondent's objections, and this reservation does not affect the finality of this order. *See* Ala. Admin. Code r. 545-X-3-.08(10)(e).

DONE on this the 26th day of July, 2024.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Jorge Alsip, M.D.
on 2024-07-26 10:47:25 CDT

Jorge A. Alsip, M.D.
its Chairman