A Newsletter of the South Carolina Board of Medical Examiners • January 2002

Low Participation in Yearly Elections

Pursuant to §40-47-10 of the Medical Practice Act, the Medical Board conducts elections each year for seats on the Board and on the Medical Disciplinary Commission.

With regards to the Board, there are 10 seats, and eight of those seats are elected by South Carolina permanently licensed physicians who reside in South Carolina.

There is one seat for each of the six Congressional Districts, one elected at-large seat, and one osteopathic atlarge seat that is elected only by South Carolina permanently licensed doctors of osteopathy who reside in South Carolina.

The Congressional District seats are elected by South Carolina permanently licensed physicians residing in the respective district. The elected at-large seat is elected by all of the permanently licensed physicians residing in South Carolina. The remaining two seats, a lay member and an at-large member, are Gubernatorial appointees.

Normally, the notice of election letter announcing all vacancies on the Board and on the Medical Disciplinary Commission is mailed out the last week of July. Physicians wishing to offer their candidacy to the Board are given 35 days from the date of the notice to submit a written petition signed by not less than 50 physicians possessing a permanent license (not less than 25 signatures are required for MDC seats) and who are eligible to vote in

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The President's Message: The Paradox of an Unholy Alliance

"An individual may be treated by a treating physician (medical doctor) for any illness or disease which is life-threatening or is chronically disabling with any alternative, complementary or unconventional medical treatment that the individual desires." Such is the provision of HB #4003 sponsored by Rep. Barfield and 76 other members of the State House of Representatives. Indeed, this bill has cleared the House and is currently before the Senate Medical Affairs Committee, which is poised to enjoin on the substantive elements of the bill. The constructive intent is to provide safe harbor for physicians who prescribe non-scientifically proven modes of therapy, e.g.: those which are not FDA approved. The devil is in the details. It is virtually impossible to establish a standard of care, and therefore enforcement by any regulatory agency is impeded if not hamstrung. The potential for charlatanry is apparent. The Board stands opposed to the bill unless a mandate for a clear, unequivocal informed consent is included. Ironically the state's trial lawyers are also opposed to the very concept of the bill because of the increased burden to prove malpractice. Popular interest in non-western or allopathic medical care is obvious. Traditional resources for conventional medicine are being redirected. In 2000, Americans spent over 27 billion dollars out of pocket for "alternative" medicine, and more healthcare insurance carriers are providing reimbursement for these services. Those of us who ascribe to tenants of a scientific process that proves cause and effect are faced with a noxious decision: What is the lesser of two evils? Ignorance is not bliss. Arguably some control is better than no control. Though the solution is not always apparent, the Board of Medical Examiners will continue to only support legislation that best protects the public.

Louis E. Costa, II, D.M.D., M.D. President, South Carolina Board of Medical Examiners

D.U.I. Is A Reportable Criminal Offense

Questions on the South Carolina application for medical licensure and on annual licensure renewal forms ask if the applicant/licensee has "ever been arrested, charged, indicted or convicted for violation of any federal, state or local law? (Other than minor traffic violations." (emphasis added).) Some have questioned whether D.U. I (Driving Under the Influence) is a minor traffic violation. The Code of Laws of South Carolina, 1976, as amended, § 56-5-2930, et seq. cite driving under the influence of liquor, drugs or like substances as a criminal violation punishable upon conviction by fine and/or imprisonment as a misdemeanor or felony. Therefore, it is not a minor traffic violation and must be reported.



A Newsletter of the South Carolina Board of Medical Examiners

South Carolina Department of Labor, Licensing and Regulation

Board Members

President

Gubernatorial At-Large Member Louis E. Costa, II, D.M.D., M.D.

Southeastern Facial Plastic Surgery 247 Calhoun Street Charleston, S.C., 29401 FIRST TERM: 5/9/95 - 12/31/98

SECOND TERM: 1/1/99 - 12/31/02

Vice President 3rd Congressional District Roger A. Ray, M.D.

Anderson Area Medical Center 800 North Fant Street Anderson, S.C., 29621 FIRST TERM: 1/1/98 - 12/31/2001

SECOND TERM: 1/1/02 - 12/31/05

Osteopathic, Elected-At-Large Timothy J. Kowalski, D.O. William S. Hall Psychiatric Inst.

P.O. Box 202, Cottage C Columbia, S.C. 29202 FIRST TERM: 1/1/97 - 12/31/00 SECOND TERM: 1/1/01 - 12/31/04

1st Congressional District Robert H. Bowles, M.D.

Parkwood Orthopedic Clinic 1249 Savannah Hwy. Charleston, S.C., 29407

FIRST TERM: 1/1/00 - 12/31/03

2nd Congressional District Satish M. Prabhu, M.D.

Critical Health Systems 1410 Blanding Street #1 Columbia, SC 29201 FIRST TERM: 1/1/01 - 12/31/04

4th Congressional District Stephen R. Gardner, M.D.

Southeastern Neurosurgical & Spine Institute, P.A. 20 Medical Ridge Drive Greenville, S.C., 29605 FIRST TERM: 1/1/02-12/31/05

5th Congressional District VACANT

6th Congressional District Vera C. Hyman, M.D.

P.O. Box 100559, Florence, S.C., 29501-0559 FIRST TERM: 1/1/96 - 12/31/99 SECOND TERM: 1/1/00 - 12/31/03

Elected-At-Large Member James D. Whitehead, Jr., M.D.

3 Coatbridge Lane, Lexington, SC, 29072 FIRST TERM: 1/1/94 - 12/31/97 SECOND TERM: 1/1/98 - 12/31/2001

Gubernatorial Lay Member Susan C. Reynolds

c/o Alley Cat 2222 Augusta Street, Greenville, S.C. 29605 FIRST TERM: 5/9/00 - 6/30/02

Board Staff

The administrative staff of the board is composed of employees of the South Carolina Department of Labor, Licensing and Regulation. The staff may be reached at (803) 896-4500 or by e-mail: medboard@mail.llr.state.sc.us

Board Administrator

John D. Volmer

Administrative Assistant to the Board Administrator

Carole Chauvin

Assistant Administrator, Licensing Annette Disher

USMLE Exams and Limited Licenses, Anesthesiologist's Assistant Licensure Donna Howard

Physician Assistant Licensure Brenda Eason

Respiratory Care Licensure Brenda Eason

Acupuncturist Permits Annette Disher

Assistant Administrator, Compliance Karen Newton

Licensure Verifications Patt Browy

Assistant Administrator, Investigations Henry B. Morgan

Election . . . from Page 1

the particular election contest the physician wishes to enter. If only one candidate submits the required number of petition signatures, he/she is declared the winner in that particular contest and is certified to the Governor as a nominee. If more than one candidate submits a petition, ballots are prepared and mailed with ballot return envelopes to every physician qualified to vote in that particular election. The candidate receiving a majority of the ballots is certified to the Governor as a nominee. However, if no candidate receives a majority of the votes cast, a runoff election of the two candidates receiving the most votes is held.

Earlier this year, elections were held for three seats on the Board, the Third and Fourth Congressional District seats and the elected at-large seat. There were 8,466 ballots for the at-large board seat mailed, and only 1,512 valid ballots were returned. There were 44 ballots invalid for various reasons, such as, the ballot was mailed in an envelope other than the ballot return envelope. This means that approximately 18 percent of the physicians residing in South Carolina participated in the election for the at-large seat indicating a low participation.

The Board would like to remind all physicians of the importance of the mission of the Medical Board to their profession and encourages all physicians to participate in electing the members who serve on the Board and the Medical Disciplinary Commission.

In order to assist voters in future elections, the Board is considering including a brief synopsis of the practice specialty and location of each candidate on the ballot.

Recently Approved Board Policies

Office-Based Surgery Guidelines

The purpose of these guidelines is (1) to promote patient safety in the non-hospital setting during procedures that require the administration of local anesthesia, conscious sedation, or general anesthesia or minor or major conduction blockade, and (2) to provide practitioners the benefit of uniform professional standards when performing office-based surgery that requires anesthesia, analgesia or sedation.

Of particular notice is **Chapter C**, "**Policies and Procedures**." Paragraph #5 "**Reporting of Adverse Incidents**," which requires that "Anesthetic or surgical mishaps requiring resuscitation, emergency transfer or death should be reported to the S.C. Board of Medical Examiners within three business days using the form contained in Appendix VI"

These guidelines will be published in the "State Register." We are unable to print the entire document. However, you may obtain a copy of the guidelines by going to our Web site at www.llr.state.sc.us/pol/medical and clicking on **Board Policies** which takes you to a listing of current Board policies in alphabetical order. Or, if you don't have access to the Internet, you may contact the Board office at (803) 896-4500 for a hard copy.

Retired Physicians

This policy statement was approved by the Board at its October 22-24, 2001, meeting and will be published in the "State Register." It is printed below in full for information and convenience.

Notice

In accordance with Section 1-23-40 of the 1976 Code of Laws of South Carolina, as amended, notice is hereby given that the South Carolina Board of Medical Examiners, in response to questions from physicians, particularly at the time of annual re-application, has adopted the following statement regarding retired physicians as guidance for licensed physicians in

the practice of medicine under the South Carolina Medical Practice Act and the Principles of Medical Ethics, as adopted by the Board.

Retired Physicians

Physicians contemplating cessation of the active practice of medicine have two options available to them:

1. Allow the permanent medical license to lapse and become inactive with none of the privileges or responsibilities associated with the active practice of medicine.

An inactive license allows the physician the right to apply for reactivation and to maintain health insurance through professional associations, such as the South Carolina Medical Association. An inactive license does not allow the physician to:

- a. Provide patient services
- b. Order tests or therapies
- c. Prescribe, dispense or administer drugs
- d. Perform any other medical or surgical acts
- Receive income for provision of medical and/or surgical services performed following deactivation.
- 2. Maintain a full active license, which requires fulfilling all requirements of such licensure, including financial and educational.

The South Carolina Medical Board is aware that a number of physicians consider themselves "retired" but still hold a currently registered active medical license and provide professional medical and/or surgical services to patients on a regular or occasional basis. Such physicians customarily serve the needs of longstanding patients, nursing home residents, emergency rooms, community health programs, etc. The Board commends those physicians for their willingness to continue to serve following "retirement," but recognizes that such service is not the complete

cessation of the practice of medicine and, therefore, must be joined with an undiminished awareness of professional responsibility. That responsibility means that such physicians must:

- Practice within their areas of professional competence.
- Prepare and keep medical records in accordance with good professional practice.
- 3. Maintain their competence through an active continuing medical education effort.
- 4. Assure that their health status allows them to practice safely and effectively.

The Board also reminds "retired" physicians with currently registered active licenses that all federal and state laws and rules relating to the practice of medicine and/or surgery apply to them, that the policy statements of the Board apply to all actively practicing physicians, and that they continue to be subject to the risk of liability for any medical and/or surgical acts they perform.

For those inactive physicians wishing to provide medical services to the indigent and needy citizens of our state, a special volunteer license is available which limits practice to a specific site(s) and practice setting(s) with no associated licensure or other fees. Physicians with a special volunteer license are not allowed to receive income for the provision of their medical and/or surgical services.

Academic License, Issuance Of

This policy and procedure for staff was approved by the Board at its October 22-24, 2001, meeting. It replaces the Academic Limited License Policy previously approved at the May 19-21, 1997, Board meeting.

Policy:

Section 40-47-80 of the 1976 Code of Laws of South Carolina, as amended, authorizes the Board to

Policies . . . Continued Page 7

SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION BOARD OF MEDICAL EXAMINERS

Final Orders and Other Actions • June 18, 2001 through November 21, 2001

Respondent/Location	Action/Date	Findings of Fact/(Sanction)	
Donnan, Samuel B., RCP Blythewood	Order of Conditional Reinstatement June 18, 2001	Affirmed his commitment to a life of sobriety. (License temporarily reinstated pending Final Order of the Board.) Engaged in dishonorable, unethical or unprofessional conduct that is likely to deceive, defraud or harm the public by his use of fraudulent means to obtain a controlled substance and his use of a false or fraudulent statement in a document connected to the practice of medicine. (Public reprimand and \$1,000 fine.)	
Schenkler, Mark A., M.D. Charleston	Final Order June 18, 2001		
Name Unpublished	Consent Order July 10, 2001	Practiced medicine after limited license had expired. (Private Reprimand and \$250 fine.)	
Name Unpublished	Consent Order July 11, 2001	Practiced medicine after limited license had expired. (Private Reprimand and \$250 fine.)	
Name Unpublished	Consent Order July 11, 2001	Practiced medicine after limited license had expired (Private Reprimand and \$250 fine.)	
Name Unpublished	Consent Order July 13, 2001	Practiced medicine after limited license had expired. (Private Reprimand and \$250 fine.)	
Name Unpublished	Consent Order July 24, 2001	Performed surgery that was not medically necessary, which led to patient's eventual demise. (Private Reprimand, \$1,000 fine and terms and conditions on license.)	
Name Unpublished	Order of Dismissal August 3, 2001	(Dismissed.)	
Name Unpublished	Order of Dismissal August 4, 2001	(Dismissed.)	
Gatchell, Keith C., M.D. Clinton	Final Order August 4, 2001	Was addicted to alcohol or drugs to such a degree as to render him unfit to practice medicine and did not provide competent medical service with compassion and respect for human dignity, as evidenced by a positive drug screen and his admission that he was impaired from the consumption of alcohol, in addition to medications he was taking, when he undertook the treatment of a patient. (Public Reprimand, \$1,000 fine and terms and conditions on license.)	
Madison, Shirley Ann, M.D. Aiken	Supplemental Final Order August 4, 2001	Sustained a physical or mental disability which renders further practice dangerous to the public; failed to respect the law; failed to respect the rights of her patients; engaged in dishonorable, unethical or unprofessional conduct that is likely to deceive, defraud or harm the public; and lacks the ethical or professional competence to practice medicine, as evidenced by her cutting her son's throat with a scalpel, the cutting of her own throat, the	

Orders ... Continued Page 5

Respondent/Location	Action/Date	Findings of Fact/(Sanction)	
Madison, Shirley Ann, M.D. (continued)		Certificate of Examination for Emergency Admission and the Application for Involuntary Emergency Hospitalization for Mental Illness (both documents being issued by physicians who examined the Respondent and found her to be a danger to herself and the public.) (Public Reprimand, \$10,000 fine, \$578.45 costs, indefinite suspension with terms and conditions for reinstatement.)	
Hayes, Joseph S., M.D. Greer	Order of Temporary Suspension August 6, 2001	Physician's conduct constitutes a serious threat to public health, safety or welfare. (License to practice medicine in this state is temporarily suspended.)	
Name Unpublished	Consent Order August 9, 2001	Practiced respiratory care after license had expired. (Private Reprimand and \$25 fine.)	
Name Unpublished	Order of Dismissal August 11, 2001	(Dismissed.)	
Name Unpublished	Interim Order August 11, 2001	Respondent did not provide competent medical service with compassion and respect for human dignity and failed to respect the rights of patients, as evidenced by his making inappropriate sexual remarks to patients during the course of providing mental health counseling. (Respondent must undergo evaluation, and once results are obtained, the Board will make a sanction determination.)	
Name Unpublished	Consent Order August 20, 2001	Practiced respiratory care without a license. (Private Reprimand and \$25 fine.)	
Korzep, Johanna May, M.D. Flatwoods, KY	Agreement August 22, 2001	Alcohol dependency. (License to practice medicine in South Carolina shall be placed in an inactive status.)	
Name Unpublished	Consent Order August 24, 2001	Practiced medicine after limited license had expired. (Private Reprimand and \$250 fine.)	
Name Unpublished	Consent Order September 12, 2001	Practiced respiratory care without a license. (Private Reprimand and \$25 fine.)	
Name Unpublished	Consent Order September 12, 2001	Practiced respiratory care without a license. (Private Reprimand and \$25 fine.)	
Name Unpublished	Consent Order September 12, 2001	Practiced respiratory care without a license. (Private Reprimand and \$25 fine.)	
McAbee, Melanie K., RCP Union	Order of Conditional Reinstatement September 24, 2001	Affirmed her commitment to obeying all laws pertaining to controlled substances. (License to practice respiratory care temporarily reinstated.)	
Name Unpublished	Consent Order September 26, 2001	Practiced respiratory care without a license. (Private Reprimand and \$25 fine.)	
Name Unpublished	Consent Order September 26, 2001	Practiced respiratory care without a license. (Private Reprimand and \$25 fine.)	

Orders . . . Continued Page 6

Respondent/Location	Action/Date	Findings of Fact/(Sanction)	
Ayers, Bobbie F., Jr., M.D. Charleston	Order of Reinstatement September 28, 2001	Paid \$10,000 fine required by Final Order. (License reinstated pursuant to the terms and conditions of the Board's Final Order dated June 29, 2000.)	
Hayes, Edward E., M.D. Conway	Order of Temporary Suspension September 28, 2001	Entered a plea of guilty to an information in Federal court on five counts of fraud through the US Mail. (License to practice medicine in this State is temporarily suspended.)	
Name Unpublished	Consent Order October 11, 2001	Practiced respiratory care without a license. (Private Reprimand and \$25 fine.)	
Hayes, Edward E., M.D. Conway	Order of Conditional Reinstatement October 12, 2001	Entered into a Corporate Integrity Agreement with the Office of Inspector General of DHHS and has engaged the services of an accounting firm to ensure compliance with all federal health care program requirements. (License to practice medicine in this state is temporarily reinstated.)	
Name Unpublished	Consent Order October 19, 2001	Practiced respiratory care after license had expired. (Private Reprimand and \$25 fine.)	
Woodward, D. Michael, M.D. Pawleys Island	Agreement to Relinquish License to Practice Medicine October 22, 2001	(License to practice medicine in the state of South Carolina relinquished forevermore.)	
Adler, Roger E., M.D. Manning	Supplemental Order on Remand October 22, 2001	Physician violated the principles of medical ethics in that the consensual sexual relationship with a former patient was inappropriate and a deviation from the generally recognized practices, which would be exercised by a competent physician in any field, and especially a psychiatrist. (License to practice medicine in South Carolina is revoked.)	
Name Unpublished	Final Order October 23, 2001	Physician's performance of surgery was outside the acceptable standard of care for general and pediatric surgery, in the absence of a documented emergency situation. (<i>Private Reprimand, \$506.25 costs, and terms and conditions of license.</i>)	
Name Unpublished	Final Order October 23, 2001	Classes, combinations and amounts of medication prescribed were not medically justified by patient records; physician failed to consider appropriate alternative therapies; failed to ensure an acceptable continuum of care; and failed to obtain a timely evaluation of patient by a specialist. (Private Reprimand and terms and conditions on license.)	
Name Unpublished	Consent Order November 9, 2001	Practiced respiratory care after license had expired. (Private Reprimand and \$25 fine.)	
Sugar, Darryl M., M.D. Seneca	Final Order November 9, 2001	Used fraudulent prescriptions to obtain controlled substances for personal use. (Public reprimand, \$5,000 fine, \$312.94 costs, and terms and conditions on license)	
Cox, Robert D., III, M.D. Greenville	Final Order November 14, 2001	Made inappropriate sexual remarks to patients during the course of providing mental health counseling. (Public Reprimand, \$5,000 fine, \$6,696.12 costs, and terms and conditions on license.)	
		Orders Continued Page 7	

Respondent/Location	Action/Date	Findings of Fact/(Sanction)	
Bolt, William F., M.D. Anderson	Modified Order on Remand November 14, 2001	Did not provide competent medical service by his failure to adequately document medical findings and treatment and his prescribing anorectic medications to one patient even though the patient did not meet the requirements for controlled anorectic use. (Public Reprimand, \$10,000 fine and terms and conditions on license.)	
Name Unpublished	Final Order November 21, 2001	Failed to provide competent, ethical and professional medical service. (<i>Private Reprimand, \$1,000 fine, \$2,008.66 costs, and terms and conditions on license.</i>)	
Name Unpublished	Consent Order November 21, 2001	Practiced respiratory care without a license. (Private Reprimand and \$25 fine.)	
Name Unpublished	Consent Order November 21, 2001	Practiced respiratory care without a license. (Private Reprimand and \$25 fine.)	
Name Unpublished	Consent Order November 21, 2001	Used a false statement in respiratory care practitioner renewal application concerning one hour of continuing education, which was not approved. (<i>Private Reprimand and \$25 fine.</i>)	

This report is only a brief summary of these matters. It does not purport to be a complete account of the Board's findings. The Board's complete factual and legal conclusions are contained in its Orders. These are available pursuant to the Freedom of Information Act by writing to the Board at P. O. Box 11289, Columbia, SC 29211-1289. A research and copying fee will be charged for each request.

Policies . . . from Page 3

issue limited licenses upon such requirements as may be set by the Board. Accordingly, Regulation 81-70 establishes the requirements for limited licenses. Faculty members of accredited medical schools in the state, primarily those faculty members trained outside the United States or Canada who have not heretofore had the opportunity to stand for national examination, are covered under the regulation and previously have been issued a Limited License for academic purposes. In recognition of the high academic positions of these licensees, the Board on October 24, 2001, approved the designation of "Academic License" on such licenses issued to qualified faculty members.

Pursuant to Reg. 81-70, each application will be considered individually by the full Board. It is specifically noted that authority to

issue such a license has not been delegated to Board staff. The Board will consider each request on a caseby-case basis.

Procedure:

The issuance of an Academic License is initiated by a written request from the dean of the medical school outlining the candidate's credentials, proposed role at the academic institution, and the reasons for requesting an exception to the usual course of permanent licensure. The candidate must meet the following requirements:

- The Academic License may be granted to an individual with the rank of associate professor or higher.
- 2. The individual must have established academic credentials and a

- compelling reason to be invited by the dean.
- The Academic License will be used only in the educational setting or in a training program associated with the medical school.
- 4. Use of the Academic License is limited to the designated practice site only. It is not for independent practice or "moonlighting" situations.

Because an Academic License is issued at the dean's request for his accommodation, the Board will hold the dean professionally responsible under Section 40-47-200(F)(5) for the Academic Licensee's compliance with the limitations of practice under an Academic License.

Medical Disciplinary Commission Has New Members

By peer election or by Board appointment (where there were no candidates in the District), the Board approved the following physicians to serve as new or reappointed members of the Medical Disciplinary Commission:

First District: Walter D. Leventhal, MD Leslie H. Pelzer. MD

Second District: Harry J. Metropol, MD Leslie M. Moats, MD

Third District: Gregory Tarasidis, MD Margaret H. Fitch, MD

Fourth District: Cecil L. Quattlebaum, MD Jeffrey K. Smith, MD Thomas M. Montagne, MD

Fifth District: Elaine B. Baxley, MD Gary R. Culbertson, MD

Sixth District: Mark A. Fox, MD Robert E. Turner. III. MD

At-Large: Arthur E. Jordan, MD Leonard E. Forrest, MD

Pre-Signed Prescription Blanks a Criminal Offense

The 1976 S.C. Code of Laws, as amended, § 44-53-395 "Prohibited Acts; Penalties," reads as follows:

- (A) It shall be unlawful:
- (1) for any practitioner to issue any prescription document signed in blank. The issuance of such document signed in blank shall be prima facie evidence of a conspiracy to violate this section. The possession of prescription document signed in blank by a person other than the person whose signature appears thereon shall be deemed prima facie evidence of a conspiracy between the possessor and the signer to violate the provisions of this section:
- (2) for any person other than a practitioner registered with the Department under this article to possess a blank prescription not completed and signed by the practitioner whose name appears printed thereon;
- (3) for any person to withhold the information from a practitioner that such person is obtaining controlled substances of like therapeutic use in a concurrent time period from another practitioner.
- (B) Any person who knowingly and intentionally violates this section a first time shall be deemed guilty of a misdemeanor and upon conviction shall be punished by a term of imprisonment for not more than two years or by a fine of not more than two thousand dollars, or both. Any person who knowingly and intentionally violates this section a second or subsequent time shall be deemed guilty of a felony and upon conviction shall be punished by a term of imprisonment for not more than five years.

Enforcement is under the jurisdiction of the Department of Health and Environmental Control (DHEC), Bureau of Drug Control.

Continuing Medical Education – Board Extends 2002 Audit Period

As of January 2000, all licensed South Carolina physicians applying for annual re-registration were to complete 40 hours of Category I approved continuing medical education (CME) by January 1, 2002. Because of the catastrophic events of September 11, 2001, the Board notes that physicians may be prevented from attending specific courses and seminars due to cancellations, rescheduling and travel difficulties. Therefore, the time period to obtain the required 40 hours CME due January 1, 2002, has been extended to January 1, 2003.



Board Appoints Advisory Committee

At the July 22, 2001, meeting, the Medical Board appointed six people to serve on the Anesthesiologist's Assistant Committee, which will serve as an advisory committee to the Board as established by the *Anesthesiologist's Assistant Practice Act* that became law May 29, 2001. The following nominees were appointed to the committee:

- Andrew Weisinger, MD (cardiovascular anesthesiologist), Columbia
- Terry Dodge, MD (anesthesiologist), Rock Hill
- Marshall A. White, MD (neurologist), Charleston
- Satish M. Prabhu (anesthesiologist) ex-officio Board member, Columbia
- Elizabeth S. Christensen (Community Representative), Aiken
- Holly Anderson (Community Representative), Sumter

The full committee will consist of nine members, with three licensed anesthesiologist's assistants to be appointed once they have established a minimum of three years patient care experience.

Board Elects New Officers

At its October 2001, meeting, the Board of Medical Examiners elected the following officers for 2002:

- Roger A. Ray, MD, a neurologist from Anderson, president.
- **Vera C. Hyman, MD**, a board-certified pathologist from Florence, vice president.
- **Timothy J. Kowalski, DO**, a board-certified psychiatrist and child psychiatrist from Columbia, secretary.

The Board is required to elect new officers annually, and while no term limits exist, officers typically serve terms of one or two years.

CDC Bulletins on Federation of State Medical Boards (FSMB) Web site

The Federation's Web site now carries links to information bulletins and weekly reports issued by the Center for Disease Control. This effort is to assist the CDC in distributing critical information to physicians throughout the United States. The October 19 report titled, "Recognition of Illness Associated with the Intentional Release of a Biologic Agent," is critical to physicians practicing in today's environment.

Federation Web site: www.fsmb.org CDC Web site: www.cdc.gov

Reimbursement for Expert Reviews Increased

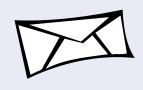
In October 2001, the Board approved an increase in the amount of reimbursement to physicians conducting reviews of medical records and testifying at hearings, which became effective November 1, 2001. This increase changed from \$75 per hour to \$100 per hour for review and testimony and from \$37.50 per hour to \$50 per hour for travel. The current mileage rate as set by the State is 34.5 cents per mile.

Change of Address? Notify the Board

The S.C. Medical Practice Act, Article 3, Section 40-47-450 states, in part, "...A physician who changes the address of his usual place of practice shall notify the Board within thirty days thereafter." (Emphasis added).

Notifying the Board promptly means you will receive important mail, e.g., your re-registration forms. It is the physician's responsibility to ensure the Board receives notification of an address change, not office staff. You can notify the Board of address changes in writing, by telephone or through our Web site. There is a link on the

Board homepage that takes you to an online address change form.





A Newsletter of the South Carolina Board of Medical Examiners South Carolina Department of Labor, Licensing and Regulation www.llr.state.sc.us/pol/medical

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THE EXAMINER

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