

**Awaiting Formal Approval  
MINUTES**

**UTAH  
PODIATRIC PHYSICIAN  
BOARD MEETING**

**April 10, 2013**

**Room 464 – 4<sup>th</sup> Floor – 8:30 A.M.  
Heber Wells Building  
Salt Lake City, UT 84111**

**CONVENED: 8:34 A.M.**

**ADJOURNED: 12:05 P.M.**

**Bureau Manager:  
Board Secretary:  
Compliance Assistant:**

Noël Taxin  
Karen McCall  
Debra Troxel

**Board Members Present:**

Francis J. Clark, DPM, Chairperson  
Gary R. Ridge, DPM  
Thomas G. Rogers, DPM  
Bryan Jackman  
Douglas C. Flegal, DPM

**Guests:**

Candace Daly, Association Executive  
Shirley Arnett, Mother-in-Law of Dr. Gulso

**DOPL Staff Present:**

Karl Perry, Assistant Attorney General  
Brittany Butsch, Investigator

**TOPICS FOR DISCUSSION**

**DECISIONS AND RECOMMENDATIONS**

**ADMINISTRATIVE BUSINESS:**

**MINUTES:**

The minutes from the October 25, 2012 Board meeting were read.

Dr. Rogers made a motion to approve the minutes with minor revisions. Dr. Flegal seconded the motion. **The Board vote was unanimous.**

**APPOINTMENTS:**

**8:45 am**  
Debra Troxel, Compliance Update

Ms. Troxel reported the following probationer is out of compliance with his Stipulation and Order:

- Dr. Kelly A. Gomez

She stated no supervisor report has been submitted since December, 2012. However, a report for January, February and March was received this morning.

**Ms. Taxin stated she contacted Dr. Nelson regarding his supervision of Dr. Gomez. She stated Dr. Nelson reported he met once in person with Dr. Gomez but had since not met at Dr. Gomez's office just spoke with him on the telephone. Ms. Taxin stated she explained he needs to meet weekly at Dr. Gomez's office, review charts randomly, he should speak with the staff and discuss with Dr. Gomez the issues that brought him to be on probation. She stated Dr. Nelson will be invited to meet at the July 17, 2013, Board meeting.**

**She requested the Board to ask about the telephonic supervision arrangement as it is in the Order that Dr. Gomez must meet in person with the supervisor.**

**Ms. Taxin reminded the Board that at the last meeting Dr. Gomez wanted to go to a therapist but the therapist could not conduct the polygraph test and the Board did not come back to that topic for a decision. She stated Dr. Gomez completed the polygraph test this week and the results will be discussed at the next meeting. She stated the Division does not have information at this time that would indicate substance use is an issue. Therefore, Ms. Taxin recommended the drug monitoring not be enforced at this time.**

**Ms. Taxin informed the Board that the office manager is no longer working with Dr. Gomez and they will need to ask about who his staff is, how he is working on his issues, who the chaperone is and remind him to get the paperwork submitted on time. She requested the Board to review the logs to be sure the medications are appropriate for a Podiatrist to prescribe and ask if any of the CSD list of patients are family, friends or office staff and ask what medical problems he is prescribing for. She stated the board could also request Dr. Gomez**

**bring some charts for the Board to review to be sure he is conducting a full assessment, charting and prescribing appropriately.**

**The Board noted it appears Dr. Gomez is prescribing for pain management.**

Ms. Troxel reported the following probationer is currently in compliance with his Stipulation and Order as much as possible for his initial appointment:

- Dr. Gregory J. Gulso

Ms. Troxel distributed Dr. Gulso's practice plan for review and stated Dr. Gary Green was temporarily pre-approved to supervise until the Board could review his resume and formally approve him.

**Ms. Taxin stated she spoke with Dr. Green and he understands he needs to meet at Dr. Gulso's office weekly and submit monthly reports. She suggested the Board clarify Dr. Gulso understands the conditions of his Order and review those he may not understand.**

**9:00 am**

Dr. Kelly A. Gomez, Probationary Interview

Dr. Clark conducted the interview.

Dr. Gomez reported he attended the PACE course in San Diego, California and it was one of the better courses he has attended. He stated they reviewed and discussed the ethics of what pain medication control is and how to assess patient functionality rather than pain function. He stated he and his staff now inquire how patients are functioning today as well as at work, events, etc. He stated he has referred some pain patients to Dr. Oakey but for others he discusses safer ways of treating including alternative methods instead of using medications.

**Board members asked if Dr. Gomez has pain/medication contracts with those patients he prescribes to for their pain.**

Dr. Gomez said he does not have one. Dr. Gomez reported he was on the list to take the New Jersey

PRIME course but has not heard from them since Hurricane Sandy.

**Ms. Taxin stated Dr. Gomez should contact the PRIME program again and be sure he is registered.**

**The Board recommended Dr. Gomez go to the PICA website as there is a complete pain medication contract on that site. They requested Dr. Gomez to review the Controlled Substance Database (CSD) and explain the high doses of medications prescribed and to explain the Testosterone prescription.**

Dr. Gomez reviewed the list and explained the medications are for ankle pain, arthritis, broken ankles, etc. He stated the Testosterone person is not his patient and he has never prescribed it for anyone. He stated he has had problems getting into the CSD so does not check it.

**The Board requested a CSD printout for the July 17, 2013 meeting to review how frequently Dr. Gomez checks it.**

**Dr. Clark stated each patient Dr. Gomez is treating for pain should on a drug contract as it is a protection for malpractice and for the safety of Dr. Gomez and the patients.**

**Ms. Taxin suggested Dr. Gomez review the packet given him at the PACE course as there should be recommended pain contracts in that packet.**

**Dr. Clark requested Dr. Gomez to explain the change in his office staff and who his chaperone is now.**

Dr. Gomez responded his office manager resigned and now Christie chaperones but if she is busy with other duties then his receptionist, Amber, who is Christie's step sister, chaperones. He stated they sign the chart when they chaperone.

**Ms. Taxin asked if Dr. Gomez does Podiatry**

**services on staff, family or friends. She stated she believes he should refer staff to other practitioners as the relationship should be employee and employer. She stated Dr. Gomez should establish boundaries and expectations on the employee relationship.**

Dr. Gomez responded he has not done any services officially for his employees.

**Dr. Clark asked why Dr. Gomez writes such high numbers of tablets for narcotics for a couple of patients.**

Dr. Gomez responded sometimes it is less expensive for the patient to purchase larger numbers. He stated he has been trying to reduce the numbers and requesting those patients to increase the number of office visits but a few patients receive these narcotics for chronic leg/foot pain.

**Dr. Clark reminded Dr. Gomez that managing chronic pain is not part of the practice of Podiatry and those patients should be referred to Dr. Oakey or another pain management specialist.**

**Dr. Ridge commented there are usually multiple medical problems when there is chronic pain and those patients should be referred out.**

**Dr. Clark asked how the supervision was arranged and what the supervision plan is.**

Dr. Gomez responded he makes copies of charts and takes them bimonthly on Fridays to Dr. Nelson to review. He stated Dr. Nelson calls him randomly and has dropped by a copy of times.

**Ms. Taxin stated she has contacted Dr. Nelson and reviewed the supervision requirements with him as the Order requires him to meet weekly. She stated he should review 20% of the charts that he has chosen at random then have discussion time regarding boundaries in the office, prescriptions, etc. Ms. Taxin stated the CSD report should be reviewed by Dr. Nelson and discussed with Dr.**

**Gomez and Dr. Nelson should give feedback on their appointments on his report so the Board does not have questions. She stated Dr. Nelson should have been informed about his office manager issues. She stated if Dr. Gomez may have to pay Dr. Nelson for his time as it takes a lot of time to supervise and review correctly.**

Dr Gomez responded he did speak with Dr. Nelson about the office manager.

**Dr. Clark made the following list for Dr. Gomez for his next appointment:**

- 1. Bring the charts of the two patients discussed today;**
- 2. Research the Testosterone prescription and report back to the Board;**
- 3. Write policies for patient care for prescribing and bring a copy;**
- 4. Bring a copy of his patient prescribing contract;**
- 5. Write office procedure and expectation policies for employees and bring signed copies; and**
- 6. Provide a copy of the DOPL CSD to Dr. Nelson to review and have him report in the supervisor's report.**

**Dr. Ridge asked if Dr. Gomez is in compliance with all other conditions of his Order.**

Dr. Gomez responded yes.

**Ms. Taxin recommended he read his Order to be sure he is meeting those conditions.**

Dr. Gomez asked if it is appropriate for him to contact Dr. Rogers to discuss his frustrations.

**Ms. Taxin responded if he has professional questions but if the relationship is too personal then Dr. Rogers may need to recuse himself when Dr. Gomez meets with the Board as it could be a conflict of interest.**

**The Board determined Dr. Gomez is out of compliance with his Order as supervision reports were not submitted as required.**

**An appointment was made for Dr. Gomez to meet again July 17, 2013.**

**9:20 am**

Dr. Gregory J. Gulso, Initial Probationary Interview

Board members, Division staff and Mrs. Arnett, Mother-in-Law to Dr. Gulso, were introduced.

Dr. Flegal conducted the interview.

**Dr. Flegal requested Dr. Gulso to briefly explain why he is here today and how he has changed his practice.**

Dr. Gulso responded he over prescribed narcotic medications to some patients. He stated he now is more thorough in his examinations and tries to work out a treatment plan for his patients. He stated he also limits his prescribing narcotic medications for surgery. Dr. Gulso distributed a copy of the controlled substance policy and contract for the Board to review. He stated the policy and contract are now part of the patient packet so they are aware and the contract must be signed. He stated he no longer calls in prescriptions and does not allow his staff to call them in. Dr. Gulso reported in February 2012, he attended the PACE course on prescribing and medical record keeping. He stated he also now coordinates his care with the Primary Care Practitioner especially if the patient is on pain medications so only one practitioner is writing the prescriptions. Dr. Gulso stated he also checks the DOPL CSD on first time patients or if he is doing surgery.

**Dr. Flegal asked what relationship Dr. Gulso has with the proposed supervisor, Dr. Green.**

Dr. Gulso responded he has no personal relationship with Dr. Green that it is professional. He stated he will start meeting formally with Dr. Green next week.

**Ms. Taxin explained she spoke with Dr. Green and he was of the understanding that they were to meet**

**after Dr. Gulso met today and received formal approval. She stated he needs to start meeting weekly at his office.**

Dr. Gulso responded he will contact Dr. Green. He asked what is required regarding the triplicate prescriptions if his nurse calls from the hospital to ask about prescribing medications. He stated this occurs infrequently.

**Dr. Clark responded he should not worry about the hospital prescriptions as those are infrequent and documented in the hospital patient chart, but he will be required to submit sequentially numbered triplicate prescriptions when prescribing from his office.**

**Following additional discussion it was determined Dr. Gulso is in compliance with his Stipulation and Order, that he has taken responsibility for his actions and has tried to make corrections.**

**Dr. Flegal stated the Board is here to assist Dr. Gulso in his probation as they want him to be successful.**

Dr. Gulso thanked the Board.

**An appointment was made for Dr. Gulso to meet again July 17, 2013.**

## **DISCUSSION ITEMS:**

Legislative Update

Ms. Taxin briefly reviewed the following Legislative Bills:

HB 48  
HB 51  
HB 120  
HB 135  
HB 375  
SB 77  
SB 214  
SB 270

**Ms. Daly explained a Bill went before the**

**Legislature in 2003 regarding the use of Podiatric Assistants but did not pass.**

**Dr. Ridge asked if a medical assistant, MA, is allowed to do nail care.**

Ms. Taxin stated the Podiatry Law does not specifically address MA's although the practice has been to use them. She stated the MA must be under the supervision of the Podiatrist, have knowledge and training.

**Ms. Daly suggested they also check their malpractice insurance to be sure there is nothing prohibiting the use of a MA. She stated she will continue to monitor the Legislation and report to Ms. Taxin if something comes up regarding Podiatry MA's. She stated she will also contact the UMA regarding including Physician Assistants.**

Ms. Taxin recommended Ms. Daly also contact Bob Bunnell of the Utah Physician Assistant Association.

She stated when the required 4 hours of CE on prescription drugs goes into effect and is available she believes an email or letter will be sent out. She stated ½ hour will count for the Division Prescribing tutorial and examination.

Ms. Taxin stated Tramadol was added to the controlled substance list.

**The Board thanked Ms. Taxin for the information.**

#### Electronic Prescribing

Ms. Taxin informed the Board of the electronic prescribing bill that passed last year and stated the Division put through Rules that address the issues. She reminded the Board that they must give their patients a choice of an electronic prescription or a hand written prescription. She stated the packet has a website Dr. Ramsey, DO, provided regarding free programs to be compliant with this requirement.

**The Board reviewed the information with no action taken.**

Review Board Survey Regarding Online  
Disciplinary Documents and Make a  
Recommendation

Following a review of the letter and information, Dr. Flegal made a motion to recommend number 1: "We believe disciplinary documents posted on DOPL's website should only be found through a search someone performs within DOPL's website. General internet searches shouldn't be allowed to display or embed disciplinary documents as a search result."

Dr. Ridge seconded the motion.

**The Board vote was unanimous.**

Podiatrists Desiring Endorsement

Ms. Taxin explained she received an inquiry regarding licensure in Utah from a licensed Podiatrist who has practiced many years in good standing in another State but has not completed the required 12 month residency and PM Lexis. Ms. Taxin read the Podiatric Physician Practice Act licensure requirements, 58-5a-302, and the endorsement requirements, 58-5a-305. She asked if the Board is of the opinion that some who has been licensed in good standing for many years should be considered for licensing.

**Mr. Perry then read the DOPL umbrella act for endorsement, 58-1-302, which states if the requirements were substantially equal to those of this state at the time of licensure, they would meet the endorsement requirements for licensure.**

**Following discussion, the Board determined if requirements for any applicant are substantially equal to those of Utah when they originally applied for licensure they would meet the requirements of endorsement and the application should be considered for approval but individually evaluated.**

FAQ's on Website

Ms. Taxin stated if there is something specific to Podiatry the Board may let her know and she will put it on the website.

**The Board reviewed the FAQ's information listed on the DOPL website with no requests for additional information.**

**Ms. Daly stated her phone number is listed on the DOPL Podiatry website and she refers callers to**

**the DOPL website and DOPL.**

2013 Board Meeting Schedule

The Board noted the following dates for the remainder 2013 Board meeting schedule: July 17 and October 2, 2013.

**CORRESPONDENCE:**

FDA – Required REMS Program for Serious Drug Risks Information

The Board reviewed the information and determined the Federal guidelines conflict with Utah Law and the form should not be given to patients unless it is revised to reflect Utah requirements, ie; responsible disposal of medications.

**NEXT MEETING SCHEDULED FOR:**

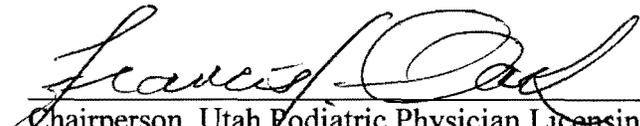
July 17, 2013

**ADJOURN:**

The time is 12:05 pm and the Board meeting is adjourned.

*Note: These minutes are not intended to be a verbatim transcript but are intended to record the significant features of the business conducted in this meeting. Discussed items are not necessarily shown in the chronological order they occurred.*

7/17/13  
Date Approved

  
Chairperson, Utah Podiatric Physician Licensing Board

4/17/13  
Date Approved

  
Bureau Manager, Division of Occupational & Professional Licensing

**Agenda**  
**UTAH**  
**PODIATRIC PHYSICIAN**  
**BOARD**

**April 10, 2013**

**Room 464 – 4<sup>th</sup> Floor – 8:30 am**  
Heber M. Wells Building  
160 E. 300 S. Salt Lake City, Utah

*This agenda is subject to change up to 24 hours prior to the meeting.*

**ADMINISTRATIVE BUSINESS:**

1. Call Meeting to Order
2. Sign Per Diem
3. Read and Approve the October 25, 2012 Minutes

**BUSINESS FROM PREVIOUS MEETING:**

**APPOINTMENTS:**

- 8:45 am** – Compliance Unit Update
- 9:00 am** – Dr. Kelly A. Gomez, Probationer, and Dr. Mark Nelson, Supervisor, Probationary Interview
- 9:20 am** – Dr. Gregory J. Gulso, Probationer, and His Supervising Podiatrist, Probationary Interview

**DISCUSSION ITEMS:**

- Legislative Update
- Electronic Prescribing
- 2013 Board Meeting Schedule: July 17 and October 2, 2013

**CORRESPONDENCE:**

- FDA – Required REMS Program for Serious Drug Risks Information

**NEXT SCHEDULED MEETING:**

July 17, 2013

**Note:** In compliance with the Americans with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during this meeting should notify, Carol Inglesby, ADA Coordinator, at least three working days prior to the meeting. Division of Occupational & Professional Licensing, 160 East 300 South, Salt Lake City, Utah 84115, 801-530-6628 or toll-free in Utah only 866-275-3675.

## 2<sup>nd</sup> Agenda

### UTAH PODIATRIC PHYSICIAN BOARD

April 10, 2013

Room 464 – 4<sup>th</sup> Floor – 8:30 am

Heber M. Wells Building  
160 E. 300 S. Salt Lake City, Utah

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**9:00 am** – Dr. Kelly A. Gomez, Probationer, and Dr. Mark Nelson,  
Supervisor, Probationary Interview

**9:20 am** – Dr. Gregory J. Gulso, Probationer, and Dr. Gary Green,  
Supervisor, Probationary Interview

#### **DISCUSSION ITEMS:**

- Legislative Update
- Electronic Prescribing
- Review Board Survey Regarding Online Disciplinary Documents and Make a Recommendation
- FAQ's on Website
- 2013 Board Meeting Schedule: July 17 and October 2, 2013

#### **CORRESPONDENCE:**

- FDA – Required REMS Program for Serious Drug Risks Information

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## 3<sup>rd</sup> Agenda

### UTAH PODIATRIC PHYSICIAN BOARD

April 10, 2013

Room 464 – 4<sup>th</sup> Floor – 8:30 am  
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- 9:20 am – Dr. Gregory J. Gulso Probationary Interview

#### DISCUSSION ITEMS:

- Legislative Update
- Electronic Prescribing
- Review Board Survey Regarding Online Disciplinary Documents and Make a Recommendation
- Podiatrists Desiring Endorsement
- FAQ's on Website
- 2013 Board Meeting Schedule: July 17 and October 2, 2013

#### CORRESPONDENCE:

- FDA – Required REMS Program for Serious Drug Risks Information

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July 17, 2013

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**58-82-101 (Effective 07/01/13). Title.**

This chapter is known as the "Electronic Prescribing Act."

**58-82-102 (Effective 07/01/13). Definitions.**

As used in this chapter:

- (1) "Drug" is as defined in Section 58-37-2.
- (2) "Electronic prescribing" means the electronic generation and transmission of a prescription between a practitioner and a pharmacy.
- (3) "Existing patient" means a person who a practitioner has:
  - (a) obtained information regarding, in the usual course of professional practice, that is sufficient to:
    - (i) establish a diagnoses;
    - (ii) identify conditions; and
    - (iii) identify contraindications to potential treatment; and
  - (b) accepted as a patient.
- (4) (a) "Federal controlled substance" means a drug or substance included in Schedules I, II, III, IV, or V of the federal Controlled Substances Act, Title II, P.L. 91-513, or any federal controlled substance analog.
  - (b) "Federal controlled substance" does not include:
    - (i) distilled spirits, wine, or malt beverages, as those terms are defined or used in Title 32B, Alcoholic Beverage Control Act, regarding tobacco or food;
    - (ii) any drug intended for lawful use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals, which contains ephedrine, pseudoephedrine, norpseudoephedrine, or phenylpropanolamine if the drug is lawfully purchased, sold, transferred, or furnished as an over-the-counter medication without prescription; or
    - (iii) dietary supplements, vitamins, minerals, herbs, or other similar substances including concentrates or extracts, which are not otherwise regulated by law, which may contain naturally occurring amounts of chemicals or substances listed in this chapter, or in rules adopted pursuant to Title 63G, Chapter 3, Utah Administrative Rulemaking Act.
- (5) (a) "Federal controlled substance analog" means a substance the chemical structure of which is substantially similar to the chemical structure of a controlled substance listed in Schedules I and II of the federal Controlled Substances Act, Title II, P.L. 91-513:
  - (i) which has a stimulant, depressant, or hallucinogenic effect on the central nervous system substantially similar to the stimulant, depressant, or hallucinogenic effect on the central nervous system of controlled substances in the schedules set forth in Subsection (4); or
  - (ii) which, with respect to a particular individual, is represented or intended to have a stimulant, depressant, or hallucinogenic effect on the central nervous system substantially similar to the stimulant, depressant, or hallucinogenic effect on the central nervous system of controlled substances in the schedules set forth in Subsection (4).

- (b) "Federal controlled substance analog" does not include:
- (i) a controlled substance currently scheduled in Schedules I through V of Section 58-37-4;
  - (ii) a substance for which there is an approved new drug application;
  - (iii) a substance with respect to which an exemption is in effect for investigational use by a particular person under Section 505 of the Food, Drug, and Cosmetic Act, 21 U.S.C. 355, to the extent the conduct with respect to the substance is permitted by the exemption;
  - (iv) any substance to the extent not intended for human consumption before an exemption takes effect with respect to the substance;
  - (v) any drug intended for lawful use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals, which contains ephedrine, pseudoephedrine, norpseudoephedrine, or phenylpropanolamine if the drug is lawfully purchased, sold, transferred, or furnished as an over-the-counter medication without prescription; or
  - (vi) dietary supplements, vitamins, minerals, herbs, or other similar substances including concentrates or extracts, which are not otherwise regulated by law, which may contain naturally occurring amounts of chemicals or substances listed in this chapter, or in rules adopted pursuant to Title 63G, Chapter 3, Utah Administrative Rulemaking Act.
- (6) "Pharmacy" is as defined in Section 58-17b-102.
- (7) "Practitioner" means an individual currently licensed, registered, or otherwise authorized by the state to prescribe and administer a drug in the course of professional practice.
- (8) "Prescription" is as defined in Section 58-37-2.

**58-82-201 (Effective 07/01/13). Electronic prescriptions -- Restrictions -- Rulemaking authority.**

- (1) Subject to the provisions of this section, a practitioner shall:
  - (a) provide each existing patient of the practitioner with the option of participating in electronic prescribing for prescriptions issued for the patient, if the practitioner prescribes a drug or device for the patient on or after July 1, 2012; and
  - (b) offer the patient a choice regarding to which pharmacy the practitioner will issue the electronic prescription.
- (2) A practitioner may not issue a prescription through electronic prescribing for a drug, device, or federal controlled substance that the practitioner is prohibited by federal law or federal rule from issuing through electronic prescribing.
- (3) A pharmacy shall:
  - (a) accept an electronic prescription that is transmitted in accordance with the requirements of this section and division rules; and
  - (b) dispense a drug or device as directed in an electronic prescription described in Subsection (3)(a).
- (4) The division shall make rules to ensure that:
  - (a) except as provided in Subsection (6), practitioners and pharmacies comply with this section;

(b) electronic prescribing is conducted in a secure manner, consistent with industry standards; and

(c) each patient is fully informed of the patient's rights, restrictions, and obligations pertaining to electronic prescribing.

(5) An entity that facilitates the electronic prescribing process under this section shall:

(a) transmit to the pharmacy the prescription for the drug prescribed by the prescribing practitioner however, this Subsection (5)(a) does not prohibit the use of an electronic intermediary if the electronic intermediary does not over-ride a patient's or prescriber's choice of pharmacy;

(b) transmit only scientifically accurate, objective, and unbiased information to prescribing practitioners; and

(c) allow a prescribing practitioner to electronically override a formulary or preferred drug status when medically necessary.

(6) The division may, by rule, grant an exemption from the requirements of this section to a pharmacy or a practitioner to the extent that the pharmacy or practitioner can establish, to the satisfaction of the division, that compliance with the requirements of this section would impose an extreme financial hardship on the pharmacy or practitioner.

## **R156. Commerce, Occupational and Professional Licensing.**

### **R156-1. Electronic Prescribing Act Rule.**

#### **R156-1-101. Title.**

This rule is known as the "Electronic Prescribing Act Rule."

#### **R156-1-103. Authority - Purpose.**

This rule is adopted by the Division under the authority of Subsection 58-1-106(1)(a) to enable the Division to administer Title 58, Chapter 82.

#### **R156-82-201. Security.**

(1) Practitioners and pharmacies who transmit and receive controlled substance prescriptions shall comply with 21 CFR 1311, dated April 1, 2012, which is adopted and incorporated by reference.

(2) Electronic prescribing for non-controlled substances shall be conducted in a secure manner, consistent with industry standards.

#### **R156-82-202. Informing Patients.**

(1) Practitioners shall fully inform their patients of their:

(a) rights;

(b) restrictions; and

(c) obligations pertaining to electronic prescribing.

#### **R156-82-203. Waiver.**

The Division may grant an exemption from the requirements in accordance with Subsection 58-82-201(6).

**KEY: licensing, electronic prescribing**

**Date of Enactment or Last Substantive Amendment: 2013**

**Authorizing, and Implemented or Interpreted Law: 58-1-106(1)(a); 58-82-101**

**R156. Commerce, Occupational and Professional Licensing.**

**R156-82. Electronic Prescribing Act Rule.**

**R156-82-101. Title.**

This rule is known as the "Electronic Prescribing Act Rule."

**R156-82-103. Authority - Purpose.**

This rule is adopted by the Division under the authority of Subsection 58-1-106(1)(a) to enable the Division to administer Title 58, Chapter 82.

**R156-82-201. Security.**

(1) Practitioners and pharmacies who transmit and receive controlled substance prescriptions shall comply with 21 CFR 1311, dated April 1, 2012, which is adopted and incorporated by reference.

(2) Electronic prescribing for non-controlled substances shall be conducted in a secure manner, consistent with industry standards.

**R156-82-202. Informing Patients.**

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(a) rights;

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(c) obligations pertaining to electronic prescribing.

**R156-82-203. Waiver.**

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**KEY: licensing, electronic prescribing**

**Date of Enactment or Last Substantive Amendment: March 11, 2013**

**Authorizing, and Implemented or Interpreted Law: 58-1-106(1)(a); 58-82-101**

# **ELECTRONIC PRESCRIBING ACT RULE**

**R156-82**

**Utah Administrative Code**

**Issued March 11, 2013**

Disclaimer: The statute/rule above is an unofficial version provided for convenience only and may not be identical to the official versions on the Utah State Legislature ([www.le.utah.gov](http://www.le.utah.gov)) and the Utah Division of Administrative Rules ([www.rules.utah.gov](http://www.rules.utah.gov)) websites.



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## E-prescribing

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Keith Ramsey <ramseydo@gmail.com>

Mon, Feb 25, 2013 at 1:58 PM

To: Noel Taxin <ntaxin@utah.gov>

Hi Noel

I was referred to a free e-prescribing website by Select Health. It is called Practice Fusion. I started using it a few weeks ago. I needed to buy a portable device to carry in the patient rooms, so I could do the e-prescribing in the room with them. I spent \$250 on a Chromebook and it works really well for that. I signed up for the eRX features on Practice Fusion. That took a couple of days. Their support was usually within a few minutes on every request and they were very helpful. We sent a file of our patients from our practice billing software and they populated those patients into the online, cloud database. I have been using the program for a few weeks and it has been working well. It takes a little longer than writing the prescriptions, but the patients really like it. There have been a few pharmacies call and say they didn't have the prescriptions, but almost always it works well.

There is no charge for the service. It cannot be used for controlled drugs yet, per the federal government. I just thought this would be helpful information for anyone else getting on board with the e-prescribing requirements. Maybe you could send this to the members of the boards.

Thanks,

Keith Ramsey

ramseydo@gmail.com



State of Utah  
Department of Commerce  
Division of Occupational and Professional Licensing

GARY R. HERBERT  
*Governor*

FRANCINE A. GIANI  
*Executive Director*

MARK B. STEINAGEL  
*Division Director*

Tuesday, October 30, 2012

**Subject: Board Survey of Online Disciplinary Documents**

Board \_\_\_\_\_

Dear Board Members,

Thank you for your service to DOPL, your profession, and the citizens of Utah.

**The purpose of this letter is to ask your opinion on a matter that a Utah State Legislature committee asked DOPL to consider with all of its affiliated licensing boards.**

Recently, the Legislature's Administrative Rules Review Committee expressed concern about whether DOPL should post its disciplinary documents in a way that restricts a person's ability to find them through a general internet search. For example, individuals could find the documents by searching within [dopl.utah.gov](http://dopl.utah.gov), but not through general search engines like Google, Yahoo, or Bing.

**We committed to ask the opinion of our DOPL advisory Boards.**

**We respectfully request that you recommend one of the following options by motion to DOPL:**

1. We believe disciplinary documents posted on DOPL's website should only be found through a search someone performs within DOPL's website. General internet searches shouldn't be allowed to display or embed disciplinary documents as a search result.
2. We believe disciplinary documents posted on DOPL's website should be searchable through DOPL's website and through general internet searches.
3. Neither option. Please explain.

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Thank you again for your consideration and time.

Sincerely,

Mark Steinagel

## Karen Mccall - Board Survey -- Disciplinary Documents

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**From:** Mark Steinagel <msteinagel@utah.gov>  
**To:** April Ellis <aprilellis@utah.gov>, Carolyn Elizabet Dennis <cedennis@utah.gov>, David Paul Furlong <dfurlong@utah.gov>, "Hobbins, Debra" <dhobbins@utah.gov>, "Inglesby, Carol" <cinglesby@utah.gov>, "Lesh, Kim" <kimlesh@utah.gov>, "Oborn, Richard" <roborn@utah.gov>, "Stewart, Sally" <sstewart@utah.gov>, "Taxin, Noel" <ntaxin@utah.gov>, "Taylor, David" <dbtaylor@utah.gov>, "Walker, Ray" <raywalker@utah.gov>  
**Date:** 10/30/2012 3:00 PM  
**Subject:** Board Survey -- Disciplinary Documents  
**CC:** Thad Levar <TLevar@utah.gov>  
**Attachments:** Discipline on Website.doc

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Hello Managers,

This email is primarily intended for those who staff boards.

Attached is a letter I would like you to discuss with each of your licensing boards WHEN they are scheduled to meet and IF they are scheduled to meet in the next six months. It is self-explanatory and requests each board to read the letter and consider a motion. Please take their recommendation and provide the completed letter to Carol. At the end of six months, Carol will provide those she has received to us for consideration.

Thank you. Let me know if you have any questions.

Mark

Patient Counseling Document on  
Extended-Release / Long-Acting Opioid Analgesics

Patient  
Name:

**The DOs and DON'Ts of  
Extended-Release / Long - Acting Opioid Analgesics**

**DO:**

- Read the **Medication Guide**
- Take your medicine exactly as prescribed
- Store your medicine away from children and in a safe place
- Flush unused medicine down the toilet
- Call your healthcare provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**Call 911 or your local emergency service right away if:**

- You take too much medicine
- You have trouble breathing, or shortness of breath
- A child has taken this medicine

**Talk to your healthcare provider:**

- If the dose you are taking does not control your pain
- About any side effects you may be having
- About all the medicines you take, including over-the-counter medicines, vitamins, and dietary supplements

**DON'T:**

- **Do not** give your medicine to others
- **Do not** take medicine unless it was prescribed for you
- **Do not** stop taking your medicine without talking to your healthcare provider
- **Do not** break, chew, crush, dissolve, or inject your medicine. If you cannot swallow your medicine whole, talk to your healthcare provider
- **Do not** drink alcohol while taking this medicine

For additional information on your medicine  
go to: [dailymed.nlm.nih.gov](http://dailymed.nlm.nih.gov)

Patient Counseling Document on  
Extended-Release / Long-Acting Opioid Analgesics

Patient  
Name:

Patient Specific Information

JAN 31 2013

**Take this card with you every time you see your  
healthcare provider and tell him/her:**

- Your complete medical and family history, including any history of substance abuse or mental illness
- The cause, severity, and nature of your pain
- Your treatment goals
- All the medicines you take, including over-the-counter (non-prescription) medicines, vitamins, and dietary supplements
- Any side effects you may be having

**Take your opioid pain medicine exactly as  
prescribed by your healthcare provider.**

January 2013

## FDA-Required REMS Program for Serious Drug Risks

**Subject: Availability of Risk Evaluation and Mitigation Strategy (REMS)-compliant training under the REMS for all extended-release/long-acting opioid analgesic drug products.**

Dear **UTAH OSTEOPATHIC PHYSICIANS & SURGEONS LICENSING BOARD:**

Extended-release and long-acting (ER/LA) opioid analgesics<sup>1</sup> are approved for the management of chronic moderate-to-severe pain in the U.S., and can be safe and effective in appropriately selected patients when used as directed. However, opioid analgesics are also associated with serious risks and are at the center of a major public health crisis of increased misuse, abuse, addiction, overdose, and death. The U.S. Food and Drug Administration (FDA) determined that a Risk Evaluation and Mitigation Strategy (REMS) was necessary to ensure that the benefits of ER/LA opioid analgesics continue to outweigh the risks of adverse outcomes (addiction, unintentional overdose, and death) resulting from inappropriate prescribing, abuse, and misuse.

Several months ago, you received a letter announcing the REMS for all ER/LA opioid analgesic drug products, which explained that the principal components of this REMS are:

- a) Prescriber training on all ER/LA opioid analgesics,
- b) the *Patient Counseling Document on Extended-Release/Long-Acting Opioid Analgesics* (PCD), and
- c) a unique Medication Guide for each ER/LA opioid analgesic drug product.

### REMS-compliant Training Programs

The purpose of this letter is to provide notification of the upcoming availability of REMS-compliant training on ER/LA opioid analgesics – provided at a nominal to no cost to prescribers. REMS-compliant training is a critical component of the ER/LA Opioid Analgesics REMS program and constitutes essential safety education for prescribers. *REMS-compliant training* will: (a) be delivered by accredited CE providers; (b) cover all elements of the FDA Blueprint for Prescriber Education for Extended-Release and Long-Acting Opioid Analgesics (“FDA Blueprint”); (c) include a post-course knowledge assessment; and (d) be subject to independent audit of content and compliance with applicable accrediting standards.

REMS-compliant training will focus on the safe prescribing of ER/LA opioid analgesics. The FDA developed core messages to be communicated to prescribers in the FDA Blueprint, which will be used by accredited CE providers to design and deliver REMS-compliant training courses. The FDA Blueprint is available at <http://www.fda.gov/downloads/Drugs/DrugSafety/InformationbyDrugClass/UCM277916.pdf>

The core messages include:

- Understand how to assess patients and determine which may be appropriate for treatment with ER/LA opioid analgesics.
- Be familiar with how to initiate therapy, modify dose, and discontinue use of ER/LA opioid analgesics.
- Be knowledgeable about how to manage and monitor ongoing therapy with ER/LA opioid analgesics.
- Know how to counsel patients and caregivers about the safe use of ER/LA opioid analgesics, including proper storage and disposal.
- Be familiar with general and product-specific drug information concerning ER/LA opioid analgesics.

REMS-compliant training for prescribers also includes information on weighing the benefits and risks of opioid therapy and how to recognize evidence of, and the potential for, opioid misuse, abuse, addiction, and overdose. REMS-compliant training may also be offered by academic institutions or learned societies independent of REMS-related funding. We encourage you to successfully complete REMS-compliant training from an accredited CE provider to improve your ability to prescribe these medications more safely.

<sup>1</sup> **The branded and generic drug products subject to this REMS include all:** a) extended-release, oral-dosage forms containing: hydromorphone, morphine, oxycodone, oxymorphone, or tapentadol; b) fentanyl and buprenorphine-containing transdermal delivery systems; and c) methadone tablets and solutions that are indicated for use as analgesics.

## **Requested Action**

We ask you to encourage your licensees to successfully complete REMS-compliant training to improve their ability to prescribe these medications more safely. Under the REMS, prescribers are **strongly encouraged** to do **all** of the following:

- **Train (Educate Themselves)** — Complete REMS-compliant training offered by an accredited provider of continuing education (CE) for their discipline.
- **Counsel Their Patients** — Discuss the safe use, serious risks, storage, and disposal of ER/LA opioid analgesics with patients and their caregivers every time you prescribe these medicines. Use the enclosed *Patient Counseling Document on Extended-Release/Long-Acting Opioid Analgesics* (PCD) to facilitate these discussions. Prescribers can re-order or print additional copies of the PCD from [www.ER-LA-opioidREMS.com](http://www.ER-LA-opioidREMS.com).
- **Emphasize Patient and Caregiver Understanding of the Medication Guide** — Stress to patients and their caregivers the importance of reading the Medication Guide that they will receive from their pharmacist every time an ER/LA opioid analgesic is dispensed to them, as information may have changed.
- **Consider Using Other Tools** — In addition to the PCD, there are other publicly-available tools to improve patient, household, and community safety when using ER/LA opioids, as well as compliance with conditions of treatment, including Patient-Prescriber Agreements (PPAs) and risk assessment instruments.

A listing of REMS-compliant training funded under this REMS appears on [www.ER-LA-opioidREMS.com](http://www.ER-LA-opioidREMS.com).

## **Adverse Event Reporting**

To report all suspected adverse reactions associated with the use of the ER/LA opioid analgesics, contact:

- the pharmaceutical company that markets the specific product, or
- the FDA MedWatch program:
  - by phone at 1-800-FDA-1088 (1-800-332-1088) or
  - online at [www.fda.gov/medwatch/report.htm](http://www.fda.gov/medwatch/report.htm)

More information about this REMS can be obtained at: [www.ER-LA-opioidREMS.com](http://www.ER-LA-opioidREMS.com) or by calling the ER/LA Opioid Analgesic REMS Call Center at 1-800-503-0784.

Sincerely,

*The ER/LA Opioid Analgesic Companies*



## Frequently Asked Questions

### General Information

#### ▼ What does "DOPL" stand for?

Division of Occupational and Professional Licensing — DOPL

- ▶ What are DOPL's office hours?
- ▶ What is DOPL's e-mail address?
- ▶ What are DOPL's phone numbers?
- ▶ What are DOPL's FAX numbers?
- ▶ What is DOPL's street address?
- ▶ What is DOPL's mailing address?
- ▶ How do I get to your offices by vehicle?
- ▶ Where can I park at your building?
- ▶ How do I get to your offices by bus?
- ▶ How do I get to your offices by TRAX?
- ▶ I need to send a payment to DOPL. Who do I make my check out to?
- ▶ Does DOPL accept payment by debit or credit card?
- ▶ Can you tell me if you have received any complaints on someone?
- ▶ How do I register my business/business name?
- ▶ How do I make a complaint about a licensee or an unlicensed individual practicing in a regulated occupation or profession?
- ▶ How can I become a member of a professional licensing board or commission?
- ▶ Where can I find information about GRAMA and obtain a GRAMA form?
- ▶ Where can I find the Amendments to the building codes?

### General Information for DOPL Licensees and Applicants

- ▶ What occupations, professions, or businesses need to apply with DOPL?
- ▶ Where can I obtain an application for licensure?
- ▶ Where can I obtain copies of the statutes and rules?
- ▶ Do I have to complete the entire application?
- ▶ Why do I have to submit my Social Security Number on the application?
- ▶ Am I required to submit official transcripts, or can I submit copies?
- ▶ If I choose to withdraw my application will you refund the fees I paid?
- ▶ Once I submit my application, can I work until I get my license from DOPL?
- ▶ How long does it take for DOPL to process my application?
- ▶ How long will you keep supporting documents without submitting an application for licensure?
- ▶ Can I get a temporary license?
- ▶ How do I get a verification of licensure verification, certification, or letter of good standing?
- ▶ Is it possible to get a license verification by mail instead of online?
- ▶ How long does it take for my verification, certification, or letter of good standing of my Utah License to be sent to another state?
- ▶ Will a current copy of my license in another state work as a verification of licensure?
- ▶ Is there any way I can get my license sooner?
- ▶ How can I determine if my application is approved?
- ▶ My license was approved, so why haven't I received the certificate in the mail?
- ▶ How do I get a written verification of licensure or a custodian of record?
- ▶ How can I obtain a duplicate copy of my license?
- ▶ When do I renew my license?
- ▶ My license was up for renewal, but it expired. Why didn't you contact me?
- ▶ Can I inactivate my professional license?