MINUTES

North Carolina Medical Board

March 26-28, 2008

1203 Front Street
Raleigh, North Carolina

Minutes of the Open sessions of the North Carolina Medical Board Meeting held March 26-28, 2008.

The March 26-28, 2008, meeting of the North Carolina Medical Board was held at the Board's Office, 1203 Front Street, Raleigh, NC 27609. The meeting was called to order at 8:10 a.m., Wednesday, March 26, 2008, by Janelle A. Rhyne, MD, President. Board members in attendance were: George L. Saunders, III, MD, President Elect; Ralph C. Loomis, MD, Secretary; Donald E. Jablonski, DO, Treasurer; Ms. Pamela Blizzard; Thomas R. Hill, MD; Janice E. Huff, MD; Ms. Thelma Lennon; John B. Lewis, Jr., LLB; H. Arthur McCulloch, MD; Peggy R. Robinson, PA-C; and William A. Walker, MD. Also present were Mr. David Henderson, Executive Director and Mr. Thom Mansfield, Board Attorney.

MISCELLANEOUS:

Presidential Remarks

Dr. Rhyne commenced the meeting by reading from Governor Easley's Executive Order No. 1, the "ethics awareness and conflict of interest reminder." No conflicts were reported.

Mr. Hari Gupta, Director of Operations, introduced Ms. Maureen Bedell as the new Executive Assistant/Verifications Coordinator. She began working for the NC Medical Board on March 10, 2008.

Executive Director's Announcements

Mr. David Henderson gave an overview of the FSMB meeting in Texas on May 1-3, 2008. He stated everyone involved will be in attendance.

David let everyone know that Dr. Pendergast sent a thank you email regarding the voluntary donations to the PHP by Board licensees during annual registration. The licensees are offered the opportunity to make a voluntary contribution along with payment of the annual registration fee. Those contributions have been totaling about $6-7K a month.

Legal Director's Announcements

Mr. Thom Mansfield handed out the draft rules for the online profile. A brief discussion followed. The motion was then approved.

Subchapter 32W – Practitioner Profile Information

21 NCAC 32W .0101 Required information.

A. Pursuant to N.C. Gen. Stat. § 90-5.2, all physicians and physician assistants licensed by the Board shall provide the following information on an application for licensure and annual registration. Additionally, all physicians and physician assistants shall provide the following information within 30 days of any change in the information on the profile:

(1) The names of all medical, osteopathic, or physician assistant schools attended and the year of graduation.
(2) Any graduate medical or osteopathic education at any institution approved by the Accreditation Council of Graduate Medical Education, the Committee for the Accreditation of Canadian Medical Schools, the American Osteopathic Association, or the Royal College of Physicians and Surgeons of Canada or any graduate physician assistant training.
(3) Any specialty board certification and whether that board is approved by the American Board of Medical Specialties, the Bureau of Osteopathic Specialists of American Osteopathic Association, or the Royal College of Physicians and Surgeons of Canada.
(4) Specialty area(s) of practice.
(5) Current hospital affiliation(s).
(6) Address and telephone number of the primary practice setting.
(7) An e-mail address or facsimile number which shall not be made available to the public and shall be used for the purpose of expediting the dissemination of information about a public health emergency.
(8) Any final disciplinary order or other action required to be reported to the Board pursuant to G.S. 90-14.13 that results in a suspension or revocation of privileges.
(9) Any final disciplinary order or action of any regulatory Board or agency including other state medical Boards, the United States Food and Drug Administration, the United States Drug Enforcement Administration, Medicare, the North Carolina Medicaid program, or another state's Medicaid program.
(10) Any felony convictions including the date of the conviction, the nature of the conviction, the jurisdiction in which the conviction occurred, and the sentence imposed.
(11) Any misdemeanor convictions other than minor traffic offenses. The report must include the nature of the conviction, the jurisdiction in which the conviction occurred, and the punishment imposed. A person shall be considered convicted for purposes of this rule if they pled guilty, were found guilty by a court of competent jurisdiction, or entered a plea of nolo contendere. Certain convictions will be published pursuant to 21 NCAC 32W .0104.
(12) Any medical license, active or inactive, granted by another state or country.
(13) Malpractice payment information as described in 21 NCAC 32W .0103.

21 NCAC 32W .0102 Voluntary information.

Physicians and Physician Assistants may provide additional information on hours of continuing education earned, subspecialties obtained, academic appointments, volunteer work in indigent clinics, and honors or awards received.

21 NCAC 32W .0103 Reporting of medical malpractice judgments and settlements.

A. Pursuant to N.C. Gen. Stat. §§ 90-5.2 and 90-14.3, all physicians and physician assistants licensed by the Board shall report all medical malpractice judgments and settlements affecting or involving the physician or physician assistant on an application for licensure and annual registration. Additionally, all physicians and physician assistant licensed by the Board shall report all medical malpractice judgments and settlements affecting or involving the physician or physician assistant within 30 days of the initial payment or the date of the judgment. A judgment or settlement shall include a lump sum payment or the first payment of multiple payments, a payment made from personal funds, or payment made by a third party on behalf of a physician or physician assistant.

B. Each report of a settlement or judgment shall indicate:

(1) The date the judgment or settlement was paid.
(2) The specialty in which the doctor was practicing at the time the incident occurred that resulted in the judgment or settlement.
(3) The total amount of the judgment or settlement in United States dollars.
(4) The city, state, and country in which the judgment or settlement occurred.
(5) The date of the occurrence of the events leading to the judgment or settlement.

C. For each physician or physician assistant, the Board shall publish all payments made or judgments entered within the past seven years along with the date of the occurrence associated with the payment or judgment and the date of the payment or judgment. Additionally, the Board shall publish whether public disciplinary action was taken based on the Board's review of the care that led to the malpractice payment. The Board shall not release or publish the individually identifiable numeric values of reported judgments or settlements or the identity of the patient associated with the judgment or settlement.

D. For each malpractice payment or judgment that is published, the physician or physician assistant will be given the opportunity to provide a brief statement explaining the circumstances that led to the payment or judgment. The physician or physician assistant shall not publish identifiable numeric values of reported judgments or settlements or disclose the patient's identity, including information relating to dates and places of treatment or any other information that would tend to identify the patient. In the event the statement provided by the licensee does not conform to the requirements of this rule, the Board will edit such statements to ensure conformity.

21 NCAC 32W .0104 Publishing Misdemeanor Convictions

The Board will only publish those misdemeanor convictions involving offenses against a person, offenses of moral turpitude, offenses involving the use of drugs or alcohol, and violations of public health and safety codes. The Board will publish such convictions for a period of ten years from the date of conviction.

21 NCAC 32W .0105 Noncompliance or falsification of profile information.

A. Pursuant to N.C. Gen. Stat. §90-5.2(d), failure to provide the information required by 21 NCAC 32W .0101 and 21 NCAC 32W .0103 within 30 days of the request for information by the Board or within 30 days of a change in the information on the profile may constitute unprofessional conduct and may subject the licensee to disciplinary action by the Board.

B. Pursuant to N.C. Gen. Stat. §90-14(a)(3) and 90-5.2(d), providing false information to the Board for the physician profile system shall constitute unprofessional conduct and shall subject the licensee to disciplinary action by the Board.

MINUTE APPROVAL

Motion: A motion passed that the January 16, 2008 Board Minutes are approved as presented.

ATTORNEY'S REPORT

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

Written reports on 153 cases were presented for the Board's review. The specifics of the non-public matters in this report are not included.

A motion passed to return to open session.

EXECUTED CASES

PUBLIC ACTIONS

Alvarado, Teresa Lois MD
Consent Order executed 01/18/2008

Ashraf, Muhammad MD
Re-Entry Agreement executed 03/05/2008

Bethel, Bradley Hutch MD
Non-Disciplinary Consent Order executed 1/25/08

Blair, Ellen Kay MD
Re-Entry Agreement executed 01/22/2008

Bobbitt, William Haywood MD
Notice of Charges and Allegations; Notice of Hearing executed 3/14/08

Bray, Anthony David MD
Findings of Fact, Conclusions of Law and Order of Discipline executed 1/18/08

Campbell, Jeffrey Paul MD
Order Terminating Consent Order executed 2/12/08

Coffman, Donald Ralph MD
Voluntary Surrender and Surrender Acknowledgement letter executed 1/23/2008

Collins, Paul Dwayne MD
Consent Order executed 02/08/2008

Cooper, Joseph Litton MD
Notice of Charges and Allegations; Notice of Hearing executed 1/22/08

Davidson, Andrew MD
Public Letter of Concern executed 2/8/08

Dickson, Robert Trulock MD
Consent Order executed 03/05/2008

Dillon, Savtanter Singh MD
Consent Order executed 02/14/2008

Dillow, Michael Lee PA
Consent Order executed 2/29/08

Eaton, Lynne Antoinette MD
Consent Order executed 3/6/08

Gaston, Johnny Eugene MD
Consent Order executed 2/18/08

Gernert, John O'Dell MD
Final Order executed 1/23/08 and PUBLOC executed 2/6/08

Glaesner, Edward Julian NP
Consent Order executed 01/18/2008

Goldwasser, Harry David MD
Notice of Charges and Allegations; Notice of Hearing executed 3/4/08

Guha, Subrata MD
Public Letter of Concern executed 03/25/2008

Hambleton, Scott Lewis MD
Termination of Consent Order executed 02/08/2008

Harihan, Thomas Francis PA
Consent Order (Non-Disciplinary) executed 02/26/2008

Howard, Charles Dewayne MD
Notice of Dismissal executed 1/22/08

Johnson, Earlie Thomas MD
Public Letter of Concern executed 03/14/2008

Johnson, Maxwell Kenneth MD
Consent Order executed 2/26/08

Jonas, Dannie Burton PA
Notice of Charges and Allegations; Notice of Hearing executed 01/29/2008

Khayata, Mazen H. MD
Notice of Charges & Allegations; Notice of Hearing executed 2/11/08

Khot, Prakash Nilkanth MD
Notice of Charges and Allegations; Notice of Hearing executed 03/07/2008

Kilfoil, Mary Martha MD
Public Letter of Concern executed 2/29/08

Kotzen, Rene Marlon MD
Public Letter of Concern executed 03/05/2008

Krzyzaniak, Raymond Leonard MD
Order Terminating Consent Order executed 2/7/08

Lincoln, Michael Scott MD
Consent Order executed 2/20/08

Liu, Yong Jian MD
Notice of Charges and Allegations; Notice of Hearing executed 02/14/2008

Mbadiwe, Chukwuemeka Felix MD
Finding of Fact, Conclusions of Law and Order of Discipline executed 2/21/08

McAlister, Linda Theresa MD
Notice of Charges and Allegations; Notice of Hearing executed 3/18/2008

McGhee, James Ernest MD
Consent Order executed 01/18/2008

McIntosh, Margaret Gloria MD
Consent Order executed 1/18/08

Miralles, Gines Diego MD
Consent Order executed 03/06/2008

Moclock, Michael Anthony MD
Amended Consent Order executed 1/25/08

Morgan, Elizabeth Sarah MD
Consent Order executed 02/04/2008

Mullen, Joseph Patrick MD
Public Letter of Concern executed 02/20/2008

Munching, Aaron Albert PA
Public Letter of Concern executed 03/24/2008

Murray, Susan Ann PA
Findings of Fact, Conclusions of Law & Order of Discipline executed 2/28/08

Njapa, Anthony Kechante MD
Notice of Charges & Allegations; Notice of Hearing executed 2/27/08

Onyekaba, Igwebuike MD
Notice of Charges and Allegations; Notice of Hearing executed 3/4/08

Pendergraft, James Scott MD
Amended Notice of Charges & Allegations; Notice of Hearing executed 3/4/08

Quillen, Rocky C. PA
Consent Order executed 2/20/08

Ramsey, Gary Griffin
Denial of Licensure executed 02/04/2008

Rea, Gary Lynn MD
Notice of Charges and Allegations; Notice of Hearing executed 2/6/08

Robinson, Lindwood Allen MD
Consent Order executed 3/3/08

Rosenberg, Mark Robert MD
Consent Order executed 02/20/2008

Ruff, Ronnie Harry MD
Termination Order executed 1/31/08

Scotti, Stephen Douglas RTL
Consent Order executed 02/07/2008

Sessoms, Rodney Kevin MD
Consent Order executed 2/21/08

Seymour, John Christopher Campbell MD
Re-Entry Agreement executed 03/26/2008

Sirois, Cindy Nguyen MD
Consent Order executed 2/21/08

Smith, Barbara Hollandsworth MD
Consent Order executed 02/19/2008

Smith, Gregory Eugene PA
Order of Suspension executed 01/31/2008

Strother, Eric Furman MD
Consent Order executed 2/20/08

Titus, Peter Michael PA
Findings of Fact, Conclusions of Law & Order of Discipline executed 2/21/08

Tompkins, Kenneth James MD
Consent Order executed 2/11/08

Weber, Jeffrey Alan PA
Consent Order executed 2/28/08

PROPOSED CONSENT ORDERS PRESENTED

Tysinger, John Reed MD
Greensboro, NC
DATE OF BIRTH: 03/23/1945
SPECIALTY: ;
CASE NUMBER: 2006-0929

Board Attorney: Brian Blankenship

3/2008 BOARD ACTION: Amend previous order by allowing PHP to do evaluation instead of Dr. Pfifferling evaluation. MD will follow recommendations of PHP

Lemaire, Pierre-Arnaud Paul MD
Wilson, NC
DATE OF BIRTH: 03/24/1960
SPECIALTY: General Surgery; Vascular Surgery
CASE NUMBER: 2006-2337

Board Attorney: Marcus Jimison
Opposing Counsel: Alan Schneider

3/2008 BOARD ACTION: Reject proposed Consent Order

Watts, Larry Thomas MD
Charlotte, NC
DATE OF BIRTH: 08/07/1961
SPECIALTY: Pediatric Surgery;
CASE NUMBER: 2007-1844

Board Attorney: Marcus Jimison
Opposing Counsel: Alan Schneider

3/2008 BOARD ACTION: Accept proposed Consent Order

O'Dell, Kevin Bruce MD
Gastonia, NC
DATE OF BIRTH: 06/04/1957
SPECIALTY: Emergency Medicine;
CASE NUMBER: 2007-0222

Board Attorney: Todd Brosius

3/2008 BOARD ACTION: Accept proposed Consent Order

Hyman, Miles Donald MD
Franklin, NC
DATE OF BIRTH: 08/12/1938
SPECIALTY: Anesthesiology Pain Management; Alcohol and Drug Abuse
CASE NUMBER: 2005-943

Board Attorney: Todd Brosius

3/2008 BOARD ACTION: Accept proposed Consent Order

Executive Committee Report

The Executive Committee of the North Carolina Medical Board was called to order at 10:40 am, Wednesday March 26, 2008 at the offices of the Board. Members present were: Janelle A. Rhyne, MD, Chair; Donald E. Jablonski, DO; Ralph C. Loomis, MD; and Harlan A. McCulloch, MD. Also present were R. David Henderson (Executive Director), Hari Gupta (Director of Operations), and Peter T. Celentano, CPA (Comptroller).

Financial Statements

Mr. Celentano, CPA, presented the January 2008 compiled financial statements. January is the end of the first quarter of fiscal year 2008.

Mr. Celentano reviewed with the Committee the Board's current cash position and the amount on the Balance Sheet as of January 31, 2008. The Statement of Cash Flows was reviewed and accepted as presented. Mr. Celentano also reviewed with the Committee the results of operations for the first three months of fiscal year 2008. The Board's year to date income and expenses are on track with the amount budgeted for fiscal year 2008. Dr. Jablonski made a motion to accept the financial statements as reported. Dr. McCulloch seconded the motion and the motion was approved unanimously.

Old Business

Changes to Investment Policy: Mr. Celentano reviewed with the Committee a copy of the Investment Policy approved by the Executive Committee in the past. The staff recommended changes to the Investment Policy some of which are based on recommendations made by our audit firm, Koonce, Wooten & Haywood, CPA's. A copy of the policy with proposed changes was presented. Dr. McCulloch made a motion to accept the Investment Policy with changes drafted by the staff. Dr. Jablonski seconded the motion and the motion was approved unanimously.

BB&T Investment Policy: Mr. Celentano reviewed with the Committee a proposed Investment Policy Statement drafted by our current investment managers at BB&T. The purpose of this investment policy is to establish a framework under which BB&T will manage the assets held in the Board's investment account. . Dr. Jablonski made a motion to accept the Investment Policy Statement as written and to have the members of the Executive Committee sign the document. Dr. McCulloch seconded the motion and the motion was approved unanimously.

Online Renewals: Mr. Henderson updated the Committee on the online registration renewal process. The staff proposed the Board adopt a policy that will require licensees to renew their license online beginning in May 2009. The delayed effective date will give everyone notice of the change by adding language to all renewal notices between now and then. The staff also proposed the Board adopt a policy for online renewals that require staff to e-mail the licensee an electronic copy of the

renewal certificate and wallet card instead of printing and mailing the renewal certificate and wallet card. By adopting these policies, the Board will save thousands of dollars in printing and postage costs and substantial staff time. Mr. Henderson also reviewed with the Committee two new features which have been or will be implemented. First, all licensees can now print a receipt which can be used to obtain reimbursement from their practice/employer. Second, in the near future, licensees will be able to request that their renewal notice be sent by e-mail. Dr. Rhyne made a motion to allow the staff to make the changes stated to the online renewal process. Dr. Jablonski seconded the motion and the motion was approved unanimously.

New Business

Complainant Letter and New Policy re: Access to Physician's Response to Complaints: Last year, the Legislature added 90-16(e1) to the Medical Practice Act which states "The Board shall inform the complainant of the disposition of the Board's inquiry into the complaint and the Board's basis for that disposition." In cases where the Board issues a private letter of concern, the issue is whether the letter to the complainant should specify that a letter of concern was sent or simply state "appropriate action was taken." The committee voted to refer this matter to the full Board for discussion.

BOARD ACTION: When an appropriate action letter is sent by the Complaint or Investigative Departments the complainant will be informed of the Board's disposition of the case, ie., Letter of Concern or informal meeting, (contents of letter/meeting is private). Licensee will also be made aware that the complainant was made aware that he/she received a letter of concern.

Recommendation from Legal Dept. re: Board Meeting Dates: Mr. Thomas Mansfield, Director of the Legal Dept., reviewed with the Committee a proposal to reduce the number of times each Board member attends the Board meetings set aside for hearings by utilizing hearing panels to conduct all contested case hearings. Each even-numbered hearing month the Board President and three other Board members (including one Public Member) would come to Raleigh to serve on a hearing panel. By adding two other "hearing officers" (past members of the Board or members of the judiciary), the Board could conduct two panels if the case load demands it. Mr. Mansfield presented the following mock up of the hearing schedule:

Sample Board Member/Hearing Panel Rotation
(President serves every time)

June 08	Aug 08	Oct 08	Dec 08	Feb 09	Apr 09
Rhyne (Pres) McCulloch Walker Lewis					Saunders (Pres) "McCulloch" seat Walker Blizzard
	Rhyne (Pres) Saunders Huff Blizzard				
		Rhyne (Pres) Loomis Hill Lennon			
				Saunders (Pres) Jablonski Robinson Lewis	

Number of times serving in the above one-year span of hearing months:
Members serving three times: Rhyne, Saunders
Members serving twice: Walker, Lewis, Blizzard
Members serving once: McCulloch, McCulloch's replacement, Loomis, Jablonski, Huff, Hill, Robinson, Lennon

Dr. Loomis made a motion to accept the proposal. Dr. McCulloch seconded the motion and the motion was approved unanimously.

BOARD ACTION: Accept the Executive Committee recommendation

Request to Amend Budget to Fund Review Panel: Mr. Henderson and Mr. Mansfield reviewed with the Committee a proposal to fund the new Review Panel which is being established to select nominations for new Board members. Dr. Loomis made a motion to not fund the travel or lodging expenses for members of the Review Panel. Dr. McCulloch seconded the motion and the motion was approved unanimously.

Dr. Rhyne made a further motion directing the staff to continue to gather more information and proposals from other administrative support companies in order that the Board might have other proposals to compare to the one reviewed by the Committee. The goal is to present this additional information to the full Board later in the meeting. The Review Panel's first scheduled meeting is Saturday, March 29, 2008.

The Committee meeting recessed at 12:15pm.

The Executive Committee of the North Carolina Medical Board reconvened at 4:00 pm, Thursday March 27, 2008, at the offices of the Board. Members present were:

Janelle A. Rhyne, MD, Chair; Donald E. Jablonski, DO; Ralph C. Loomis, MD; and George Saunders, MD. Also present was R. David Henderson (Executive Director).

Request to Amend Budget to Fund Review Panel: The Executive Committee reconvened and, upon further discussion, voted to recommend that the Medical Board pay for administrative services necessary to support the work of the Review Panel so long as the Review Panel obtains at least two proposals each year and selects the less/least expensive proposal. The Medical Board will only fund a more expensive proposal if the Review Panel demonstrates good cause.

The committee meeting adjourned at 4:10 pm.

BOARD ACTION: To accept the recommendation of the Executive Committee

Policy Committee Meeting

Review of minutes from the January 2008 Committee Meeting

3/2008 COMMITTEE ACTION: The minutes from the January 16, 2008 minutes were approved as presented.

Old Business:

Initial Review of Position Statements

End-of-Life Responsibilities and Palliative Care (Rhyne, Phelps)
Advance Directives and Patient Autonomy

Background: 11/2006 - Dr. Rhyne said that she and Ms. Phelps were working with the Bar Association and the Medical Society to improve and make these documents more user friendly and practical. 11/2006 Action: Postpone review.

1/17/2007 – Dr. Rhyne reported on the progress the Medical Society Committee and the Bar Association had made regarding this issue. The Medical Society Committee has created a MOST form (Medical, Orders, Scope, Treatment), and the Estate Section of the Bar Association is working on legislation.

1/2007 STAFF INSTRUCTION: Postpone until after Dr. Rhyne and Mrs. Phelps have had an opportunity to meet regarding these issues.

5/16/2007 – Dr. Rhyne and Melanie Phelps presented the following proposed changes for End-of-Life Responsibilities and Palliative Care position statement. **5/2007 ACTION**: Publish END-OF-LIFE RESPONSIBILITIES AND PALLIATIVE CARE position statement in the Forum for comments. The ADVANCE DIRECTIVES AND PATIENT AUTONOMY position statement is current and needs no updating at this time.

7/18/2007 – Additional comments will be sought by Dr. Rhyne and Melanie Phelps. Goal is for the END-OF-LIFE RESPONSIBILITIES AND PALLIATIVE CARE position statement will be published in the October Forum.

9/19/2007 – Mr. Brosius and Mrs. Phelps will review this statement prior to submitting for publication.

11/14/2007 – Issue tabled

1/16/2008 – The proposed language changes have been published in the most recent Forum. The Committee voted to continue to collect public comments and present a proposal to the full Board at the March 2008 meeting. Also presented was a draft of the Advance Directives & Patient Autonomy for the Committee's review. **COMMMITTEE ACTION**– Final proposal to be presented to the full Board at the March 2008 meeting

3/2008 COMMITTEE ACTION: Approve proposed Position Statements. Position Statements will be published in the Forum in their final form.

PROPOSED POSITION STATEMENTS:

ADVANCE DIRECTIVES AND PATIENT AUTONOMY

Advances in medical technology have given physicians the ability to prolong the mechanics of life almost indefinitely. Because of this, physicians must be aware that North Carolina law specifically recognizes the individual's right to a peaceful and natural death. NC Gen Stat § 90-320 (a) (2007) reads:

The General Assembly recognizes as a matter of public policy that an individual's rights include the right to a peaceful and natural death and that a patient ~~or his~~ the patient's representative has the fundamental right to control the decisions relating to the rendering of ~~his~~ the patient's own medical care, including the decision to have ~~extraordinary means~~ life-prolonging measures withheld or withdrawn in instances of a terminal condition.

~~They~~ Physicians must also be aware that North Carolina law empowers any adult individual with ~~understanding and~~ capacity to make a Health Care Power of Attorney [NC Gen Stat § 32A-17 (2007)] and stipulates that, when a patient lacks understanding or capacity to make or communicate health care decisions, the instructions of a duly appointed health care agent are to be taken as those of the patient unless evidence to the contrary is available [NC Gen Stat § 32A-24(b)(2007).

It is the position of the North Carolina Medical Board that it is in the best interest of the patient and of the physician/patient relationship to encourage patients to complete or authorize documents that express their wishes for the kind of care they desire at the end of their lives. Physicians should encourage their patients to appoint a health care agent to act ~~with the~~ through the execution of a Health Care Power of Attorney and to provide documentation of the appointment to the responsible physician(s). Further, physicians should provide full information to

their patients in order to enable those patients to make informed and intelligent decisions preferably prior to a terminal illness. The Board also encourages the use of portable physician orders to improve the communication of the patient's wishes for treatment at the end of life from one care setting to another.

It is also the position of the Board that physicians are ethically obligated to follow the wishes of the terminally ill or incurable patient as expressed by and properly documented in a declaration of a desire for a natural ~~death.~~ death; however, ~~It is also the position of the Board that~~ when the wishes of a patient are contrary to what a physician believes in good conscience to be appropriate care, the physician may withdraw from the case once continuity of care is assured.

It is also the position of the Board that withholding or withdrawal of ~~life prolonging technologies~~ life-prolonging measures is in no manner to be construed as permitting diminution of nursing care, relief of pain, or any other care that may provide comfort for the patient.

(Adopted 7/93)
(Amended 5/96)

PROPOSED POSITION STATEMENT:

END-OF-LIFE RESPONSIBILITIES AND PALLIATIVE CARE

Assuring Patients

Death is part of life. When appropriate processes have determined that the use of ~~life-sustaining~~ life prolonging measurers or invasive interventions will only prolong the dying process, it is incumbent on physicians to accept death "not as a failure, but the natural culmination of our lives."*

It is the position of the North Carolina Medical Board that patients and their families should be assured of competent, comprehensive palliative care at the end of their lives. Physicians should be knowledgeable regarding effective and compassionate pain relief, and patients and their families should be assured such relief will be provided.

Palliative Care

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification an impeccable assessment and treatment of pain and other physical, psychosocial and spiritual problems. Palliative care:

- **provides relief from pain and other distressing symptoms;**
- **affirms life and regards dying as a normal process;**
- **intends neither to hasten nor postpone death;**
- **integrates the psychological and spiritual aspects of patient care;**
- **offers a support system to help patients live as actively as possible until death;**

- offers a support system to help the family cope during the patient's illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- [may be] applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.**

~~There is no one definition of palliative care, but the Board accepts that found in the Oxford Textbook of Palliative Medicine: "The study and management of patients with active, progressive, far advanced disease for whom the prognosis is limited and the focus of care is the quality of life." This is not intended to exclude remissions and requires that the management of patients be comprehensive, embracing the efforts of medical clinicians and of those who provide psychosocial services, spiritual support, and hospice care.~~

~~A physician who provides palliative care, encompassing the full range of comfort care, should assess his or her patient's physical, psychological, and spiritual conditions. Because of the overwhelming concern of patients about pain relief, special attention should be given the effective assessment of pain. It is particularly important that the physician frankly but sensitively discuss with the patient and the family their concerns and choices at the end of life. As part of this discussion, the physician should make clear that, in some cases, there are inherent risks associated with effective pain relief in such situations.~~

Opioid Use

The Board will assume opioid use in such patients is appropriate if the responsible physician is familiar with and abides by acceptable medical guidelines regarding such use, is knowledgeable about effective and compassionate pain relief, and maintains an appropriate medical record that details a pain management plan. (See the Board's position statement on the ~~Management of Chronic Non-Malignant Pain~~ Policy for the Use of Controlled Substances for the Treatment of Pain for an outline of what the Board expects of physicians in the management of pain.) Because the Board is aware of the inherent risks associated with effective pain relief in such situations, it will not interpret their occurrence as subject to discipline by the Board.

~~*Selected Guides*~~

~~**To assist physicians in meeting these responsibilities, the Board recommends *Cancer Pain Relief: With a Guide to Opioid Availability*, 2nd ed (1996), *Cancer Pain Relief and Palliative Care* (1990), *Cancer Pain Relief and Palliative Care in Children* (1999), and *Symptom Relief in Terminal Illness* (1998), (World Health Organization, Geneva); *Management of Cancer Pain* (1994), (Agency for Health Care Policy and Research, Rockville, MD); *Principles of Analgesic Use in the Treatment of Acute Pain and Cancer Pain*, 4th Edition (1999)(American Pain Society, Glenview, IL); *Hospice Care: A Physician's Guide* (1998) (Hospice for the**~~

~~**Carolinas, Raleigh); and the *Oxford Textbook of Palliative Medicine* (1993) (Oxford Medical, Oxford).**~~

(Adopted 10/1999)

(Amended 5/2007)

***Steven A. Schroeder, MD, President, Robert Wood Johnson Foundation.**

**** Taken from the world Health Organization definition of Palliative Care (2002): (http:www.who.int/cancer/palliative/definition/en)**

Expert Witness Testimony Position Statement *(Brosius)*

Background: 11/2006 - Dr. McCulloch stated that this is a large and complex issue. He added that whether to adopt a Board policy as a position statement versus a rule is also a big issue. Mr. Mansfield suggested that the Board try to approach this through a position statement. Superior Court judges reviewing cases coming from the Board expect licensees to be on notice of conduct that might result in disciplinary action. A position statement could express clearly the Board's opinion on the subject. If at the end of that process the Board has not accomplished their goal of putting licensees on notice, then they could look at rule-making. Mr. Brosius distributed a draft position statement. He explained that it is pretty basic, incorporating several guidelines from the American College of Surgeons and the applicable American Medical Association Code of Medical Ethics opinion. Mr. Mansfield went on to say that he wanted it to be clear that the Legal Department sees the draft position statement as applying equally to physician expert witnesses no matter which side of a legal matter engages the witness to appear. The issue of honesty as a witness goes to the character component of licensing and the Medical Practice Act permits the Board to take disciplinary action where a physician engages in dishonest conduct.

1/17/2007 – Dr. Saunders stated that telling the truth and giving a balanced view should be more clearly stated in the last paragraph of the statement.

3/2007 ACTION: Defer review at this time.

5/2007 ACTION: Defer review at this time.

7/2007 ACTION: Defer review at this time.

9/2007 ACTION: Defer review at this time.

11/2007 ACTION: Defer review at this time.

1/16/2008 – Mr. Brosius indicated that now would be an appropriate time to address the issue of the proposed Position Statement concerning medical testimony. The Committee was in favor of the proposed position statement and voted to ask Judge

Lewis review the proposal. A final version should be ready to present to the full Board at the March 2008 meeting.

3/2008 COMMITTEE ACTION: Approve proposed Position Statement. Position Statement will be published in the Forum in their final form.

PROPOSED POSITION STATEMENT:

Medical Testimony Position Statement

The Board recognizes that medical testimony is vital to the administration of justice in both judicial and administrative proceedings. In order to provide further guidance to those physicians called upon to testify, the Board adopts and endorses the AMA Code of Medical Ethics Opinion 9.07 entitled "Medical Testimony." * In addition to AMA Ethics Opinion 9.07, the Board provides the following guidelines to those physicians testifying as medical experts:

- **Physician expert witnesses are expected to be impartial and should not adopt a position as an advocate or partisan in the legal proceedings.**

- **The physician expert witness should review all the relevant medical information in the case and testify to its content fairly, honestly, and in a balanced manner. In addition, the physician expert witness may be called upon to draw an inference or an opinion based on evidence presented in the case. In doing so, the physician expert witness should apply the same standards of fairness and honesty.**

- **The physician expert witness is ethically and legally obligated to tell the truth. The physician expert witness should be aware that failure to provide truthful testimony constitutes unprofessional conduct and may expose the physician expert witness to disciplinary action by the Board pursuant to N.C. Gen Stat. § 90-14(a)(6).**

***The language of AMA Code of Medical Ethics Opinion 9.07 provides:**

> **In various legal and administrative proceedings, medical evidence is critical. As citizens and as professionals with specialized knowledge and experience, physicians have an obligation to assist in the administration of justice.**
>
> **When a legal claim pertains to a patient the physician has treated, the physician must hold the patient's medical interests paramount, including the confidentiality of the patient's health information, unless the physician is authorized or legally compelled to disclose the information.**
>
> **Physicians who serve as fact witnesses must deliver honest testimony. This requires that they engage in continuous self-examination to ensure that their testimony represents the facts of the**

case. When treating physicians are called upon to testify in matters that could adversely impact their patients' medical interests, they should decline to testify unless the patient consents or unless ordered to do so by legally constituted authority. If, as a result of legal proceedings, the patient and the physician are placed in adversarial positions it may be appropriate for a treating physician to transfer the care of the patient to another physician.

When physicians choose to provide expert testimony, they should have recent and substantive experience or knowledge in the area in which they testify, and be committed to evaluating cases objectively and to providing an independent opinion. Their testimony should reflect current scientific thought and standards of care that have gained acceptance among peers in the relevant field. If a medical witness knowingly provides testimony based on a theory not widely accepted in the profession, the witness should characterize the theory as such. Also, testimony pertinent to a standard of care must consider standards that prevailed at the time the event under review occurred.

All physicians must accurately represent their qualifications and must testify honestly. Physician testimony must not be influenced by financial compensation; for example, it is unethical for a physician to accept compensation that is contingent upon the outcome of litigation.

Organized medicine, including state and specialty societies, and medical licensing boards can help maintain high standards for medical witnesses by assessing claims of false or misleading testimony and issuing disciplinary sanctions as appropriate. (II, IV, V, VII) Issued December 2004 based on the report "Medical Testimony," adopted June 2004.

Board Certification distinction

Issue: How North Carolina-licensed physicians may advertise their Board certification status to the general public?

11/2007 - Mr. Brosius submitted a request for clarification on how North Carolina-licensed physicians may advertise their Board certification status to the general public. COMMITTEE RECOMMENDATION: The Committee will continue to consider this issue. Mr. Brosius will attempt to develop language to add to the advertising and publicity position statement to be presented at the January 2008 meeting for consideration.

1/16/2008 – The Committee reviewed a request from the American Society of Dermatologic Surgery regarding this issue. Mr. Brosius submitted proposed changes to the Board's Advertising and Publicity position statement. There was some discussion as to whether this issue could be addressed by a rule. It was decided not to pursue the rule making option at this time. Dr. Walker suggested

that requiring all physicians to identify their certifying board might be a solution. Dr. McCulloch recommended that the proposed changes to the position statement should include: To advertise as board certified certification physician must - 1.Identify the certifying board; and 2. The certification must be from an ABMS/AOA certifying board or a certifying board that requires a demonstration of competence in that specialty with a continuing competence component.

1/2008 ACTION: Make the recommended additional changes to the position statement and present for reconsideration at the March 2008 committee meeting.

3/2008 COMMITTEE ACTION: Approve proposed Position Statement. Position Statement will be published in the Forum in its final form.

3/2008 FULL BOARD ACTION: Reject Policy Committee action. Refer back to Policy Committee for reconsideration.

PROPOSED POSITION STATEMENT:

ADVERTISING AND PUBLICITY*

It is the position of the North Carolina Medical Board that physician advertising or publicity that is deceptive, false, or misleading is unprofessional conduct. The key issue is whether advertising and publicity, regardless of format or content, are true and not materially misleading.

Information conveyed may include:

a. **the basis on which fees are determined, including charges for specific services;**
b. **methods of payment;**
c. **any other non-deceptive information.**

Advertising and publicity that create unjustified medical expectations, that are accompanied by deceptive claims, or that imply exclusive or unique skills or remedies must be avoided. Similarly, a statement that a physician has cured or successfully treated a large number of patients suffering a particular ailment is deceptive if it implies a certainty of results and/or creates unjustified or misleading expectations.

Consistent with federal regulations that apply to commercial advertising, a physician who is preparing or authorizing an advertisement or publicity item should ensure in advance that the communication is explicitly and implicitly truthful and not misleading. Physicians should list their names under a specific specialty in classified telephone directories and other commercial directories only if they are board certified or have successfully completed a training program in that specialty accredited by the Accreditation Council for Graduate Medical Education or approved by the Council on Postdoctoral Training of the American Osteopathic Association.

Physicians should only advertise themselves as board certified if they have received their certification from a specialty board recognized by: (1) the American Board of Medical Specialties, (2) the American Osteopathic Association, or (3) a specialty board requiring a continued demonstration of competence in that specialty. Physicians who advertise themselves as board certified should identify the board from which they have received their certification.

Business letterheads, envelopes, cards, and similar materials are understood to be forms of advertising and publicity for the purpose of this Position Statement.

(Adopted November 1999)
(Amended March 2001)

(Reviewed September 2005)

Telepsychiatry

7/18/2007 – A request from ACT Medical Group for the Board to provide clarification regarding internet prescribing after a telehealth visit conducted via internet-based, real-time, interactive audio/video telecommunications as it relates to the Board's position statement, *Contact with Patients Before Prescribing*, was reviewed.

Dr. Saunders and Dr. McCulloch agreed that the internet prescribing issue is a related topic. Dr. McCullough recommendation that we check with the Federation to determine their position on the issue.

7/18/2007 COMMITTEE ACTION: Committee will address as time permits.
9/19/2007 COMMITTEE ACTION: Table issue.
11/14/2007 COMMITTEE ACTION: Table discussion at this time.

1/16/2008 – The Committee the request and voted to invite representatives from ACT Medical Group to Committee's meeting in March to discuss their request.

1/2008 ACTION: Invite representatives from ACT Medical Group to the March 2008 Policy Committee meeting.

3/26/2008 - Sara Schneidmiller, Ph.D., Vice President of Clinical Services and Barry Moore, MD, CEO of ACT Medical Group were present to answer questions from the Policy Committee. Dr. Walker asked about examining a patient prior to treatment by a psychiatrist. Dr. Moore explained that most patients have primary care doctors and that if there were concerns the patient would be referred to a specialist.

Dr. Moore explained that the big issue is access to care. It was reported that there has been a decrease of mental health providers. The ability to use telepsychiatry would improve the ability to help underserved areas.

Mr. Brosius indicated that the American Psychiatric Association had adopted a position statement regarding the ethical use of telemedicine. Additionally policies from Medicaid and Medicare regarding the use of telemedicine were provided to the Board members.

3/2008 COMMITTEE ACTION: The presentation was received favorably. It is the informal opinion of the Policy Committee that the practice of telemedicine for treating psychiatric patients as proposed and described by ACT is appropriate. The staff will research this issue to ensure that such practice would not violate any rule or law not considered in the discussion. The representatives from ACT were reminded that the Board has a very strict policy regarding internet prescribing.

New Business:

Procedure Change

Issue: It has been recommended that the Policy Committee eliminate the step of publishing "draft" position statements in the *Forum.*

3/2008 COMMITTEE ACTION: The Committee will eliminate the step of publishing "draft" position statements in the *Forum*, unless the Board or Committee determine that publication of a position statement and the opportunity for public comment would be beneficial.

Issues for future meetings:

Review of Position Statements

RETENTION OF MEDICAL RECORDS
MEDICAL RECORD DOCUMENTATION

Background: 11/2006 - Mr. Walsh stated that review of these two position statements has been temporarily postponed. Ms. Phelps stated that there has been a serious push regarding the issue of disposition of medical records of deceased physicians. This is a joint effort with the Medical Board and the Medical Society. A task force has been convened to study this area. 11/2006 Action: Postpone review of these two position statements until the above issue is resolved.

1/17/2006 – Brian Blankenship discussed new language that would give suggestions on a retention plan for records if a doctor retires dies, etc. Basically it would be estate planning for records. He further stated that abandonment should be dealt with through rulemaking and legislation. Dr. Rhyne stated that MDs would welcome these suggestions. Todd Brosius suggested that the Committee should consider combining the position statements in an effort to provide useful information for doctors and patients in a central place. Also, addressed by Mr. Brosius and Mr. Blankenship was the question of what a medical record should contain. Mr. Blankenship pointed out that there are many misconceptions and this should also be addressed.

3/21/2007 – Todd Brosius presented the following draft for the Committee's consideration. Dr. Rhyne reminded the Committee that some MDs organize their medical records according to specific problems and that each individual problem may be addressed by the SOAP method. Dr. Rhyne stated that we should make sure that the position statement does not preclude the records from being problem oriented instead of general. Todd Brosius explained that they made an effort to put all our medical records issues into one position statement. He indicated that the position statements now show on the website in a list. Mr. Brosius suggested that the Board may want to consider grouping its position statements in a hierarchical format on the website. Dr. Saunders recommended numbering the position statements. Dr. Rhyne recommended a search option on the Board's website. Mr. Brosius would like to present a possible change in the organization of the Board's position statements for the committee's review at the May Board meeting.

3/2007 STAFF INSTRUCTION: Dr. Saunders will work with Todd Brosius to develop a proposal for the Committee to incorporate possible restructuring of the Board's website regarding Position Statements.

5/16/2007 – Dr. Rhyne indicated that the Federation is developing a statement and suggested that the Committee should table this issue until the Federation process is completed. Ms. Phelps suggested that the Committee consider updating the Retention of Patient Records position statement to conform to current law. **5/2007 ACTION**: Make minor changes to Retention of Patient Records position statement to reflect changes in the law without need of publication in the Forum. A more comprehensive review will be done after the Federation has completed its process.

7/18/2007 – Continue to table issue pending FSMB statement.
9/19/2007 - Continue to table issue pending FSMB statement
11/14/2007 – Continue to table issue
1/16/2008 - Continue to table issue.

3/26/008 – Mr. Brosius has made contact with the FSMB to determine the status of their position statement. He has not yet received a response. Continue to table.

NCCN Wilkes Chronic Pain Initiative – May 2008

Issue: Request from Wilkes Regional Medical Center for the Board's opinion on minimum requirements for patient encounters under naloxone prescribing circumstances.

The Policy Committee will consider a Position Statement at its May 2008 meeting.

9/2007 - Dr. Rhyne reviewed the information provided. There was a brief discussion regarding the use of naloxone for chronic pain versus heroin addicts. Dr. Rhyne indicated that the intention of the pain initiative was to have protocols to use naloxone in both situations.

9/19/2007 ACTION: Defer decision to provide for public input. Provide for a Public Forum at the November 2007 Policy Committee meeting. Mr. Brosius to work with the Public Affairs department to get notice published.

11/14/2007 – The following people provided information to the Committee regarding their efforts to initiate a program in Wilkes County to provide naloxone to patients who have a potential for overdosing: Susan Albert, MD, Fred Brason, Nabarun Dasgupta, Kay Sanford, and Alex Kral, Ph.D. This program would provide patient education, mental health support, guidelines for providing the prescriptions, and follow-up care. Warren Pendergast, MD also addressed the Committee regarding his concerns that the State needs to search for long term solutions to this problem and indicating that mental health population are underserved.

1/16/2008 – The Committee discussed that the article had missed the deadline for the most recent Forum, but that it was posted on the Board's website. It will be published in the March 2008 Forum.

1/2008 ACTION: The Policy Committee will consider a Position Statement at its May 2008 meeting.

3/26/2008 – Mr. Brosius is drafting a position statement to be presented at the May meeting. The draft is to be e-mailed prior to the Board book mailing to Dr. McCulloch and the representatives for the NCCN Wilkes Chronic Pain Initiative.

CONTINUED COMPETENCE COMMITTEE REPORT

Peggy Robinson, PA-C, Chair; Ralph Loomis, MD; John Lewis, LLB

The Continued Competence Committee of the North Carolina Medical Board was called to order at 1:00 p.m., Thursday, March 27, 2008, at the office of the Board. Members present were: Peggy Robinson, PA-C, Chair; Ralph Loomis, MD; and John Lewis, LLB. Also attending were: Janelle Rhyne, MD, President; David Henderson, Executive Director, Michael Sheppa, MD, Medical Director (Staff), Hari Gupta, Director of Operations (Staff); and Maureen Bedell, Recorder (Staff).

CME – Development of Random Audits

(January 2008) Mr. Henderson reported that during the December 2007 registration cycle information was gathered for those licensees reporting less than the required 150 hours every three years. The letter that was sent to these licensees was reviewed by the committee. Licensees that were mailed the letter must respond within 90 days. If not, they will eventually be turned over to the Investigative Department.

Dr. Loomis suggested that at a future meeting the committee discuss and recommend what type of punishment should be dealt to those that were, in fact, deficient during their reporting cycle (fine, reprimand, etc.).

(March 2008) Mr. Gupta reviewed the CME project. He distributed a handout detailing the CME audit findings. Three sets of letters (for Jan, Feb and March) have been sent to Licensees whose CME numbers appear to be deficient.

On January 15, 2008, 266 CME letters were sent. The responses are due back by April 15, 2008. To date 202 responses have been received. On April 15, a certified letter will be sent out to any licensees that have not been heard from.

Annual Registration Clinical Practice Questions

(May 2007) Background: It has been noted that the questions on the annual registration form that relate to not being in the active practice of medicine, the whys and what have you really been doing are all optional responses. Thus, no reliable data along this line is available. A motion passed to reevaluate subject questions and make answering them "mandatory." This relates to those questions along the line of being out of the active practice of medicine, why and what are you doing. Reviewing the registration questionnaire is a priority for the Continued Competence Committee. Reviewers will be looking for more specific questions pertaining to practice activity and how to refine questions to be useful in identifying physicians that may be in need of reentry type education.

(July 2007) The Physician Registration Form was reviewed. There is a consensus that the time has come to do something about physicians that are not practicing medicine but keeping their licenses without continued clinical experience. A motion was passed to modify the registration form to collect additional data.

(November 2007) Mr. Gupta provided a screenshot of the revised questions to the Committee. The only question remaining is the wording to be used to gather the initial date one stopped providing direct patient care. Dr. Sheppa will work with Mr. Gupta to resolve the wording on the registration form.

(January 2008) This item is deferred till the March 2008 committee meeting.

(March 2008) Three action items remain. First, the set of questions need to be reviewed by Mr. Gupta and Dr. Sheppa. Second, the fields on the screen need to be mandatory. This will force the licensee to respond to all of the questions. And third, a new date field needs to be added that will capture the initial date that a licensee stopped providing direct patient care.

Federation of State Medical Boards Special Committee on Maintenance of Licensure

(November 2007) The draft report of the Federation of State Medical Boards' (FSMB) Special Committee on Maintenance of Licensure has been made available for comment. The FSMB is requesting comments be submitted no later than January 7, 2008.

Key elements of the report include:

- recommendations for how state medical boards should proceed with implementing maintenance of licensure requirements to ensure the ongoing competence of licensed physicians;
- recommendations for what elements should be included as part of the maintenance of licensure process and how those requirements could be met;

- guidelines for dealing with physicians seeking to reenter practice after a period of absence, including what evidence such physicians should be required to provide to the state medical board at the time of reentry;
- guidelines for reducing barriers to reentry to practice and what outreach measures state medical boards can take to help prepare practitioners who either are thinking about taking a leave of absence or are considering returning to the clinical practice;
- recommendations for handling issues of disclosure/privacy and reporting requirements as part of the maintenance of licensure and reentry to practice process;
- recommendations for how the FSMB can revise its policy document *Essentials of a Modern Medical Practice Act* to provide sample language that state medical boards can use, if needed, in revising their medical practice acts to implement maintenance of licensure and reentry to practice standards; and
- definitions of key terms used in the report.

The Committee has not had sufficient time to study this report. The next Committee Meeting is on January 17, 2008, where it will be discussed in detail. Due to the pending comment deadline, the Committee recommended that individual Board Members submit comment directly to the FSMB to meet the January 7, 2008, deadline. The Committee will discuss the report and make recommendations to the Full Board on January 17, 2008.

(January 2008) The committee discussed the report. There was a general consensus that practically it is going to be very difficult and the Board should move in this direction slowly. If not, older physicians are just going to retire. We do not want a ground swell of these people on the fence leaning towards retirement in order not to have to comply. There was recollection of the specialty boards initially going through this process. If North Carolina is headed in this direction, then review and draft the FSMB final report. A Forum article will need to be prepared letting our licensees know we are headed in this direction. Then steps will have to be set out. It was noted that Dr. Rhyne has prepared an article titled *Trends in Maintaining Clinical Medical* Expertise for publication in the next edition of the Forum. This item is deferred until the May committee meeting after receipt of FSMB's final report.

(March 2008) Dr. Sheppa reviewed his participation in an FSMB conference call regarding an update of the MOL document. The re-entry section of the document has been deleted and will be considered elsewhere. The document and approval of a plan to develop pilot projects based on the elements of the document will be submitted to FSMB Delegates for approval.

Instate Evaluation/Remediation Program

(November 2007) Dr Sheppa has had on-going conversations with Dr. Steve Willis, the Director of Eastern AHEC regarding a NC based reentry assessment and remediation program. A meeting with representatives from UNC to explore the possibility of UNC's participation in this activity is planned for November 27, 2007. Discussions have occurred with representatives of Duke University and ECU but have not led to further action.

(January 2008) Dr. Sheppa reported that the November meeting did not take place, and since then there have been two deaths in this group of representatives. No schedule has been set for the next meeting. This item is tabled till further notice.

(March 2008) Dr. Sheppa and Dr. Norins represented the Board at a meeting with UNC personnel to discuss the feasibility of an in-state assessment and remediation program for re-entry physicians. UNC has expressed interest in continuing this discussion.

Formulating Standards or Criteria For Board Actions on Issues of Competency

(November 2007) Dr. Sheppa stated that this item is an attempt to address the competency question for the Board. He believes the Board should first use the six core competencies as reflected in the Good Medical Practice – USA (developed by the National Alliance for Physician Competence) and break them down within each sublevel within that competence and then decide if the Board should act. He believes Dr. Kirby's scoring process for doctors of concern may have some bearing here. Dr. Kirby, Assistant Medical Director, is developing a method to objectively and consistently evaluate and assess a physician licensee's past history with the Board. Dr. Kirby gave a presentation to the Board in July 2007.

(January 2008) This item was briefly discussed and some examples given: asking certain elderly physicians to retire vs. charging and linking discipline to the core competencies. This item is tabled till further notice.

Cecil B. Sheps Center - Analysis of PLIPs

(May 2007) Dr. Sheppa presented a report of the analysis of PLIPs data by the Cecil B. Sheps Center. The goal was to determine if PLIP data could serve to identify doctors of concern who have had malpractice actions and who may require further Board action. Dr. Ricketts, of Sheps, continues to analyze the available data base for other sentinel variables.

(November 2007) Dr. Sheppa now reports that in several months they may be able to break out PLIP data by competency. They will then attempt to use Dr. Kirby's scale to measure; hoping to identify doctors by using the score based system.

(January 2008) Dr. Sheppa reported that his department is in the process of applying Dr. Kirby's score system to all 2006 PLIPS. They will then compare the score to what the actual outcome was. This project may be complete and reported out at the March committee meeting.

(March 2008) Dr. Sheppa discussed Sheps' Center analysis of 2006 PLIP data incorporating Kirby scores for each of the 2006 PLIP cases. Sheps' Center analysis of these combined data did not reveal significant useful associations. More information needs to be collected before proceeding further.

Physician Communication Issues

(November 2007) This item came from the Best Practices Committee. In addition, at this Board Meeting a communication resolution was adopted for submission to the Federation's 2008 House of Delegates annual business meeting.

Discussion: It is believed residency programs are doing such a course now and that we may be able to incorporate remediation into them. These residency program

courses may be very conducive for physicians in active practice due to meeting times and availability. Ms. Robinson would like to see the Board develop such a course that is presented periodically (set aside an afternoon for four hours). The Board would not be teaching it but putting it together and coordinating it.

Dr. Sheppa will add this to the agenda for the meeting he will be having with the medical schools after Thanksgiving. This will be discussed further at the January 2008 Committee meeting.

(January 2008) This item is tabled till further notice.

The next regular meeting of the Continued Competence Committee is tentatively set for Thursday, May 22, 2008.

Allied Health Committee Report

The Allied Health Committee of the North Carolina Medical Board met on Wednesday, March 26, 2008 and Thursday, March 27, 2008 at the office of the Board. Present: Peggy Robinson, PA-C, Chairperson, Judge John Lewis, Dr. Huff, Marcus Jimison, Legal, Lori King, CPCS, Licensing, Quanta Williams, Licensing, M. Phelps, M. Borden, L. Shock, L. Alves.

NCCPA Certification

Catchline: Should NCMB Rule 21 NCAC 32S.0102 (3) Qualifications for License be amended to include: "has successfully completed the Physician Assistant National Certifying Examination ***and is certified at initial licensure."*** M. Jimison discussed.

Board Action: Defer to 05/08 PAAC meeting and then followup at next AHC meeting.

Impaired EMS Personnel

Catchline: EMS Advisory Council voted on 02/13/08 to support the development of a program to assist impaired EMS personnel.

Board Action**:** Accept as Information.

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 90-8, 90-14, 90-16, 90-21.22 and 143-318.11(a) of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and to preserve attorney/client privilege.

A motion passed to return to open session.

Initial Physician Assistant Applicants Licensed 02/01/08 – 02/29/08

Allen, Tyler David
Babb, Yarrow Ledayeh
Bennett, James Raikes
Buff, Nina Marie
Carney, Anastasiya Vladimirovna
Coleman, Paul Alexander
Cvelic, Patrick Milko
Darrow, Tanya
Denby, Candice Austin
Emnott, Alethia Faye
Farmer, Joseph Sterett
Friedman, Judi Gail
Gibbons, Jacqueline B
Gouge, Courtney A
Griffith, Michael Stanley
Haskin, Madelon Carol
Hettich, Thomas Glen
Huckbody, Lindsey Rae
Hunnings, Blakely Anne
Hurley, Patrick Scott
Jacobson, Anneliese W
Kasbohm, Elizabeth Ann
Kritz, Jheri Lynne
Leiken, Shuli
Love, Michael Rashad
McGuire, David Francis
Midgett, John Dameron
Noland, Katherine Lee
Orji, Nneka Urenna
Peele, Amanda Rae
Perry, Jinae Elise
Richardson, KaKeasha Shanika
Santiago, Sarah Ann
Shrader, Meredith Richardson

Smith, Ernest Terrill
Spinelli, Jessica
Tabb, Erin Elizabeth
Wang, Yu Michael
Wheeler, Emily Ann
Winn, Jennifer Louise

PA-C's Reactivations/Reinstatements/Re-Entries

Hall, Cheryl M., PA – Reactivation
Condon, Melissa A., PA – Reinstatement
Hazelton, Renee M., PA - Reinstatement

Physician Assistant Additional Supervisor List

Name	Primary Supervisor	Practice City
Allen, Tyler	Waechter, Deborah	Granite Falls
Anderson, Kenneth	Guarino, Guy	Hickory
Ardelean, Rhonda	Compton, David	Charlotte
Ardelean, Rhonda	Madsen, Christian	Charlotte
Banks, Mark	Kneece, Samuel	Camp Lejeune
Battle, Lydia	Childs, Thomas	Indian Trail
Battle, Lydia	Kendrick, Alfred	Indian Trail
Bell, Robert	Yaeger, Edwin	Smithfield
Bennett, James	Holt, William	Wilmington
Boyd, Selena	Litwak, Joseph	New Bern
Bray, Jeffrey	Fisher, David	High Point
Bullard, Remus	Krishnaraj, Ramesh	Lenoir
Call, Seth	Paspa, Philip	Hickory
Campbell, Megan	Ogle, John	Greenville
Carney, Anastasiya	Newman, Edwin	Fayetteville
Castelvecchi, Michelle	Onafowokan, Joel	Salisbury
Chavis, Robert	Locklear, Ferriss	Pembroke
Church, Autumn	Classen, Adrienne	Elkin
Clark, Adam	Bethel, Bradley	Laurinburg
Coleman, Paul	Springer, Bryan	Charlotte
Colin, Jill	Winters, Steven	Durham,
Connor, Julienne	Coughlin, Paul	High Point
Cutler, Robert	Rhodes, Charles	Mt. Pleasant
Cvelic, Patrick	Brumfield, Christopher	High Point
Dale, Henry	Kellam, Lori	Winston Salem
Darrow, Tanya	Vu, Khanh	Henderson
Davis, Mars	Bennett, Bernard	Chapel Hill
Davis, Matthew	Jackson, Staley	Lumberton
Davis, Matthew	Gerber, Dixon	Lumberton
Decristofaro, Louis	Daymude, Marc	Ft Bragg
Deden, Jeanne	Martin, Lawrence	Pinehurst
Dewar, John	Mahan, Dennis	Stovall
Doerman, Ruth	Rowson, Jonathan	Pembroke
Doherty, Margaret	La Force, Craig	Raleigh
Dore, Katie	Isaacs, Robert	Durham,
Drinkwater, Don	Malik, Michael	Raleigh

Edwards, John	Wolyniak, Joseph	Mooresville
Edwards, John	Kimball, Robert	Statesville
Edwards, R.	Manor, James	Carrboro
Ellis, Dale	Khan, Basalat	Morganton
Farmer, Joseph	Kastner, Robert	Jacksonville
Fox, James	Sanderson, Steven	Catawba
Gifford, Allen	Hall, Russell	Durham,
Gonzalez, Eugenio	Frederick, Maximus	Wilmington
Gouge, Courtney	Hart, Darlington	Charlotte
Griffith, Michael	Wonsick, Melinda	Jefferson
Grullon, Rosemary	Tokunboh, Julius	Charlotte
Hall, Cheryl	Lespes, Eric	Fayetteville
Harbieh, Jamil	Feasel, Michael	Roanoke Rapids
Hardin, Jessica	Mikhail, Ashraf	Jacksonville
Haskin, Madelon	Martini, Douglas	Cary
Hawkins, Melissa	Greenberg, Richard	Huntersville
Hicks, Cullen	Wells, Robert	Asheville
Hoover, Sara	Barnes, Daniel	Pinehurst
Huggins, Charles	Whitman, Bruce	Lumberton
Hunnings, Blakely	Yaeger, Edwin	Smithfield
Hurley, Patrick	Whitman, Bruce	Lumberton
Hutchens, Michele	Jung, Peter	King
Jacobson, Anneliese	Conti, Neil	Pinehurst
Jones, Courtney	Runyon, Michael	Charlotte
Kellerman, Mary	Sivaraj, Thamotharampillai	Holly Springs
Kirsch, Eric	Hall, Charles	Supply
Kritz, Jheri	Doyle, Natalie	Wilson
Lassen, Arlo	Gambino, John	Winston Salem
Lawrence, Bradford	Guarino, Guy	Hickory
Layne, Vanesa	Ward, Marc	Concord
Lewis, Michael	Vance, Tedman	Clinton
Lishchynsky, Michael	Morris, Deborah	Fayetteville
Lloyd, Douglas	Ugah, Nwannadiya	Lumberton
Lonneman, Kimberly	Bronstein, David	Burlington
Love, Michael	Phillips, Mark	Greensboro
Lujan Parker, Elena	Jones, John	Fayetteville
Lujan Parker, Elena	Zafirov, Dimiter	Fayetteville
Machon, Robbie	Stitt, Van	Gastonia
Maddux, Joseph	Hunter, Robert	Raleigh
Matarese, Michelle	Cicci, Christopher	Concord
Mattera, Paul	Zacco, Arthur	Apex
Maxwell, Jowanna	McCaleb, Jane	Hollister
Maxwell, Jowanna	Mamedi, Vijayalakshmi	Roanoke Rapids
McGuire, David	Hensley, Terry	New Bern
McLaughlin, Miriam	Miller, Mark	Burlington
Mortimer, Marty	Furr, Sara	High Point

Mrugala, Katrina	Martin, Lawrence	Pinehurst
Mulligan, Terry	Templeton, Virginia	Asheville
Mulligan, Terry	Menard, Dale	Hickory
Neumann, Iliana	Partridge, James	Burlington
Nielsen, Alicia	Jyothinagaram, Sathya	Charlotte
Nix, Harvey	Morris, John	Flat Rock
Noland, Katherine	Parnell, Jerome	Raleigh
O'Neill, Margot	Uronis, Hope	Durham,
Orji, Nneka	Ibrahim, Nadia	Monroe
Orji, Nneka	Okwara, Benedict	Monroe
Padgett, Mary	Lee, Melvin	Cary
Paul, Marianne	Szura, Brian	Cary
Peele, Amanda	Catz, Nitzan	Smithfield
Perry, Jinae	Hudson, Jennifer	Salisbury
Peterson, John	Kim, Ian	Kinston
Peterson, John	Overby, Joseph	New Bern
Pfitzer, Melissa	Ravindran, Babysarojah	Supply
Quinn, C.	Delbridge, Theodore	Greenville
Ranson, Kristina	Malik, Michael	Cary
Rapalje, James	Hines, Marcono	Smithfield
Reagan, Kathleen	Geszler, Gerianne	Fayetteville
Reuter, Eric	Stinson, Charles	Winston Salem
Richardson, KaKeasha	Thomas-Montilus, Sandhya	Lumberton
Riggs, John	Mizelle, Christopher	New Bern
Rojas, Brian	Malik, Michael	Cary
Rojas, Brian	Boone, David	Raleigh
Rojas, Brian	Rich, Kenneth	Raleigh
Ruscetti, J'nelle	Siuta, Jonathan	Wilmington
Russell, Karen	Heter, Michael	Delco
Salisbury, Steven	Del Do, Shari	Clinton
Santiago, Sarah	Wentz, Elliott	Greensboro
Schade, Jana	Hensley, Terry	New Bern
Schulman, Eve	Broyles, William	Durham,
Scott, Dusty	Anderson, Jeffery	Morehead City
Shrader, Meredith	Vu, Khanh	Henderson
Shrader, Meredith	Smith, James	Raleigh
Smith, Kimberly	Ugah, Nwannadiya	Lumberton
Smith, Meredith	Bell, Alfred	Winston Salem
Spinelli, Jessica	Thomas, Christopher	Greenville
Sullivan, James	Navaid, Musharraf	Maxton
Tabb, Erin	Tyler, Brian	Greenville
Talbert, Karen	Alam, Sitara	Morganton
Trapp, Jane	Jordan, Joseph	Greenville
Trent, Margie	Zekan, Patricia	Winston Salem
Trzcienski, Michael	Malik, Michael	Cary
Trzcienski, Michael	Mikles, Mark	Raleigh

Webb, Craig	Staub, Jonathan	Wilmington
Wheeler, Emily	Black, Kristin	Charlotte
Wheeler, Merritt	Avioli, Richard	Gastonia
Wheeler, Merritt	Batley, Jason	Gastonia
Whitaker, Ann	Nelson, Leonard	Raleigh
Whitehead, Marjorie	Marlowe, Thomas	Charlotte
Winn, Jennifer	Hocker, Michael	Durham

Perfusionist Report

Catchline: Open session portion of PAC meeting minutes (December, January, and February).

BOARD ACTION: Accept as information

NCBON Memorandum of Understanding

Catchline: NP application/registration process

BOARD ACTION: Accept as information

Perfusionist Report (Closed Session)

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

The Committee chair presented the closed session portions of PAC meeting minutes from December, January, and February.

Written reports on 10 cases were presented for the Board's review. The specifics of this report are not included as these actions are not public information.
BOARD ACTION: Accept as information

A motion passed to return to open session.

Nurse Practitioner Initial Applicants

NAME	PRIMARY SUPERVISOR	PRACTICE CITY
ALEXANDER, TAMARA	STALLINGS, SHEILA	ARCHDALE
BAIRD, SALLY	BIAS, DONALD	LINCOLNTON
BILLINGS, GLENDA	TONUZI, RACQUEL	HIGH POINT

BROWN, SHELLEY	BAIJNATH, NALINI	WILMINGTON
CAPRIO, CATHERINE	HEDRICK, JAMES	ELON
CARLSON, ALYTHIA	MACDONALD, LAURIE	OAK RIDGE
CHURCH, JENNIFER	DURALIA, DAVID	HICKORY
COLUCCI, CHRISTINE	DUPREE, CARLA	MEADOWMONT
DEESE, GEOVANNA	HSU, KEVIN	CHARLOTTE
EDIE, ALISON	BURKS, ARVIL	DURHAM
FALLEN, DEBORAH	MCCLELLAND, SCOTT	WILMINGTON
HENDERSON, CHERYL	CITRON, MICHAEL	GOLDSBORO
HIGBY-MARTIN, AMANDA	JOHNSON, HOWARD	ROCKINGHAM
HYATT, LESLIE	TUCKER, WALTER	CHARLOTTE
KELLY, URSULA	LARSON, JAMES	CHAPEL HILL
KINCAID, SONYA	DEVIRGILIIS, JUAN	BOONE
MALONE, AUDRA	BELL, BRIAN	FOREST CITY
MARINO, LAURIE	FREYFOGLE, KATHRYN	ASHEVILLE
MASLANKA, ANDREA	HSU, KEVIN	CHARLOTTE
MORGAN, BARBARA	MARSHALL, WILLIAM	CLEMMONS
NELSON, JANICE	ZIOMEK, PAUL	ASHEVILLE
NORMAN, TONJA	BARNABEI, ROBERT	HUNTERSVILLE
O'BRIEN, BEVERLY	BOSSE, MICHAEL	CHARLOTTE
PUCKETT, KAREN	SHUCK, LINDA	ELKIN
PURVIS, LATASHA	COLVIN, ANTHONY	CHARLOTTE
ROBERTSON, SARA	JARRETT, DAVID	WINSTON-SALEM
SCHMITZ, JENNIFER	TORONTOW, CHRISTOPHER	SILER CITY
SMITH, L'ANITA	BARNABEI, ROBERT	HUNTERSVILLE
SPENCER, BROOKE	REDMOND, BERNIECE	LINCOLNTON
TIMMERMAN, SYDNEY	SWEENEY, JOHN	WINSTON-SALEM
VALDIVIEZO, AUXILIADORA	CLINARD, GEORGE	CHARLOTTE
WALKER, TWILLA	ALLAN, JOHN	STATESVILLE
WARDEN, DIANE	TANNENBAUM, SIGMUND	GREENSBORO
WEEKS, LEAH	PATTERSON, ROBERT	SANFORD

Nurse Practitioner Additional Supervisor List

BYRD, TEMPLE	FAJARDO, AGAPITO	CLINTON
KENNEDY, KRISTA	HSU, KEVIN	CHARLOTTE
KYLE, SHEILA	JOHNSON, THERESA	MOREHEAD CITY
MIKULANINEC, CLAUDIA	PHILLIPS, WESLEY	WINSTON-SALEM
SMITH, BETTY	LUCAS, MICHAEL	HIGH POINT
TYSINGER, STEVEN	GALASKA, PIOTR	THOMASVILLE
WALLER, GAIL	JOHNSON, THERESA	MOREHEAD CITY
HALL, DEBORAH	NICKERSON, LLOYD	SALISBURY
BENBOW, DEBRA	JARRETT, DAVID	LARGO
DODGE, ROBERT	SWYGARD, HEIDI	RALEIGH
EBERT, CYNTHIA	KLEIN, KEVIN	SHELBY
KENNY, MARIA	POWELL, EDDIE	ROSEBORO
LEDFORD, ELOISE	CASSANEGO, ANTONIO	SPRUCE PINE

MACKEY, HEATHER	HURD, DAVID	WINSTON SALEM
MYRICK, JANICE	SHAPIRO, SOLOMON	HALIFAX
NJAI, PAMELA	SAIK, DENISE	RALEIGH
SOSSOMAN, LESLIE	CROMWELL, WILLIAM	CHARLOTTE
BLANCHARD, PATRICIA	FAJARDO, AGAPITO	ROSE HILL
CHILTON, LINDA	ROBSON, MICHAEL	GREENSBORO
CLARK, CYNTHIA	RICH, ROBERT	DUBLIN
COFFIN, ABIGAIL	JARRETT, DAVID	WINSTON-SALEM
HENSLEY, CHAD	MCBURNEY, RICHARD	HUDSON
HENSLEY, CHAD	GOFORTH, JAMES	HICKORY
LUX, GAIL	JOHNSON, ROBERT	WILMINGTON
MERRILL, DIANE	FRAMM, DAVID	CHARLOTTE
PRICE, NANCY	ZENG, GUANGBIN	HUNTERSVILLE
SANTERAMO, LAWRENCE	RAMAN, YESHESVINI	DURHAM
SLATER, JODIA	HALL, TIMOTHY	CHARLOTTE
STITT, SHARON	NEULANDER, MATTHEW	CHARLOTTE
WINSLOW, TERESA	DELBRIDGE, THEODORE	GREENVILLE
WEINBERGER, ANNE	KAMELL, ANDREW	ASHEVILLE
BLANCHARD, PATRICIA	RICCI, DANIEL	WALLACE
BOWEN, LEIGH ANNE	CHARLTON, GLENN	HENDERSON
DODGE, CHARLENE	COVINGTON, VALENCIA	CHARLOTTE
FRAREY, LAURIE	SWYGARD, HEIDI	CHAPEL HILL
GROSS, DEBRA	OSEKI, COLLINS	LUMBERTON
HENLEY, MARY	NICKERSON, LLOYD	SPENCER
HENRY ROSS, DOROTHY	MURPHY, WILLIAM	RALEIGH
IRVING, SHARON	AHLBERG, DAVID	NEW BERN
JONES, SUSAN	MIKHAIL, ASHRAF	JACKSONVILLE
MANG, MELISSA	MITCHELL, CHARLES	PINEHURST
MCNEIL, JANICE	MCEWEN, LUTHER	CHARLOTTE
MICHAEL, RALPH	D'ANGIO, SALVATORE	MARION
PATTERSON, MELANIE	LILES, DARLA	MOREHEAD CITY
THOMPSON, JULIE	MEIJER, MARK	ROXBORO
WHITLEY, PAMELA	VEATCH, PHILIP	ALBEMARLE
WILKINSON, JOSEPH	COCKRELL, WILEY	WHITAKERS
CAVENDER, JULIA	KIRATZIS, PHILIP	ASHEVILLE
COLLIE, MATTIE	KNUCKLES, GWENDOLYN	GREENVILLE
COOGAN, JUDITH	ARMEN, JOSEPH	GREENVILLE
HALL, MELISSA	HATHORN, JAMES	DURHAM
HARWOOD, MARY	YOST, GREGORY	SANFORD
LYNCH, JILL	GARROWAY, NEIL	ASHEVILLE
SPERLING, PATTI	MIKHAIL, ASHRAF	JACKSONVILLE
THOMPSON-BRAZILL, KELLY	PEYTON, ROBERT	RALEIGH
WARREN, JONATHAN	ATKINSON, GEORGE	CHAPEL HILL
GOLDEN, MAUREEN	FARRINGTON, CECIL	GREENSBORO
PAPARAZO, SUSAN	BYRD, DAVID	MOREHEAD CITY
PARRISH, REBECCA	MARTIN, MELANIE	HIGH POINT

PHELPS, LINDA	RHYNE, JANELLE	WILMINGTON
ROCK, ELLA	BETHEL, BRADLEY	LAURINBURG

License Committee Report

Protocols for approving license applications

Catchline: Proposed protocols were approved by the License Committee Chair and the Board President for implementation 3/11/08 for ratification by the Board at the March meeting as follows: Any application with affirmative answers to the "yes/no" questions will be scanned to a Board Member for review. Additionally applications with questionable or fragmented work history; using AMA/PRA or AOA CME to satisfy the Board's 10-year rule (physician member only), a less than satisfactory reference letter or negative information received from a third party and not disclosed by the applicant will also be scanned for review.

BOARD ACTION: Ratify stated proposal

PHP referrals

Catchline: For the sake of consistency, it has been suggested that a policy/protocols be established for requiring PHP assessments and interviews on applicants reporting DUIs or the equivalent. PHP referrals are currently made for applicants who have had a DUI within the past 5 years. The decision is left to the reviewing Board member if it has been more than 5 years or if there were more than one.

BOARD ACTION: Pursuant to Dr. Hill's conversation with PHP staff, table until May 2008 when PHP data is available for consideration.

10-Year Rule

Catchline: There have been concerns about applicants submitting a one-year AMA PRA certificate to satisfy the Board's 10-year rule.

BOARD ACTION: Dr. Jablonski and Dr. Kirby will prepare a recommendation for the Board's consideration at the May 2008 meeting.

Puerto Rico Exam (Revalida)

Catchline: Should the Board to continue to accept the Revalida exam in connection with issuing a license by endorsement?

BOARD ACTION: Do not issue a license by endorsement where the original license was based on the Revalida exam.

Web Site Profiling

Catchline: Applicants applying on-line enter their malpractice information into the application. Hari is collecting and retaining the data for display when appropriate.

BOARD ACTION: Accept as information.

Regulatory Rules Update

Catchline: Because the Board no longer administers an examination for license, section .0200 of the North Carolina Administrative Code will be repealed.

BOARD ACTION: Accept as information.

Immigration Status of Applicants

Catchline: It has been suggested that NCMB require proof of US citizenship or legal residence for foreign born applicants as part of the license process.

BOARD ACTION: Defer decision until after Bill Kelly's webinar presentation to the Board on 3/28/08.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

Written reports on 11 cases were presented for the Board's review. The specifics of this report are not included as these actions are not public information

SPLIT BOARD LICENSURE INTERVIEWS

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

Twelve licensure interviews were conducted. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

LICENSES APPROVED FROM
FEBRUARY 5, 2008 – MARCH 11, 2008

License by Endorsement

Abiog, Michael Canlas
Ahmed, Asaad Elsayed
Ahsanuddin, Ashfaq Alam
Alva, Rakesh Vishwanath
Ashraf, Muhammad
Baker, Chandra Mia
Baskin, Robert Newton
Bell, Margaret Day
Berg, Anthony Park
Blease, Robert Ernest
Bloedon, Esa Alohilani
Blumenfeld, Walter
Brancato, Jason Anthony
Brann, Christopher Adams
Bride, John Paul
Bridges, Henry Edward
Brooks, Magdalena Lorraine
Brown, Judith Lynn
Bruce, Brandon Thomas
Burns, Harriett Purves
Bush, Kimberly Monique
Campbell, Gregory Hugh
Caplan, W. Ryckman
Carmody, John William
Chari, Roopa Kumari
Chen, Rita Elaine
Chukwurah, Chinwe Ngozi Nneka
Coley, Harrill Christopher
Cooley, Candace Sue
Corrent, George Frank
Cusick, Michael
Dalieh, Sadi Daoud
Davis, Andrea Price
Dev, Sandesh
Donner, Elwin Michael
Dunham, Mayisha White
Duskin, Laura Maude
Ershadi, Reza Edward
Ferguson, Joshua Aaron
Fingerman, Mitchell Evan
Firozvi, Asra Shabana

Fisher, Kara Ann
Fox, Sean Martin
Gehi, Anil Kishin
Gibbons, Joseph Gerald
Gibbs, Wood Beasley
Gilchrist, Steven Lee
Glembocki, David John
Greene, Lynne Michelle
Griffith, Brian Carey
Gulizia, James Martin
Gundarapu, Vijayatha Chowdary
Hannah, JoAnna Amorette
HariTest, Hari Test Haritest
Harsch, Alan David
Harter, Scott Coleman
Hattaway, Aaron M.
Hawkins, Kristina Cross
Healey, Patrick Thomas
Henderson, Shaw Cartin
Hightower, Ann Lynette
Hill, Mary Wynn
Hills, James Ronald
Honnebier, Maria Barbera Odilia
Horn, Scott Isaac
Howard-Williams, Escher Lauren
Howson, Julie M
Hueman, Elizabeth McCurdy
Ibrahim, Mohamed Abdelrahim Yousif
Iqbal, Vaseem
Iwunze, Rosemary Chinyere
Iyer, Padma Subramanian
Jacobs, Michael Keith
Jain, Manish
Jeyapalan, Amelia Miro A.
Johnson, James Otto
Jones, Christopher Brian
Kamil, Alice Lorraine
Kearney Brown, Megan
Kelly, Timothy John
Kendrick, Dawn Boudrow
Kim, Paul Keetae
Kirkpatrick, Jennifer Dawn
Kirsch, Jonathan David
Kleiman, Samuel Joseph
Kondru, Jaisheela
Kortesis, Bill Gus

Kovaleski, Charles Russell
Kruse, Shawn Richard
Kushins, Stephen Isaac
Landau-Levine, Mary Elizabeth
Lata, Adrian Lucian
Latt, Leonard Daniel
Lease, Erika Diane
Lee, Annie Chia-San
Leusink, William Douglas
Lewis, Charmaine Anne
Lindroth, Marianne Baum
Listwa, Todd Michael
Longwill, Deborah Michelle
Mandhare, Vijaysinha Ashok
Maru, Yogesh Dhanji
Matsuura, Ian Makoto
McNatt, Stephen Samuel
Miller, Michael Lamar
Mobley, William Clifford
Moore, Lacey Floyd
Moorman, Drew Sumner
Morgan, Robert Johnson
Murphy, Brett Glenn
Nwobu, Ikechukwu Onyekachi
Nyonator, Edem Kobla
O'Connor, Andrew Stenson
Olson, Kirstina Marie
Orogbemi, Babatunde Odebunmi
Padrta, Jerry Clement
Page, Branson Halsted
Pagliei, Jennifer Lee
Pasquali, Sara Kate
Patel, Jayeshkumar Kiritkumar
Patti, Jay Waldron
Paul, Bhakti Bipin
Pershing, John Joseph
Powell, Eddie Nelson
Purkiss, Todd Jordan
Rao-Patel, Anuradha
Renton, Patrick Joseph
Rezaie, Salim Reza
Rhodes, Nathan Paul
Righi, Alberto Maria
Roberts, Alice Amanda
Rogers, Jennifer Lee
Rollins, Jeanne Annette

Rose, Erin Christine
Rossi, Joseph Stuart
Roth, Christopher John
Rudloff, Richard Scott
Rung, Rebecca Dawn
Saboorian, Mohammad Hossein
Salman, Loay Hatem
Sanford, Nadia Sheree
Santaella, Ricardo Miguel
Satterfield, Eric Lee
Scheunemann, Leslie Page
Schoelch, Barry Alan
Schulze, Steven Curtis
Shah, Manish A
Sickel, Micah Jeremy
Sidou, Vickie
Simon, Naomi Soroosh
Smith, Brian Stanley
Song, Chiyeon Diane
Sorathia, Divyang Punjabhai
Speights, Steven Edwin
Stansfield, Karrie Ann
Stern, Colette Avi
Streer, Nathan Paul
Taylor, Pamela Lynn Sharpe
Tejwani, Lokesh Kumar
Thames, Todd Andrew
Thiel, James Michael
Thingvoll, Erik Stuart
Thingvoll, Melissa Ann
Thompson, Stephen Carter
Toma, Ihab Yehia Saad
Udani, Paras Chandrakant
Vaikunth, Aparna Bhaskar
Van Poppel, Scott Fleming
Venkataraman, Srimathi
Volz, Elizabeth Michelle
Walsh, Mark Devlin
Walton, Richard Green
Wang, Carolyn Lee
Watson, Derek Philip
Wein, Scott Morgan
Whyte, Allyson Jean
Wickersham, Nicholas Wendell
Wise, Jaime Christine
Wynn, James Lawrence

Reinstatement

Chen, Chi-Dai
Danforth, Wendell Calvin
Gedgaudas-McClees, Rita Kristina
Harris, Robert Love
Hodson, Darryl Shaw
Lashley, Joseph Grant
Rao, Jayalakshmi Koppaka
Reichenbach, Daniel James
Stoffey, Robert David
Williams, Matthew Lanier

Reactivation

Miralles, Gines Diego
Rao, Ramakrishna Pemmaraju
Vu, Davis Dinh
Munroe, John Francis
Barker, Barry Lee

Faculty Limited License

Goodnight, William Harold
Haeri, Sina
Stuebe, Alison Mann
Su, Daniel Hsien-Wen
Yunker, Amanda Cofer

DISCIPLINARY (COMPLAINT) COMMITTEE REPORT

Ralph Loomis, MD, Chair; Arthur McCulloch, MD; Donald Jablonski, DO; John Lewis, JD; William Walker, MD

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

The Disciplinary Committee (complaints) reported on eleven complaint cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

PROFESSIONAL LIABILITY INSURANCE PAYMENTS

Ralph Loomis, MD; Arthur McCulloch, MD; Donald Jablonski, DO; John Lewis, JD; William Walker, MD

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

The Professional Liability Insurance Payments Committee reported on 66 cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

DISCIPLINARY (MEDICAL EXAMINER) COMMITTEE REPORT

Ralph Loomis, MD; Arthur McCulloch, MD; Donald Jablonski, DO; John Lewis, JD; William Walker, MD

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

The Medical Examiner Committee reported on four cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

DISCIPLINARY (COMPLAINT) REVIEW COMMITTEE REPORT

Ralph Loomis, MD, Chair; Arthur McCulloch, MD; Donald Jablonski; John Lewis, JD; William Walker, MD

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

The Disciplinary (Complaint) Review Committee reported on 42 complaint cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A moiton passed to return to open session

NORTH CAROLINA PHYSICIANS HEALTH PROGRAM (NCPHP) COMMITTEE REPORT

Thelma Lennon, Chair; Thomas Hill, MD, Janice Huff, MD

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

The Board reviewed 57 cases involving participants in the NC Physicians Health Program. The Board adopted the committee's recommendation to approve the written report. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session

DISCIPLINARY (INVESTIGATIVE) COMMITTEE REPORT

Ralph Loomis, MD; Arthur McCulloch, MD; Donald Jablonski, DO; John Lewis, JD; William Walker, MD

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

The Disciplinary (Investigative) Committee reported on 37 investigative cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session

INFORMAL INTERVIEW REPORT

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

Twenty-nine informal interviews were conducted. A written report was presented for the Board's review. The Board adopted the Split Boards' recommendations and approved the written report as modified. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

DISCIPLINARY (INVESTIGATIVE) REVIEW COMMITTEE REPORT

George Saunders, MD, Chair Pamela Blizzard, Thomas Hill, MD; Janice Huff, MD

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

The Disciplinary (Investigative) Review Committee reported on 39 investigative cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Special Committee on Naturopathy

Attending: Dr. Loomis, Dr. Rhyne, and Dr. Jablonski.
Staff: Dr. Kirby, Thom Mansfield, Brian Blankenship, David Henderson, Maureen Bedell, and Wanda Long
Guest: Sen. Ellie Kinnaird

Dr. Kirby presented the following synopsis for naturopathic medicine.

Philosophy:
Naturopathy is currently the most widely practiced and popular form of complementary/alternative or unconventional medicine. It is a system of medicine which emphasizes disease prevention and health maintenance through education and patient responsibility. Naturopathy "recognizes the integrity of the whole person". Treatment is

not limited to any particular therapy, but employs an eclectic approach encompassing an overall philosophy of life, health, and disease prevention. The treatment of disease is facilitated “through the stimulation, enhancement and support of the inherent healing capacity of the person”. A person who lives an unhealthy lifestyle will drift away from optimal function towards progressively greater dysfunction. Symptoms of disease are seen as indicators of improper functioning, imbalance and/or poor lifestyle habits. The role of the physician is to understand and aid the body’s efforts to reach optimum health, rather than taking over the functions of the body.

The clearest statement on the philosophy of naturopathic medicine is by Marc Macozzi, MD.

> The therapeutic approach of the naturopathic doctor is basically two-fold: to help patients heal themselves, and to use this opportunity to guide and educate the patient in developing a healthier lifestyle. Many supposedly incurable conditions respond very well to naturopathic approaches. The goal of the naturopathic physician is to learn as much as possible about the patient through physical examination, laboratory tests, radiology, and other standard diagnostic procedures. A thorough history including assessments of the patient’s diet, environment, toxic load, exercise, stress, and other aspects of lifestyle; and laboratory tests determine physiologic function. Diagnosis of a disease is only one part of this process; once a good understanding of the patient’s health and disease status is established, the doctor and patient work together to establish a treatment and health promoting program.

History:
Developed in Germany by Benedict Lust (1872-1945) in the latter part of the nineteenth century, and introduced into the US in 1902. A combination of the terms “natural” and “homeopathy”, naturopathy has origins in European hydrotherapy and nature cures. Established the first naturopathic college, the Yungborn Health Institute in New Jersey.
1900 to 1917: The merger of naturopathy with dietetic, hygienic, physical culture, spinal manipulation, eclectic, and homeopathic systems of treatment.
1918 to 1937: Era of greatest popularity. Therapies include botanical, homeopathic and environmental medicine.
1938 to 1970: Decline due to the dominance of allopathic medicine combined with the American infatuation with technology, and the emergence of effective drugs and modern surgery.
1971 to present: Naturopathic medicine popularity increases due to the awareness of the importance of health promotion, prevention, and concern for the environment.

Principles of Treatment:
Naturopathic physicians believe that health results from harmonious functioning of the whole person, and thus take a “holistic approach” to healing. The following six principles are fundamental to the practice of naturopathic medicine.

1. The Healing Power of Nature. The naturopathic physician recognizes the inherent healing processes of the body and restores health by enhancement of existing biologic mechanisms. The body is capable of healing itself.

2. Find the Cause: Every illness has an underlying cause, often found in aspects of the lifestyle, diet, or habits of the individual. A naturopathic physician is trained to identify and remove the underlying cause, not just suppress symptoms. Causes of disease include physical, mental, emotional and spiritual factors, all of which must be dealt with in harmony.
3. Treat the Whole Person: Health or disease arise from a complex interaction of mental, emotional, spiritual, physical, dietary, genetic, environmental, lifestyle, and other factors. Naturopathic physicians treat the patient by taking into consideration all the factors that influence their patient's life.
4. First do no harm: Naturopathic physician's healers avoid harm to their patients by using substances and methods which minimize risks of side effects. They rather work with the patient's self-healing process avoiding harmful suppression of symptoms. Treatment should be complementary to and synergistic with the healing process.
5. Preventive Medicine and Wellness: The naturopathic emphasizes the prevention of disease. They focus on preventing minor illnesses from developing into more serious or chronic diseases. Patients are taught the principles by which to live a healthful life and prevent Illness.
6. Doctor as Teacher. The Latin origin of the word "doctor" is "to teach". A principle objective of naturopathic medicine is to educate the patient and emphasize self-responsibility for health.

Therapeutic Modalities:

Naturopathic medicine uses an eclectic variety of natural medicines and interventions. These are used to support the body's natural healing mechanisms. Treatments commonly used by naturopathic physicians include:

1. Clinical nutrition and the use of dietary therapy are fundamental to naturopathic medicine. Nutritional supplements are used for health maintenance and disease treatment.
2. Homeopathy treats diseases with extremely diluted plant and mineral substances which would produce symptoms similar to the disease being treated if given to a healthy person in larger doses. This is the principal that "like cures like", and is based on the relationship between a remedy's ability to produce signs and symptoms in a healthy person and the same remedy's ability to cure a patient who exhibits similar signs and symptoms.
3. Physical medicine includes the use of therapeutic spinal manipulation, touch, heat, cold, electricity, and sound. Equipment employed includes ultrasound, diathermy, and other electromagnetic energy agents. Other physical means include therapeutic exercise, massage, joint manipulation, and immobilization.
4. Acupuncture utilizes the stimulation of points on the body to enhance the flow of vital energy (Qi) along pathways called meridians.
5. Hydrotherapy in a variety of forms including sitz bath, douche, hot tub, sauna, immersion bath, poultice, foot bath, contrast temperature baths, and colonic irrigations.
6. Decreasing "toxic load" by the correction of environmental and internal toxicity, this includes liver and bowel detoxification, the elimination of environmental toxins, and correcting the metabolic dysfunction which results from the buildup of "non-end product metabolites".

7. Counseling and lifestyle modification techniques are central for the naturopathic physician. “A naturopath is a holistic-minded physician formally trained in mental, emotional, and family counseling”. Treatment measures include hypnosis, guided imagery, and family therapy.

Training:

There are four naturopathic medical colleges in the United States accredited by the Commission on Accreditation of the Council on Naturopathic Medical Education (CNME). The US Department of Education recognizes the CNME as the authorized accrediting agency for naturopathic medical colleges. The CNME can be considered equivalent the LCME. A minimum of three years of undergraduate premedical study from an accredited college or university is a prerequisite for entry to an accredited naturopathic medical college. All of these institutions follow the CNME core curriculum requirements of 4,100 hours for graduation with 1,200 hours of clinical practice. Though not required for graduation, if an individual wishes to gain more clinical experience, he or she may enter a naturopathic postdoctoral residency program. Currently, Utah is the only state requiring a one-year residency prior to obtaining a license.

Length of Study: The program of study for residential students in a naturopathic medicine program is typically presented over a period of 12 quarters (10-12 weeks per quarter). Including clinical education, a naturopathic medicine program requires a minimum of 4,100 hours
Devoted to the study of naturopathic medicine. *(LCME guidelines for a program of medical education leading to the M.D. degree must include at least 130 weeks of instruction*.)

American Association of Naturopathic Physicians Member Schools certified by the CNME.

1. BASTYR University - Kenmore, Washington. Founded 1978. Enrollment: 546.
2. National College of Natural Medicine - Portland, Oregon. Founded 1956. Enrollment: 495.
3. Southwest College of Naturopathic Medicine - Tempe, Arizona. Founded 1992. Enrollment: 265.
4. University of Bridgeport College of Naturopathic Medicine - Bridgeport, Ct. Founded 2001. Enrollment: 80.
5. Canadian College of Naturopathic Medicine - Toronto, Ontario. Enrollment: 520.
6. Boucher Institute of Naturopathic Medicine - New Westminster, British Columbia.

To qualify for a license, the applicant must satisfactorily pass the Naturopathic Physicians Licensing Examinations (NPLEX = USMLE) which includes basic sciences, diagnostic and therapeutic subjects and clinical sciences. It has been proposed that a third test be added to the NPLEX – one that tests clinical competence for the unsupervised practice of naturopathy.

Other schools of naturopathy are accredited by the American Naturopathic Medical Accreditation Board (ANMAB). These graduates take an examination administered by the American Naturopathic Medical Certification Board. Both these organizations are self accredited. Naturopaths graduating from ANMAB schools are not eligible for the NPLEX examination and are not licensed in any state. There are currently nine ANMAB

member schools including Clayton College of Natural Health in Birmingham, AL and the International Quantum University for Integrative Medicine in Honolulu, HI.

Professional Organizations:

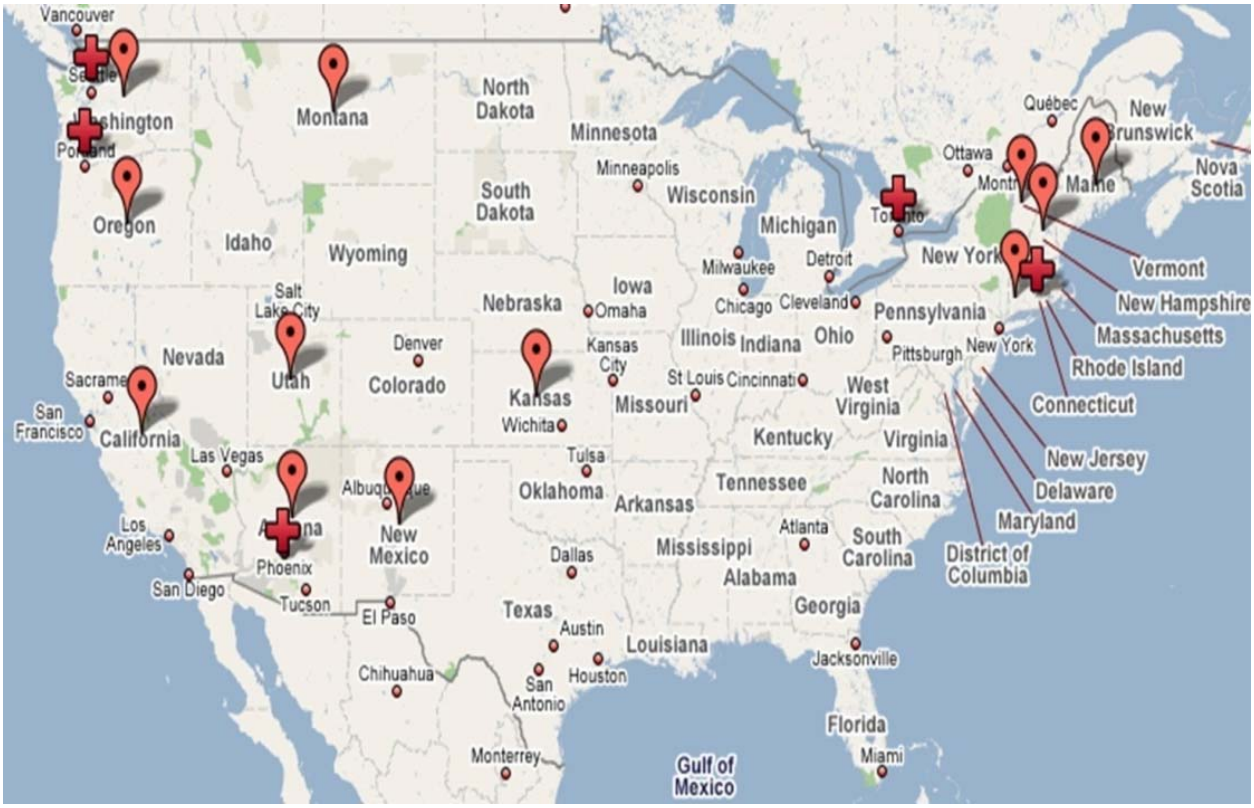
- The American Association of Naturopathic Physicians (AANP) claims to be the "national professional society representing naturopathic physicians who are licensed or eligible for licensure as primary care physicians". Approximate current membership: 1,800.
  Web Site: www.aanmc.org.
- Naturopathic Physicians Licensing Examination (NPLEX) which includes basic sciences, diagnostic and therapeutic subjects and clinical sciences is administered by the North American Board of Naturopathic Examiners in Portland Oregon. It is equivalent to the USMLE. Web site: http://www.nabne.org/.
- Council on Naturopathic Medical Education (CNME). The CNME is recognized by the U.S. Department of Education as the accrediting agency for naturopathic medical colleges. States that license naturopaths require candidates to have graduated from CNME accredited schools (=LCME). Web Site: www.cnme.org.
- Other schools are accredited by the American Naturopathic Medical Accreditation Board (ANMAB), which allows candidates to be certified by taking an exam administered by the American Naturopathic Certification Board (ANCB).
- American Association of Naturopathic Physicians (AANP) based in Washington, DC is equivalent to the AMA. Web Site: http://www.naturopathic.org
- North Carolina Association of Naturopathic Physicians (NCANP), Carrboro, NC. There are 22 physicians are listed on the "Find your ND" page of the NCANP website. The NCANP describes a "naturopathic physician (ND)" as a "primary care general practitioner". Web Site: www.ncanp.com.

State Regulation & Licensing:

Naturopathic Regulation in Other States – 2005

State	Year Law Enacted	Regulatory Body	Board Membership	Number of Licensees
Alaska	1986	Alaska Department of Community and Economic Development Division of Occupational Licensing Naturopathic Section www.dced.state.ak.us	No Board*	36
Arizona	1935	State of Arizona Naturopathic Physicians Board of Medical Examiners www.npbomex.az.gov	3NP; 2 P	432
California	2003	Bureau of Naturopathic Medicine California Department of Consumer Affairs www.naturopathic.ca.gov	No Board*	211
Connecticut	1920	Office of Practitioner Licensing & Certification Naturopathic Licensure www.dphstate.ct.us	2 NP; 1 P	196
District of Columbia	2004	District of Columbia Health Licensing Specialist www.hpla.doh.dc.gov/hpla/cwp		
Hawaii	1925	Naturopathic Licensing Board www.hawaii.gov/dcca/areas/pvl/boards/naturopathy	3 NP; 3 P	81
Idaho	2005	Idaho State Board of Naturopathic Medical Examiners www.ibol.idaho.gov/nat		
Kansas	2002	Kansas Board of Healing Arts www.ksbha.org		9
Maine	1995	Dept. of Prof. & Fin. Reg., Off. Of Licensing & Reg. Board of Complementary Health Care Providers www.maineprofessionalreg.org	2 NP; 2 A; 1 MD/DO; 1 Ph	19
Montana	1991	Board of Alternative Health Care www.discoveringmontana.com/dli/ahc	2 NP; 1 MD; 1 P	66
New Hampshire	1994	Board of Naturopathic Examiners www.dhhs.state.nh.us	4 NP; 1 P	36
Oregon	1927	Oregon Board of Naturopathic Examiners www.obne.state.or.us	4 NP; 1 P	636
Utah	1996	Div. of Occupational & Professional Licensing www.dopl.utah.gov/licensing/naturopathy	3 NP; 1P	8
Vermont	1996	Office of Professional Regulation www.vtprofessionals.org/opr1/naturopaths	3 NP	102
Washington	1919	WA DOH - Naturopathy Program www.fortress.wa.gov/doh/hpqa1/hps7/naturopathy	3 NP; 2 P	650
North Carolina	*Pending*	*North Carolina Naturopathic Practitioners Licensing Board*	*4 NP; 1 MD; 1 P*	*Est. 20-40*

NP – Naturopathic Physician; P – Public member; Ph – Pharmacist; A – Acupuncturist. *Alaska and California issue licenses through an occupational licensing department within the state government. Florida stopped licensing of naturopaths in 1959 but continues to renew licenses and regulate naturopaths licensed prior to 1959, of which only 4 remain. Other states that have at one time licensed naturopathic physicians but no longer do so include Tennessee, South Carolina, and Texas.



Conclusions of other States recently exploring the prospect of licensing naturopathic physicians.

> Missouri – January 2006: “It remains unclear to the committee who is a naturopath or what makes one a naturopath. This is a fundamental and necessary question that the committee was unable to determine. The committee, at this time, recommends against licensure of Naturopathic physicians in the state of Missouri.”
>
> Colorado – October 2005: “This review concludes that the evidence supports regulation of naturopathic physicians in Colorado. A licensing scheme would offer the public the greatest level of regulatory protection. Only those individuals who have fulfilled the requirements for licensure would be allowed to engage in the scope of practice for naturopathic physicians, thus ensuring a minimum level of competency”.

North Carolina State Licensing Proposal:

- Brief synopsis of Senate Bill 1080 – Latest version dated February 15, 2008. Proposed effective date May 1, 2009.
- Name of Bill: North Carolina Naturopathic Practitioners Licensure Act.
- Practitioners shall be allowed to use the terms “naturopathic doctor”, “doctor of naturopathic medicine”, “doctor of naturopathy”, “naturopath”, ND, and NMD.
- Naturopathic medicine: Use of herbal, nutritional, supplemental, homeopathic, or other nonprescription remedies.
- Naturopathic therapy: Diagnosis and treatment using natural medicines, natural therapies, counseling, hydrotherapy, dietary therapy, and naturopathic physical medicine (massage and stretching).
- Scope of Practice:
    - Dispense and use a wide variety of homeopathic, dietary, and natural remedies.
    - Order and perform physical and laboratory examinations and diagnostic imaging studies.
        - Excludes use of ECG, echocardiograms, EEG, nuclear, MRI, and CT imagining.
    - Use a variety of forms of physical treatments including hydrotherapy, colon hydrotherapy, electromagnetic energy, and therapeutic exercise.
    - Use a variety of enteral and injection routes of medication administration.
    - Repair superficial lacerations and abrasions and remove superficial foreign bodies. Use local anesthetics*.
    - Excludes use of prescription drugs or controlled substances.
- Licensing:
    - The North Carolina Naturopathic Practitioners Licensing Board.
    - Six members composed of four licensed naturopathic practitioners, one physician who practices integrative medicine, and one public member.
- Qualification for licensure:
    - Graduate of school accredited by the Council on Naturopathic Medical Education, and which awards a degree of Doctor of Naturopathy.
    - Passed the examination administered by the North American Board of Naturopathic Examiners.
    - Provides the Board with a list of physicians who have agreed to work with the applicant and accept referrals[†]. (§90-808.4)
    - Forty hours CME every two years for licensure renewal
- A six member Advisory Council is established composed of two physicians appointed by the NC Medical Society, two naturopathic physicians appointed by the NC Association of Naturopathic Physicians, one pharmacist, one registered nurse.

*States that currently allow minor office procedures or minor office surgery to be performed by NDs are Arizona, Idaho, Kansas, Maine, Montana, New Hampshire, Oregon, Utah, and Washington.

† No state that licenses naturopathic physicians currently requires direct physician supervision or collaborate practice type agreements.

Mr. Mansfield gave an overview of the attempts made in the past 15 years to create licensure for naturopaths. He indicated that there were approximately 22 naturopaths in North Carolina that would meet the requirements for licensure under the most recently filed legislation. Additionally he reported that there were approximately 400 self-described naturopaths in North Carolina that would likely not meet the requirements for licensure.

Sen. Ellie Kinnaird explained to the Committee that her interest in sponsoring this bill was ultimately to protect the public. She informed the Committee that several medical schools have started teaching holistic approach to medicine. Sen. Kinnaird indicated that her bill would provide for 4 years of education, a residency, and collaboration with physicians in 3 different areas of specialty and continuing education. It was pointed out that collaboration was not supervision. Additionally, Sen. Kinnaird indicated that she would prefer that the naturopaths be licensed under there own separate Board similar to the massage therapists. Sen. Kinnaird will provide the business plan to the Committee for the proposed Board.

There was some discussion regarding collaboration and what might happen if the naturopath disagreed with the recommendation of the physician. Sen. Kinnaird will inquire about this issue. It was pointed out that a physician who assumes a collaborative role would also assume some liability.

A BILL TO BE ENTITLED

AN ACT TO ESTABLISH THE NORTH CAROLINA NATUROPATHIC DOCTORS LICENSURE ACT.

The General Assembly of North Carolina enacts:

SECTION 1. Chapter 90 of the General Statutes is amended by adding a new Article to read:

"Article 42.

" Naturopathic Doctors.

"**§ 90-801. Short title.**

This Article may be cited as the 'North Carolina Naturopathic Doctors Licensure Act'.

"**§ 90-802. Intent; purpose.**

(a) Intent. – The General Assembly finds that a significant number of residents of the State of North Carolina choose complementary and alternative health care and declares that naturopathic treatment is a distinct health care profession that affects the public health, safety, and welfare and provides for freedom of choice in health care. The General Assembly concludes that licensure is in the current interest of North Carolina citizens to aid in protecting them from deception, fraud, and damage to their health status. Licensure can provide a process by which citizens may more confidently rely with respect to the level of skill, education, and competency possessed by licensed persons.

(b) Purpose. – The purpose of this act is to provide standards for the licensure of naturopathic doctors desiring to practice naturopathic medicine in this State and to ensure the maintenance of professional competence and acceptable standards of practice. This act recognizes that many of the therapies used by naturopathic doctors, such as the use of nutritional supplements, herbs, foods, homeopathic preparations,

and such physical forces as heat, cold, water, touch, and light are not the exclusive privilege of naturopathic doctors. This act does not prohibit the use, practice, or administration of these therapies by a person not licensed or registered to practice naturopathic medicine as long as that person does not diagnose or treat disease or hold himself or herself out as being qualified to diagnose or treat disease.

"**§ 90-803. Definitions.**

The following definitions apply in this act:

(1) Approved program of naturopathic medicine. – A program that meets all of the following conditions:
   a. A program that provides graduate-level full-time didactic and supervised clinical training that is accredited, or has achieved candidacy status for accreditation, by the Council on Naturopathic Medical Education Program or its federally recognized successor agency.
   b. A program that is offered by an institution of higher education that is either accredited, or is a candidate for accreditation, by a regional or national institutional accrediting agency recognized by the United States Secretary of Education.
   c. If the program is offered in the United States, it must be a program that awards the degree of Doctor of Naturopathy or Doctor of Naturopathic Medicine. If the program is offered in Canada, it must be a program that awards the degree or diploma of Doctor of Naturopathy or Doctor of Naturopathic Medicine, and the program must be offered by an institution of higher education that has provincial approval for participation in government-funded student aid programs.

(2) Board. – The North Carolina Naturopathic Doctors Licensing Board.

(3) Criminal history. – A history of conviction of a State crime, whether a misdemeanor or felony.

(4) Integrative medicine. – Same as defined in G.S. 90-2.1.

(5) Natural medicines. – Any herbal, nutritional, supplemental, homeopathic, or other nonprescription remedies.

(6) Naturopathic medicine. – A system of natural health care that employs diagnosis and treatment using natural therapies and diagnostic techniques for the promotion, maintenance, and restoration of health and the prevention of disease, including the following:
   a. Administering or providing any of the following for preventative and therapeutic purposes: natural medicines, natural therapies, natural topical medicines, counseling, hydrotherapy, dietary therapy, and naturopathic physical medicine.
   b. Using diagnostic procedures including physical and orificial examination but excluding endoscopy, sigmoidoscopy, and colonoscopy.
   c. Ordering laboratory tests and diagnostic imaging, but excluding electrocardiograms, echocardiograms, electroencephalograms, nuclear imagings, MRIs, and CT scans and other tests that should be conducted and interpreted by an appropriate medical specialist.

(7) Naturopathic physical medicine. – The manual use of massage, stretching, or resistance.

(8) Naturopathic doctor. – A person licensed to practice naturopathic medicine under this act.

"**§ 90-804. License required; exemptions.**

(a) License Required. – On or after May 1, 2009, no person shall practice or offer to practice as a naturopathic doctor, perform naturopathic medicine, or use any card, title, or abbreviation, to indicate that the person is a naturopathic doctor unless the person has been licensed under the provisions of this act. Persons licensed under this act have the exclusive right to use the terms: 'naturopathic doctor', 'doctor of naturopathic medicine', 'doctor of naturopathy', 'naturopathic medicine', 'naturopath', 'N.D.', 'ND', and 'NMD'.

(b) Exemptions. – Nothing in this act shall be construed to prohibit or affect:

(1) The practice of a profession by an individual who is licensed, certified, or registered under other laws of this State and is performing services within the authorized scope of practice.(2) The practice of naturopathic medicine by a person employed by the federal government while the person is engaged in the performance of duties prescribed by laws and regulations of the United States.

(3) A person giving advice in the use of a therapy that is within the scope of practice of a naturopathic doctor so long as the person is not otherwise prohibited by law from providing that advice.

(4) A person rendering aid in an emergency situation, when no fee or other compensation for the service is received.

(5) A person engaged in the sale of vitamins, health foods, dietary supplements, herbs, or other products of nature, if the sale of these products is not otherwise prohibited by State or federal law and the person offering the products provides truthful and nonmisleading information about the products. However, this subdivision does not allow a person to diagnose any human disease, ailment, injury, infirmity, deformity, pain, or other condition.

(6) The ability of a person engaged in the practice of complementary and alternative healthcare from continuing that practice, so long as the person does not make the representation of being licensed under this act and does not use one of the terms listed in subsection (a) of this section.

(7) A person, who in good faith, offers naturopathic services for religious reasons.

(8) The practice of naturopathic medicine by a naturopathic doctor duly licensed in another state, territory, or the District of Columbia when incidentally called into this State to consult with a licensed physician.

(9) The practice of naturopathic medicine by students enrolled in an approved naturopathic treatment program as described in G.S. 90-687(a) while completing a clinical requirement for graduation that is performed under the supervision of an instructor.

(c) Unlawful Act. – A person who violates this section is guilty of a Class 1 misdemeanor. The Board may make application to superior court for an order enjoining a violation of this section. Upon a showing by the Board that a person has violated or is about to violate this section, the court may grant an injunction, restraining order, or take other appropriate action.

"**§ 90-805. Practice of naturopathic medicine; prohibitions.**

(a) Scope of Practice. – A naturopathic doctor is a licensed health care provider having the same responsibilities as other licensed doctors regarding public health laws, reportable diseases and conditions, communicable disease control and prevention, and recording vital statistics. In treating an individual, a naturopathic doctor may employ the following naturopathic therapies, modalities, and remedies consistent with naturopathic education and training:

(1) Dispense, administer, and advise the use of natural remedies derived from or substantially similar in molecular structure or function to natural sources for preventive and therapeutic purposes, including food, extracts of food, nutraceuticals, vitamins, minerals, enzymes, botanicals and their extracts, homeopathic remedies prepared according to the Homeopathic Pharmacopoeia of the United States, and all dietary supplements and nonprescription drugs as defined by the Federal Food, Drug, and Cosmetic Act, 21 U.S.C.A. § 301, et seq.

(2) Order and perform physical and laboratory examinations and diagnostic imaging studies.

(3) Perform hot or cold hydrotherapy, colon hydrotherapy, naturopathic physical treatment, electromagnetic energy, and therapeutic exercise.

(4) Perform health education and health counseling.

(5) Perform musculoskeletal manipulation.

(6) Perform utilization routes of administration that include oral, nasal, auricular, ocular, rectal, vaginal, transdermal, intradermal, and subcutaneous.

(7) Perform repair and care incidental to superficial lacerations and abrasions.

(8) Remove foreign bodies located in the superficial tissues.

(9) Perform topical and local anesthetics and antimicrobials incidental to minor in-office procedures allowed under this section.

(10) Other Board-approved therapies for which the licensee has been trained and educated.

(b) Prohibitions. – A naturopathic doctor shall not:

(1) Prescribe, dispense, or administer a prescription drug or any controlled substance or device identified in the Controlled Substance Act, 21 U.S.C.A. § 801, et seq., except as authorized by this Article.

(2) Practice or attempt to practice as a medical physician, osteopath, acupuncturist, dentist, podiatrist, optometrist, chiropractor, psychologist, advanced practice professional nurse, physician assistant, physical therapist, or any other health care professional not authorized by this Article unless licensed by this State to do so.

(3) Use general or spinal anesthetics unless licensed by the State to do so.

(4) Perform surgical procedures using a laser device.

(5) Perform surgical procedures involving the eye, ear, tendons, nerves, veins, or arteries extending beyond superficial tissue.

(6) Administer ionizing radioactive substances for therapeutic purposes.

(7) Perform chiropractic adjustments unless licensed by this State to do so.

(8) Perform acupuncture, unless licensed by this State to do so.

"§ 90-806. North Carolina Naturopathic Doctors Licensing Board.

(a) Board. – The North Carolina Naturopathic Doctors Licensing Board is created. The Board consists of six members serving for staggered terms. Upon the expiration of the terms of the initial Board members, each member is appointed for a term of three years, beginning on January 1 of each year. A member serves until the member's successor is appointed. No member may serve more than two consecutive full terms.

The initial Board members shall be appointed on or before January 1, 2009, as follows:

(1) The General Assembly, upon the recommendation of the President Pro Tempore of the Senate, shall appoint two naturopathic doctors who are licensed under this act. One member shall serve for a term of one year and one member shall serve a term of three years.

(2) The General Assembly, upon the recommendation of the Speaker of the House of Representatives, shall appoint two naturopathic doctors who are licensed under this act. One member shall serve for a term of one year and one member shall serve a term of two years.

(3) The Governor shall appoint for a three-year term a physician licensed under Article 1 of Chapter 90 of the General Statutes who is involved in the practice of integrative medicine or who teaches integrative medicine at a medical school.

(4) The Governor shall appoint for a two-year term a public member who is not a licensed health care professional and is not employed in the health care profession.

(b) Vacancies. – A member of the Board serves at the pleasure of the authority that appointed it. A vacancy must be filled in the same manner as the original appointment. An appointee to fill a vacancy shall serve the remainder of the unexpired term and until its successor has been duly appointed.

(c) Removal. – The Board may remove any of its members for neglect of duty, incompetence, or unprofessional conduct. A member subject to disciplinary proceedings as a licensee is disqualified from participating in the official business of the Board until the charges have been resolved.

(d) General Administration. – A Board member may not receive compensation, but may receive reimbursement as provided in G.S. 93B-5. The officers of the Board include a chair, a secretary, and any other officer deemed necessary by the Board to carry out the purposes of this act. All officers shall be elected annually by the Board at its first meeting held after appointments to the Board are made. The Board must hold a meeting within 45 days of the appointment of new Board members. All officers serve for one-year terms and shall serve until their successors are elected and qualified. No person shall chair the Board for more than five consecutive years. The Board may adopt rules governing the calling, holding, and conducting of regular and special meetings. A majority of Board members constitutes a quorum.

"§ 90-807. Powers of the Board.

The Board shall have the power and duty to:

(1) Administer and enforce the provisions of this act.

(2) Adopt rules as may be necessary to carry out the provisions of this act.

(3) Establish, examine, and determine the qualifications and fitness of applicants for licensure and renewal of licensure.

(4) Issue, renew, deny, suspend, or revoke licenses and conduct any disciplinary actions authorized by this act.
(5) Collect fees for licensure, licensure renewal, and other services deemed necessary to carry out the provisions of this act.
(6) Recommend and advocate for the establishment of one or more approved programs of naturopathic medicine in this State.
(7) Establish and approve continuing education requirements for persons licensed under this act.
(8) Develop and implement a plan for instituting a naturopathic doctdor residency program as a condition for licensure no later than July 1, 2010.
(9) Employ and fix the compensation of personnel that the Board determines is necessary to carry out the provisions of this act and incur other expenses necessary to perform the duties of the Board.
(10) Adopt a seal containing the name of the Board for use on all licenses and official reports issued by the Board.
(11) Institute corrective measures, as necessary, to rehabilitate naturopathic doctors or limit their practice.

"**§ 90-808. Qualifications for licensure; renewal; reinstatement.**

(a) Licensure. – Upon application to the Board and payment of the required fees, an applicant may be licensed under this act as a naturopathic doctor if the applicant meets all of the following qualifications and conditions:

(1) Is of good moral and ethical character.
(2) Is a graduate of an approved program of naturopathic medicine.
(3) Meets one of the following two conditions:
    a. Has successfully passed a competency-based national naturopathic licensing examination administered by the North American Board of Naturopathic Examiners, or equivalent agency as recognized by the Board.
    b. Has successfully passed a state competency-based examination or a Canadian provincial examination. The examination must be one that is approved by the Board and by the North American Board of Naturopathic Medical Education or its successor agency. An applicant may qualify for licensure under this sub-subdivision only if the applicant graduated from an approved program of naturopathic medicine prior to 1987.
(4) Provides the Board with a list of physicians licensed to practice medicine in this State who have agreed to work with the applicant and accept referrals from the applicant. The applicant must also provide the Board with letters of verification from the listed physicians. The list must include physicians with specialties in at least four of the following areas: allergy and immunology, cancer and oncology, cardiology, endocrinology and metabolism, family medicine, gastroenterology, internal medicine, obstetrics and gynecology, pediatrics, psychiatry, and urology.
(5) Submits any other documentation the Board deems necessary to determine the applicant's fitness for licensure under this act. This documentation may include successful completion of a

Board-approved examination on State laws and rules related to naturopathic medicine.

(b) Renewal. – A license expires two years after the date it is issued unless it is renewed. Failure to renew a license within six months of the date the license expires shall result in automatic forfeiture of the right to practice naturopathic medicine in this State until such time that the license has been reinstated. To renew a license, a licensee must meet all of the following conditions:

(1) Submit an application for license renewal.
(2) Pay the required fees.
(3) Complete at least 40 hours of continuing education approved by the Board.

(c) Reinstatement. – A licensed naturopathic doctor who has allowed the license to lapse by failure to renew within the time allowed under subsection (b) of this section may apply for reinstatement. The Board may reinstate the applicant's license if the applicant pays the required fees, furnishes a statement of the reason for failure to apply for renewal prior to the deadline, and complies with any other requirements established in rules adopted by the Board. If the license has lapsed for five years or longer, the Board may require the applicant to complete satisfactorily a refresher course approved by the Board or to provide proof of active licensure within the past five years in another jurisdiction.

"§ 90-809. Reciprocity.

The Board may grant, upon application and payment of fees, a license to a person who resides in this State and has been licensed to practice as a naturopathic doctor in another state or a Canadian province if both of the following conditions are met:

(1) The standards for licensure in the state or province in which the naturopathic doctor is licensed are substantially equivalent to those provided in this act.
(2) The applicant provides proof of licensure in good standing in all states and provinces in which the applicant has been licensed.

"§ 90-810. Fees.

The Board may impose the following fees:

(1)	Application and examination	$100.00
(2)	License	$600.00
(3)	License renewal	$400.00
(4)	Late renewal	$200.00
(5)	Reinstatement	$1,000

(6) Reasonable charges for duplication services and material.
(7) Criminal history record check fee equal to the amount imposed by the Department of Justice to conduct the criminal history record check requested by the Board.

"§ 90-811. Disciplinary authority.

(a) Authority. – The Board may deny, suspend, revoke, or refuse to issue or renew a license if the licensee or applicant:

(1) Engages in any act or practice in violation of any of the provisions of this act or of any of the rules adopted by the Board, or aids, abets, or assists any other person in the violation of these provisions or rules.

(2) Gives false information to or withholds information from the Board in procuring or attempting to procure a license.
(3) Has been convicted of or pled guilty or no contest to a crime that indicates that the person is unfit or incompetent to practice as a naturopathic doctor or that indicates the person has deceived or defrauded the public. A felony conviction shall result in the automatic revocation of a license issued by the Board unless the Board determines otherwise pursuant to rules adopted by the Board.
(4) Has been declared mentally incompetent by a court of competent jurisdiction.
(5) Habitually uses or is addicted to drugs or intoxicating liquors to an extent that affects his or her professional competency. If a licensee violates this subdivision, the Board may require the licensee to undergo a mental or physical examination by physicians designated by the Board before or after the licensee has been charged. The results of the examination shall be admissible as evidence in a hearing before the Board.
(6) Has demonstrated gross negligence, incompetency, or misconduct in the performance of naturopathic medical treatment.
(7) Has had a license denied, restricted, revoked, or suspended by another state or jurisdiction.
(8) Fails to consent to a criminal history record check.
(9) Fails to respond, within a reasonable time, to inquiries from the Board concerning any matter affecting the individual's license to practice naturopathic medicine.
(10) Fails to complete continuing education requirements within the time prescribed.

(b) Hearing. – Denial, refusal to renew, suspension, or revocation of a license, or imposition of probationary conditions upon a licensee may be ordered by the Board after a hearing held in accordance with Article 3A of Chapter 150B of the General Statues and rules adopted pursuant to this act. An application may be made to the Board for reinstatement of a revoked license if the revocation has been in effect for not less than two years.

(c) Confidential Information. – The Board may release confidential or nonpublic information about a licensee to any health care licensure board in this State or another state relating to the issuance, denial, suspension, revocation, or voluntary surrender of the license, including the reasons for the action or any investigative report prepared by the Board. The Board shall notify the naturopathic doctor within 60 days after the information is released. The Board shall furnish to the naturopathic doctor a summary of the information being released. However, if the naturopathic doctor requests, in writing, within 30 days from the date of notice, a copy of the information being released, the Board shall give to the naturopathic doctor a copy of all the information being released. Notice or copies shall not be provided by the Board if the information relates to an ongoing criminal investigation by a law enforcement agency or any Department of Health and Human Services personnel with enforcement or investigative responsibilities.

"§ 90-812. Criminal history record check of applicants and licensees.

(a) Criminal History Record Check. – The Board may require a criminal history record check for a person who is either licensed under this act or applying for licensure

under this act. The Board is responsible for providing to the North Carolina Department of Justice the fingerprints of the person to be checked, a form signed by the person consenting to the criminal record check and the use of fingerprints and other identifying information required by the State or National Repositories, and any additional information required by the Department of Justice. The Board shall keep all information obtained pursuant to this section confidential.

(b) Conviction. – If a criminal history record check reveals one or more convictions, the conviction does not automatically bar licensure. The Board must consider all of the following factors regarding the conviction:

(1) The level of seriousness of the crime.
(2) The date of the crime.
(3) The age of the person at the time of the conviction.
(4) The circumstances surrounding the commission of the crime, if known.
(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.
(6) The person's prison, jail, probation, parole, rehabilitation, and employment records since the date the crime was committed.
(7) The subsequent commission by the person of a crime.

(c) Denial of Licensure. – If the Board denies, revokes, or suspends a license based on information obtained in a criminal history record check, the Board must disclose to the person the information contained in the criminal history record check that is relevant to the Board's actions. The Board may not provide a copy of the criminal history record check to the person. A person has the right to appear before the Board to appeal the Board's decision. An appearance before the Board shall constitute an exhaustion of administrative remedies in accordance with Chapter 150B of the General Statutes.

(d) Limited Immunity. – The Board, its officers and employees, acting in good faith and in compliance with this section, shall be immune from civil liability for its actions based on information provided in a person's criminal history record check.

"§ 90-813. Reports; immunity from suit.

(a) Report. – A person who has reasonable cause to suspect misconduct or incapacity of a licensee, or who has reasonable cause to suspect that a person is in violation of this act, may report the relevant facts to the Board. Upon receipt of a charge, or upon its own initiative, the Board may give notice of an administrative hearing or may, after diligent investigation, dismiss unfounded charges. A person who, in good faith, makes a report pursuant to this section is immune from any criminal prosecution or civil liability resulting from making the report.

(b) Immunity. – The Board and its staff are immune from any criminal prosecution or civil liability for exercising, in good faith, the powers and duties given to the Board under this act.

"§ 90-814. Third-party reimbursement.

Nothing in this act shall be construed to require direct third-party reimbursement to persons licensed under this act.

"§ 90-815. Advisory Council.

(a) Created. – An Advisory Council is created to advise the Board and to develop recommendations to foster coordination and collaboration between naturopathic doctors, medical doctors, and other health professionals for the purpose of providing

appropriate care for patients. The Council must meet periodically and report its recommendations to the Board and to the boards of directors for the North Carolina Medical Society and the North Carolina Association of Naturopathic Physicians.

(b) Membership. – The Advisory Council consists of the following six members:

(1) Two licensed physicians appointed by the North Carolina Medical Society.

(2) Two licensed naturopathic doctors appointed by the North Carolina Association of Naturopathic Physicians.

(3) One licensed pharmacist or pharmacologist appointed by the North Carolina Association of Pharmacists.

(4) One licensed advanced practice registered nurse appointed by the North Carolina Nursing Association.

(b) General Administration. – Each member is appointed for a term of two years beginning January 1. A member serves until a successor is appointed. The members of the Advisory Council may elect a chairperson by a majority vote. Advisory Council members may not receive compensation for their services, but may receive reimbursement as provided in G.S. 93B-5."

SECTION 2. G. S. 90-18(c) is amended by adding a new subdivision to read:

"(c) The following shall not constitute practicing medicine or surgery as defined in subsection (b) of this section:

…

(20) The practice of naturopathic medicine by a licensed naturopathic doctor under the provisions of Article 42 of this Chapter."

SECTION 3. Part 2 of Article 4 of Chapter 114 of the General Statutes is amended by adding a new section to read:

"**§ 114-19.20. Criminal record checks for naturopathic doctors.**

(a) The Department of Justice may provide to the North Carolina Naturopathic Doctors Licensing Board from the State and National Repositories of Criminal Histories the criminal history of an applicant for licensure by the Board or a licensee of the Board. The Judicial Department shall provide to the Department of Justice, along with the request, the fingerprints of the applicant or licensee, a form signed by the applicant or licensee consenting to the criminal record check and use of fingerprints and other identifying information required by the State and National Repositories, and any additional information required by the Department of Justice. The fingerprints of the applicant or licensee shall be forwarded to the State Bureau of Investigation for a search of the State's criminal history record file, and the State Bureau of Investigation shall forward a set of fingerprints to the Federal Bureau of Investigation for a national criminal history record check. The Judicial Department shall keep all information obtained pursuant to this section confidential.

(b) The Department of Justice may charge a fee to offset the cost incurred by it to conduct a criminal record check under this section. The fee shall not exceed the actual cost of locating, editing, researching, and retrieving the information."

SECTION 4. Notwithstanding the provisions of G.S. 90-806, the initial naturopathic doctors appointed to the North Carolina Naturopathic Doctors Licensing Board must be eligible for licensure under G.S. 90-808 and, upon appointment, must immediately apply for a license.

SECTION 5. This act is effective when it becomes law.

CAROLINAS CENTER FOR MEDICAL EXCELLENCE (CCME)

Charles Riddick, Chief Executive Officer and Robert Weiser, Chief Operations Officer for Carolinas Center for Medical Excellence made a presentation to Medical Board. The Organization formerly known as Medical Review of North Carolina is a non-profit organization dealing with quality improvement in health care.

CCME currently has 3000 physician members, 24 Board members and 136 staff members. This organization provides services for patients, physicians, hospitals and other health care providers. They currently provide utilization review for Medicaid. CCME develops quality improvement projects on clinical topics. CCME no longer does individual reviews.

BOARD ACTION: Accept as information

EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (ECFMG)

Bill Kelly and Eleanor Fitzpatrick from the Educational Commission for Foreign Graduates presented a tele seminar describing to the Board the process by which foreign medical graduates apply for the two types of available visas, work visas and study visas. They explained the differences in the types of visas. This presentation was given to try to help Board members determine whether our licensing department needs to check for applicants' citizenship or alien eligibility.

BOARD ACTION: Table decision until May meeting. Add to the License Committee Agenda in May.

ADJOURNMENT
This meeting was adjourned at 3:25 p.m., March 28, 2008.

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Ralph C. Loomis, MD
Secretary