

MINUTES

North Carolina Medical Board

August 20-22, 2003

**1203 Front Street
Raleigh, North Carolina**

Minutes of the Open Sessions of the North Carolina Medical Board Meeting August 20-22, 2003.

The August 20-22, 2003, meeting of the North Carolina Medical Board was held at the Board's Office, 1203 Front Street, Raleigh, NC 27609. Charles L. Garrett, MD, President, called the meeting to order at 8:05 a.m., Wednesday, August 20, 2003. Board members in attendance were: Stephen M. Herring, MD, President Elect; Robert C. Moffatt, MD, Secretary; H. Arthur McCulloch, MD, Treasurer; E. K. Fretwell, PhD; Robin N. Hunter-Buskey, PA-C (August 21 only); Michael E. Norins, MD; Walter J. Pories, MD; George L. Saunders, III, MD; Ms. Shikha Sinha; Edwin R. Swann, MD; and Mr. Aloysius P. Walsh (August 20 & 21).

Staff members present were: R. David Henderson, JD, Executive Director; Thomas W. Mansfield, JD, Legal Department Director; Mary Wells, JD, Board Attorney; Brian Blankenship, JD, Board Attorney; Marcus Jimison, JD, Board Attorney; Amy Yonowitz, JD, Board Attorney; Ms. Wanda Long, Legal Assistant; Ms. Lynne Edwards, Legal Assistant; Mr. Curtis Ellis, Investigative Department Director; Don R. Pittman, Investigator/Compliance Coordinator; Mr. Edmund Kirby-Smith, Investigator; Mr. Fred Tucker, Investigator; Mrs. Therese Dembroski, Investigator; Mr. Jason Ward, Investigator; Mr. Loy C. Ingold, Investigator, Mr. Bruce B. Jarvis, Investigator; Ms. Jenny Olmstead, Senior Investigative Coordinator; Ms. Myriam Hopson, Investigative Coordinator; Mr. Dale Breaden, Director of Communications and Public Affairs; Ms. Dena Marshall, Public Affairs Assistant; Mrs. Joy D. Cooke, Licensing Director; Ms. Alexa Kapetanakis, PA/NP Coordinator; Ms. Michelle Lee, Licensing Assistant; Tammy O'Hare, GME Coordinator; Ms. Annette Marcussen, Licensing Assistant; Jesse Roberts, MD, Medical Director; Ms. Judie Clark, Complaint Department Director; Mrs. Sharon Squibb-Denslow, Complaint Department Assistant; Ms. Sherry Hyder, Complaint Summary Coordinator; Ms. Patricia Paulson, Malpractice/Medical Examiner Coordinator; Mr. Hari Gupta, Operations Department Director; Mrs. Deborah Aycocock, Registration Coordinator; Ms. Rebecca L. Manning, Database Coordinator; Ms. Ann Norris, Verification/Corporation Coordinator; Mrs. Janice Fowler, Operations Assistant; Mr. Peter Celentano, Comptroller; Mr. David Shere, Receptionist; Mr. Donald Smelcer, Technology Department Director; and Mr. Jeffery T. Denton, Executive Assistant/Board Recorder.

MISCELLANEOUS

Presidential Remarks

Dr. Garrett 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 Gupta gave a short presentation regarding the capabilities of the new audio-visual system installed in the Board Room.

Criminal Background Check – Permanent Rule

Mr. Blankenship presented the permanent rule and reported that the Public Hearing had taken place and the 30-day comment period had passed. He reported that the Board received no comments or suggestions from the public. He noted that the temporary rule remains in effect until the permanent rule is enacted.

Motion: (AW, RM) A motion passed to adopt the Criminal Background Check rule as presented below and continue with the rule-making process.

Title 21 North Carolina Administrative Code Chapter 32, Subchapter 32B

.0104 CRIMINAL BACKGROUND CHECK

- (a) All applicants for a license to practice medicine or to perform medical acts, tasks, and functions as a physician assistant contained in Subchapters 32B and 32S, shall be fingerprinted and a search made of local, state, and national files to disclose any criminal record.
- (b) All applicants shall submit a signed consent form, one (1) completed Fingerprint Record Cards, Form FD-258, and such other form(s) that may be required at that time by the agency performing the criminal history check to the Board at the time of their application.
- (c) The Board shall forward the consent form and completed Fingerprint Record Cards to the North Carolina State Bureau of Investigation for fingerprint and criminal history checks against local, state, and national files.
- (d) The Board will receive a report of the results of the fingerprint card against local, state and federal files.
- (e) An applicant for license to practice medicine in North Carolina may be licensed to practice medicine in North Carolina prior to the date on which the Board receives the report of the results of the fingerprint record check, if all the following requirements are met:
 - a. The completed Fingerprint Record Cards and signed consent form have been received by the Board;
 - b. The applicant meets all other minimum licensing requirements.

Statutory Authority: G.S. 90-6; 90-9; 90-11

House Bill 886 – An Act to Amend Certain Provisions of Article 1, Chapter 90 of the General Statutes Relating to the North Carolina Medical Board and the Practice of Medicine.

Ms. Yonowitz gave a brief overview regarding how HB 886 affects the Medical Practice Act. The bill was signed by the Governor on August 1, 2003. These changes include Board composition, defining the term “integrative medicine,” how the Board handles cases involving alternative medicine practitioners, and certain evidence that may be received at a hearing.

Optometrists Performing Certain Injections

(Background information for this item can be found in the Policy Committee Report.)

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to section 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.

Mr. Mansfield discussed legal matters regarding potential litigation with the Full Board in a closed session (no written materials were distributed).

A motion passed to return to open session.

Board of Nursing Motion Filed in Superior Court

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to section 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.

Mr. Mansfield discussed legal matters regarding litigation with the Full Board in a closed session (no written materials were distributed).

A motion passed to return to open session.

MINUTE APPROVAL

Motion: A motion passed that the July 16-17, 2003, Board Minutes are approved as presented.

HEARINGS

HINES, Robert Lee , MD

2/20/2003 – Notice of Charges issued for failure to comply with Board Order.

BOARD ACTION: Approve Motion to dismiss without prejudice. MD to have informal interview in September

KNISLEY, Samuel Scott , MD

10/10/2001 – Summarily suspended and Notice of Charges issued for falsifying documents submitted to the Board.

BOARD ACTION: Revoke

MAHONY, Cheryl, MD

6/30/2003 - Notice of Charges issued for action taken by the Wyoming Board

BOARD ACTION: Indefinite suspension. May not reapply for 18 months

MCKINNON, Steven Malon, MD

4/14/2003 – Notice of Charges issued for unprofessional conduct involving failure to file tax returns.

6/19/2003 – Hearing (continued)

6/13/2003 – Order granting continuance to 8/22/2003

BOARD ACTION: Consent Order executed

RIDDLE, William Mark, MD

7/8/2003 – Notice of Charges issued related to substance abuse relapse

BOARD ACTION: Accept proposed Consent Order

TAYLOR, Carolyn Rose , MD

4/7/2003 – Notice of Revocation based on felony conviction

8/20/2003 – Prehearing conference scheduled

BOARD ACTION: Revoke

WOLEBEN, Martyn Dean, MD

8/21/2003 – Licensee's Motion to Amend Consent Order and expunge record

ACTION: MD withdrew request for hearing.

EXECUTIVE COMMITTEE REPORT

Charles Garrett, MD; Stephen Herring, MD; Robert Moffatt, MD; Arthur McCulloch, MD; Walter Pories, MD

The Executive Committee of the North Carolina Medical Board was called to order at 11:40 am, Wednesday August 20, 2003 at the offices of the Board. Present were: Charles L. Garrett, MD, Chair; Stephen M. Herring, MD; Harlan A. McCulloch, MD; Robert C. Moffatt, MD and Walter J. Pories, MD. Aloysius P. Walsh was also in attendance. Members of the staff in attendance were R. David Henderson, (Executive Director), Hari Gupta (Director of Operations), and Peter T. Celentano, CPA (Comptroller).

Financials

Mr. Celentano, CPA, presented to the committee the June 2003 compiled financial statements. June 2003 is the eighth month of fiscal year 2003.

Mr. Celentano explained to the Committee that the Total Revenue through the first eight months of fiscal year 2003 is 2% over the amount budgeted. Total Administrative Expenses are currently 3% over budget. Our current year to date deficit is \$208,700. Our projected deficit for the entire fiscal year 2003 is still looking like it will come in around \$320,000 as discussed previously with the Executive Committee. Our bank has given us written assurance to allow the Board to liquidate a portion of our CD, without interest penalty, to cover this anticipated deficiency. The amount needed to offset this deficit should not exceed \$100,000.

Dr. Garrett indicated that he wished to have all items paid by November 1, 2003 so we would begin fiscal year 2004 with no outstanding items.

Dr. Pories made a motion to accept the financial statements as reported. Dr. Moffatt seconded the motion and the motion was approved unanimously.

The June 2003 Investment Summary was reviewed and accepted as presented.

Old Business

Renovation update: Mr. Gupta gave an update on the building renovations. He presented to the Committee that work is almost complete. Mr. Gupta showed a schedule of the actual and budgeted costs. The project has been completed and the actual expenditures are less than 1% over the total budget for the project.

New Business

Update of September Dedication Events: Dr. Garrett reviewed the logistics of the dedication events that are scheduled for September 17, 2003. The Committee discussed the various ways to handle the payment arrangements for the beer and wine that are to be served. The event is scheduled to begin at 5:30pm. Dr. Garrett discussed the possibility of dedicating one of the conference rooms in honor of Dr. John Dees. Mr. Henderson stated that retiring Board Members will also be recognized.

Funding for Holiday Party: Mr. Henderson asked the Executive Committee if it would allow for the expenditure of funds in December for a Holiday Party. The party will be open to all staff, Board Members and their guests. Dr. Moffatt made a motion to approve the expenditure of funds for a Holiday Party. Dr. Herring seconded the motion and the motion was approved unanimously.

Hilton Contract – 2004 & 2005: Mr. Henderson stated that the Hilton has sent contracts over for 2004 and 2005 which reserve a block of rooms for each months Board Meeting dates.

The contract as written includes a modest increase (less than 3%) for 2004 and no additional increase for 2005. The Committee discussed the possibility of getting all nine out of town Board members in the same part of the hotel, if possible. The Committee decided to table the discussion until the September meeting so all would have time to review the contracts as written.

The meeting was adjourned at 12:25 pm.

Motion: A motion passed to approve the report as presented.

POLICY COMMITTEE REPORT

Stephen Herring, MD; Charles Garrett, MD, Chair; Aloysius Walsh; Michael Norins, MD; Arthur McCulloch, MD; Shikha Sinha

The Policy Committee of the North Carolina Medical Board was called to order at 3:42 PM, Wednesday, August 20, 2003, at the office of the Board. Present were: Stephen M. Herring, MD, Chair; Charles L. Garrett, MD; Aloysius P. Walsh, Shikha Sinha, Michael E. Norins, MD and Arthur McCulloch, MD. Also attending were Walter Pories, MD, Board member; Robert Moffatt, MD, Board Member; Jesse Roberts, MD, Medical Director, NCMB; Melanie Phelps, JD, North Carolina Medical Society; Steve Keene, JD, North Carolina Medical Society; Judie Clark, Complaints Department Director NCMB; Thomas Mansfield, JD, Director, Legal Department, NCMB (PC Staff); Amy Yonowitz, JD (PC Staff); Mr Dale G Breaden, Public Affairs Director, NCMB (PC Staff); and Mr Jeffery T. Denton, Board Recorder (PC Staff).

NB: **Recommendation to Board**=Committee's request for Board consideration of item.

Action=Item related to the Committee's own work or deliberations.

[] =background information

Minutes (Dr Herring)

The June 2003 Policy Committee minutes were presented for information only, having been approved previously. It was noted that the item titled Compliance with Reporting Requirements has been referred to the Malpractice Committee and is no longer on the agenda.

Purchased Laboratory Tests (Dr Herring and Mr Mansfield)

(Dr Garrett recused himself from this discussion)

[At the June 2002 Board meeting, a motion passed that the Board and Medical Society's attorneys jointly seek a private opinion from the AMA Council on Ethical and Judicial Affairs concerning this question, asking it about the ethical issues involved.

Additional information was received, including a policy developed by the North Carolina Society of Pathologists (NCSP). It was also reported that the president of the North Carolina Medical Society would be willing to put together a working group of the Society and Board members to review the issue. At the October 2002 Committee meeting, several guests spoke to the issue, including Keith Nance, MD, President, North Carolina Society of Pathologists; Laura Lomax, MD, President, North Carolina Dermatology Association; William S. Ketcham, MD, practicing dermatologist; John Bower, MD, practicing pathologist; and Michael Crowell, JD, of Tharrington Smith.

At the December 2002 Committee meeting, the following comments were received from interested individuals attending the meeting.

Michael Crowell, JD, repeated his position of October that the Board should have a position statement on markups. He then introduced Jane Pine Wood, JD. Ms Wood indicated that she represents 85 groups in 35 states. She reviewed several issues: the incentive for the national pathology provider to get Medicare work; the element of quid pro quo; medical work in exchange for discounts; the physician's looking for the most cost effective provider and not necessarily the best quality provider; possible violation of anti-kickback law; the AMA's ethical opinion, adopted over 20 years ago, that physicians should not be purchasing services and putting a markup on those services; the need for more specific guidance for physicians in North Carolina; states that require direct billing; states that take a position that services can be marked up as long as the bill shows what that markup is. She expressed concern that North Carolina is unregulated in this regard and the Inspector General of HHS has said they could view a discount by a pathology provider to a physician as violation of the anti-kickback law. In her clients' jurisdictions, where by statute a markup for a handling fee is permitted, the fees are generally under \$10, and are tied to the service. However, it is not uncommon for discounts to be offered on pathology services of up to 50%, with physicians adding a markup.

At the February 2003 meeting, Mr Mansfield indicated this subject continued to be a work in progress, with the North Carolina Medical Society coordinating the efforts. In addition, he indicated there would be no opinion coming from the AMA Council on Ethical and Judicial Affairs.

At the April meeting, Mr Mansfield said he expected something from the Medical Society relatively soon, though there was nothing new to report at the April meeting. He was to report the results of the Medical Society's efforts to Dr Herring when they became available.

At the June meeting, Mr Mansfield stated that work continues on this subject and he expects to report something at the next Policy Committee meeting.]

At this meeting Mr. Mansfield reported that efforts by outside interested parties to resolve this issue have been unsuccessful, necessitating action by the Board at this time.

Action: (1) Direct the Legal Department to prepare for signature by R David Henderson, executive director, a letter to Dr Keith Nance explaining that the Board has carefully considered his inquiry, taken information from all interested parties, engaged in extensive analysis and ultimately concluded that it cannot make a blanket statement about the appropriateness or inappropriateness of the practice of marking up to the patient pathology/lab services that were sold at a discount to the referring physician. The Board intends to take these matters on a case-by-case basis. The Board will investigate any complaints received by the Complaint Department of the Board and consider all the factors raised by the various parties in determining whether the conduct deviates from the ethics of the profession. The Board will look into the specific facts and financial arrangements in each case in determining whether to take disciplinary action. (2) Direct the Legal Department to prepare for signature by R David Henderson, executive director, and letters to the presidents of the pathology and dermatology societies thanking them for their input and advising of the Board's response to Dr Nance's inquiry.

Optometrists Performing Certain Injections (Dr Garrett and Mr Mansfield)

[In September 18, 2002, Dr Pories, then president, thanked the North Carolina Board of Optometry for notifying the Medical Board regarding optometrists treating and managing chalazia. Dr Garrett described chalazia in detail. There was a consensus that the NC Medical Board is concerned about non-physicians performing this procedure. On September 19, 2002, the Medical Board sent a letter to the Board of Optometry stating: "The Medical Board understands from your memorandum of August 13, 2002, to North Carolina Licensed Optometrists (a copy of which is attached) that your Board is preparing to issue 'privileges' to

perform certain procedures requiring injections in the practice of Optometry. The Board has reviewed your memorandum and is concerned that the activities contemplated may constitute the unlicensed practice of medicine. The Medical Board wishes to advise your Board that it may take legal action in the event that optometrists perform acts that constitute the practice of medicine.”

At the December 2002 Policy committee meeting, Dr Garrett stated that it appeared the optometrists are going to begin training and certifying optometrists to do injections within the next 60-90 days. He believed it was going to happen even though they have been put on notice that that would be a violation of the MPA and the Medical Board would take action. He requests that Mr Mansfield be authorized to enter into conversation with Mr Loper, who represents the Board of Optometry, to see if we can bring this issue before a judge and get a ruling before the optometrists go forward with the injections. Mr Mansfield indicated he had spoken briefly with Mr Loper and they would like the opportunity to discuss this approach, to try to resolve differences, and to see if there is a way to get a ruling. This will take time and resources. Mr Loper indicated he did not know if the optometrists’ current course of action could be held off, but he would be happy to sit down with his clients and see if they would entertain a standstill until “litigation by agreement could occur.” He indicated that in his experience it would be hard to get in front of a judge and get a decision in 60-90 days.

Mr Bobbitt, representing the North Carolina Society of Ophthalmologists, commended this approach, saying it could keep anyone from getting hurt.

Mr Mansfield was ultimately authorized to confer with Mr Loper on this matter to see what could be done to facilitate the approach proposed

At the February Policy Committee meeting, Mr Mansfield reported to the Committee on his discussions in closed session. Following that, the full Board passed a motion authorizing Mr Mansfield to continue negotiations and discussions with Mr Loper regarding potential litigation between the Medical Board and the Optometry Board.

At the April Policy Committee meeting, Mr. Mansfield reported that negotiations with Mr. Loper were continuing.

Mr Mansfield’s discussion at the June Policy Committee meeting dealt with legal matters and was closed pursuant to NCGS 143-318.11 (a) to discuss prospective litigation and to preserve attorney client confidences. (No written materials were included.)

Mr Mansfield’s report was accepted and he was asked to continue the process.]

At the August Policy Committee meeting Mr Mansfield’s discussion dealt with legal matters and was closed pursuant to NCGS 143-318.11 (a) to preserve attorney-client confidences. (No written materials were included.)

The Policy Committee recessed briefly to accommodate a meeting of the full Board in an open session. A motion was made and approved to go into closed session to meet with Mr Mansfield to discuss confidential attorney-client matters pursuant to NCGS 143-318.11 (a). A motion was passed by the Board to return to open session at which time the Policy Committee reconvened.

Mr Mansfield’s report was accepted and he will update the Committee at the next meeting.

Ethical guidelines for the Use of Electronic Mail between Patients and Physicians (Mr Mansfield and Ms Phelps)

[A report from the AMA Council on Ethical and Judicial Affairs titled “Ethical Guidelines for the Use of Electronic Mail Between Patients and Physicians” was presented to the Committee. Dr Garrett stated this report is exhaustive and has several good points. He asked if our licensees might be aided if they had a position statement on this subject.

At the February Policy Committee meeting, Mr Mansfield and Mr Braden were asked to explore this report with a goal of extracting some precise information for North Carolina

licensees on the use of e-mail and privacy issues. Ms Phelps was requested to brief the committee on what the HIPPA implications might be.

At the April committee meeting Ms Phelps was unable to attend and this item was tabled.

At the August committee meeting Ms Phelps reported that she has not had a chance to review this issue as yet.]

Ms Phelps reported that this is associated with security and privacy regulations. The Board's position currently is in line with the HIPPA regulations and the security part of the bundle does not go into effect until 2005. She proposes a *Forum* article to articulate the concerns, pros, cons and pitfalls, and wait until the security regulations associated with HIPPA become more clear. She recommends not implementing a position statement at this time.

Recommendation to the Board: That an article be prepared for the *Forum*. Ms Phelps and Mr Keene have volunteered to assist in the preparation of such an article.

Board's Medical Records Statements and HIPPA (Ms Phelps)

[The Medical Board is reviewing the Position Statements due to recent implementation of the new HIPPA rules to ensure the Medical Board's statements are in compliance.

At he June committee meeting Ms Phelps reported to this meeting that she had reviewed the Board's position statements and there are five that are potentially affected. Most are minor but the access to physician records position statement may require a significant change. A team was formed to work on this issue: Mr Mansfield, Ms Yonowitz, Ms Phelps, and Mr Henderson.]

The following three revised position statements were presented to the Policy Committee which reviewed, discussed and modified them as needed.

Recommendation to the Board: That the following revised position statements be adopted by the Board:

NCMB Position Statement

THE PHYSICIAN-PATIENT RELATIONSHIP

The North Carolina Medical Board recognizes the movement toward restructuring the delivery of health care and the significant needs that motivate that movement. The resulting changes are providing a wider range and variety of health care delivery options to the public. Notwithstanding these developments in health care delivery, the duty of the physician remains the same: to provide competent, compassionate, and economically prudent care to all his or her patients. Whatever the health care setting, the Board holds that the physician's fundamental relationship is always with the patient, just as the Board's relationship is always with the individual physician. Having assumed care of a patient, the physician may not neglect that patient nor fail for any reason to prescribe the full care that patient requires in accord with the standards of acceptable medical practice. Further, it is the Board's position that it is unethical for a physician to allow financial incentives or contractual ties of any kind to adversely affect his or her medical judgment or patient care.

Therefore, it is the position of the North Carolina Medical Board that any act by a physician that violates or may violate the trust a patient places in the physician places the relationship between physician and patient at risk. This is true whether such an act is entirely self-determined or the result of the physician's contractual relationship-association with a health care entity. The Board believes the interests and health of the people of North Carolina are best

served when the physician-patient relationship remains inviolate. The physician who puts the physician-patient relationship at risk also puts his or her relationship with the Board in jeopardy.

Elements of the Physician-Patient Relationship

The North Carolina Medical Board licenses physicians as a part of regulating the practice of medicine in this state. Receiving a license to practice medicine grants the physician privileges and imposes great responsibilities. The people of North Carolina expect a licensed physician to be competent and worthy of their trust. As patients, they come to the physician in a vulnerable condition, believing the physician has knowledge and skill that will be used for their benefit.

Patient trust is fundamental to the relationship thus established. It requires that

- there be adequate communication between the physician and the patient;
- the physician report all significant findings to the patient or the patient's legally designated surrogate/guardian/personal representative;
- there be no conflict of interest between the patient and the physician or third parties;
- intimate personal details of the patient's life shared with the physician be held in confidence;
- the physician maintain professional knowledge and skills;
- there be respect for the patient's autonomy;
- the physician be compassionate;

- The physician respect the patient's right to request further restrictions on medical information disclosure and to request alternative communications.

- the physician be an advocate for needed medical care, even at the expense of the physician's personal interests; and the physician provide neither more nor less than the medical problem requires.

The Board believes the interests and health of the people of North Carolina are best served when the physician-patient relationship, founded on patient trust, is considered sacred, and when the elements crucial to that relationship and to that trust—communication, patient primacy, confidentiality, competence, patient autonomy, compassion, selflessness, appropriate care—are foremost in the hearts, minds, and actions of the physicians licensed by the Board.

This same fundamental physician-patient relationship also applies to mid-level health care providers such as physician assistants and nurse practitioners in all practice settings.

Termination of the Physician-Patient Relationship

The Board recognizes the physician's right to choose patients and to terminate the professional relationship with them when he or she believes it is best to do so. That being understood, the Board maintains that termination of the physician-patient relationship must be done in compliance with the physician's obligation to support continuity of care for the patient.

The decision to terminate the relationship must be made by the physician personally. Further, termination must be accompanied by appropriate written notice given by the physician to the patient or the patient's representative, the relatives, or the legally responsible parties sufficiently far in advance (at least 30 days) to allow other medical care to be secured. Should the physician be a member of a group, the notice of termination must state clearly whether the termination involves only the individual physician or includes other members of the group. In the latter case, those members of the group joining in the termination must be designated. It is advisable that the notice of termination also include instructions for transfer of or access to the patient's medical records.

(Adopted July 1995)
(Amended July 1998, January 2000; March 2002)

ACCESS TO PHYSICIAN MEDICAL RECORDS

- A physician's policies and practices relating to medical records under their control should be designed to benefit the health and welfare of patients, whether current or past, and should facilitate the transfer of clear and reliable information about a patient's care, ~~when such a transfer is requested by the patient or anyone authorized by law to act on the patient's behalf.~~ Such policies and practices should conform to applicable federal and state laws governing health information.

It is the position of the North Carolina Medical Board that notes made by a physician in the course of diagnosing and treating patients are primarily for the physician's use and to promote continuity of care. Patients, however, have a substantial right of access to their medical records and a qualified right to amend their records pursuant to the HIPAA privacy regulations. ~~are therefore the property of that physician. Moreover, the resulting record~~

Medical records are is a confidential document documents and should only be released when permitted by law or with proper written consent or authorization of the patient. Physicians are responsible for safeguarding and protecting the medical record and for providing adequate security measures.

Each physician has a duty on the request of a patient or the patient's representative to release a copy ~~or a summary~~ of the record in a timely manner to the patient or ~~anyone the patient designates~~ the patient's representative, unless the physician believes that such release would endanger the patient's life or cause harm to another person. This includes medical records received from other physician offices or health care facilities. ~~If a summary is provided, it should include all the information and data necessary to allow continuity of care by another physician. A summary may be provided in lieu of providing access to or copies of medical records only if the patient agrees in advance to such a summary and to any fees imposed for its production.~~

~~The physician~~ Physicians may charge a reasonable fee for the preparation and/or the photocopying of ~~the materials~~ medical and other records. To assist in avoiding misunderstandings, and for a reasonable fee, the physician should be willing to review the ~~materials~~ medical records with the patient at the patient's request. ~~Materials~~ Medical records should not be held withheld because an account is overdue or a bill is owed (including charges for copies or summaries of medical records).

- ~~Physicians should not relinquish control over their patients' medical records to third parties unless there is an enforceable agreement that includes adequate provisions to protect patient confidentiality and to ensure patients' access to their records. This provision does not apply if the primary custodian of the records is a hospital or other health care facility.~~

- Should it be the physician's policy to complete insurance or other forms for established patients, it is the position of the Board that the physician should complete those forms in a timely manner. If a form is simple, the physician should perform this task for no fee. If a form is complex, the physician may charge a reasonable fee.

- To prevent misunderstandings, the physician's policies about providing copies or summaries of ~~patient~~ medical records and about completing forms should be made available in writing to patients when the physician-patient relationship begins.

Physicians should not relinquish control over their patients' medical records to third parties unless there is an enforceable agreement that includes adequate provisions to protect patient confidentiality and to ensure ~~patients'~~ access to their- those records.¹

- When responding to subpoenas for medical records, unless there is a court or administrative order, physicians should follow the ~~recommendations set out in the North Carolina Medico-Legal Guidelines.~~² applicable federal regulations.

(Adopted November 1993)

(Amended May 1996, September 1997; March 2002)

NCMB Position Statement

DEPARTURES FROM OR CLOSINGS OF MEDICAL PRACTICES

Departures from (when one or more physicians leave and others remain) or closings of medical practices are trying times. They can be busy, emotional, and stressful for all concerned: practitioners, staff, patients, and other parties that may be involved. If mishandled, they can significantly disrupt continuity of care. It is the position of the North Carolina Medical Board that during such times practitioners and other parties that may be involved in such processes must consider how their actions affect patients. In particular, practitioners and other parties that may be involved have the following obligations.

Permit Patient Choice

It is the patient's decision from whom to receive care. Therefore, it is the responsibility of all practitioners and other parties that may be involved to ensure that:

- patients are notified of changes in the practice, sufficiently far in advance (at least 30 days) to allow other medical care to be secured, which is often done by newspaper advertisement and by letters to patients currently under care;
- patients clearly understand that the choice of a health care provider is the patients';
- patients are told how to reach any practitioner(s) remaining in practice, and when specifically requested, are told how to contact departing practitioners; and
- patients are told how to ~~access-~~ obtain copies of or transfer their medical records.

Provide Continuity of Care

Practitioners continue to have obligations toward patients during and after the departure from or closing of a medical practice. Except in case of the death or other incapacity of the practitioner, practitioners may not abandon a patient or abruptly withdraw from the care of a patient. Therefore, patients should be given reasonable advance notice, sufficiently far in advance (at least 30 days) to allow other medical care to be secured. ~~to allow their securing other care.~~ Good continuity of care includes preserving, keeping confidential, and providing appropriate access to medical records.* Also, good continuity of care may often include

¹ See also Position Statement on Departures from or Closings of Medical Practices.

² ~~Link: The North Carolina Medico-Legal Guidelines.~~

making appropriate referrals. The practitioner(s) and other parties that may be involved should ensure the requirements for continuity of care are effectively addressed.

No practitioner, group of practitioners, or other parties that may be involved should interfere with the fulfillment of these obligations, nor should practitioners put themselves in a position where they cannot be assured these obligations can be met.

* Please note: The Board's position statement on the Retention of Medical Records applies, even when practices close permanently due to the retirement or death of the practitioner.

(Adopted January 2000)

Medical Care Policy - A Letter from Dr. Patrick Gray

[The Board recently received a letter for Dr Patrick Gray requesting the Medical Board consider promulgating a set of medical care policies for providers of pregnancy termination.

Ms Yonowitz will contact ACOG for guidance and report back to the Committee. A follow-up letter will be sent to Dr Gray by Ms Clark.]

Recommendation to the Board: That this be referred to the Investigative Committee.

Consideration of a Position Statement on Postoperative Follow-up Care

Dr. Herring proposes that the Board adopt a position statement that states:

“Following surgery, responsibility for follow-up care rests with the surgeon. Peri-operative care should be performed by the surgeon, or specific arrangements should be made in advance to provide coverage for the patient. Failure to provide coverage for post-surgical patients constitutes abandonment, which will not be tolerated by the Board.”

He asked if the Medical Board needs to promulgate such a position statement. His concern was that patients are being operated on and then returning home to a different town without preparation being made for proper follow-up care. A discussion ensued.

Action: This matter will be explored in more detail at a future Policy Committee meeting. In the meantime Mr Keene volunteered to do research regarding concerns that this may change the way surgery is done in the state.

There being no further business, the meeting adjourned. The next regular meeting of the Policy Committee is tentatively set for 3:30 pm, Wednesday, October 15, 2003.

ALLIED HEALTH COMMITTEE REPORT

Michael Norins, MD; Robin Hunter-Buskey, PAC; Arthur McCulloch, MD; E. K. Fretwell, PhD

CPP Application Template

Reviewed proposed guidelines for content of CPP application. This will include greater detail on training, specifically certificate programs for disease management. We need to know sponsoring institution, length course, hours of clinical contact. Further, protocols will need to be disease specific and detailed re: monitoring and supervision.

Letter to David Work with request of in-put and assistance in promulgating guidelines. Also include request that CPP applications be received at the Board at least 2 weeks before the Board meeting where approval is anticipated.

CPP applications for immunization clinic in retail pharmacy denied for being incomplete in that the supervising physician relationship is not developed nor is quality monitoring addressed. This begs the issue of the proposed rule change, developed by the Board of Pharmacy, for allowing pharmacists do give immunizations. Currently we have not had a response to a letter of May '03 stating our non-support for this rule change and a suggestion to develop a more specific rule along the lines of the State of Texas.

PA Applicants with Rejected Fingerprint Cards

Reviewed temporary policy regarding criminal background checks and the fingerprint authentication problems. Our understanding is that PA license approval can be given before completion of the name check process. Thus pending PA applications were approved.

EMS Report

The committee reviewed a memo submitted by Dr. Kanof regarding the August 2003 EMS meetings. Sen. Bill 661 was passed which removes specific state credentialing of EMS-PA and EMS-NP and places this approval with local EMS system. The committee has asked Marcus Jimison to research this topic.

APPLICANTS LICENSED

PA (*)Indicates PA has not submitted Intent to Practice Forms)**

<u>PHYSICIAN ASSISTANT</u>	<u>PRIMARY SUPERVISOR</u>	<u>PRACTICE CITY</u>
Chastain, Misty	***	
Heilig, Melvin	Meltzer, Morton	Cameron
Leaman, Jason	***	
Newman, Krista	Gerald, Melvin	Whiteville
Rice, William	***	

PA Applicants to be licensed after receipt of acceptable SBI report-

Aust-Wright, Georgianna	Sladicka, Stephen	Hickory
Carroll, Everett	***	
Collins, Emma	Bednarz, Paul	Greensboro
Dillon, Patrick	Clem, Kathleen	Durham
Drinkwater, Don	***	
Elliott, John	Page, Neil	Ft Bragg
Epps, Mark	***	
Katz, Kathryn	***	
MacDonell, Stuart	***	
Lago, Theresa	Elliott, Sarah	Wadesboro
MacDonell, Stuart	***	
Morgan, Jamie	***	
Murphy, Stacy	***	
Starns, Marcia	***	
Zelasky, Clara	***	

PA Applicants to be licensed after receipt of passing PANCE scores-

Newkirk, Ketoyia	***
Peace, Monica	***
Simmons, Sonya	***
Walters, Thienkim	***

PA Applicants to be licensed after receipt of acceptable SBI report, letter of completion from program director and passing PANCE scores-

Arcuri, Philip	Skinner, Michael	Durham
Brainard, Ryan	Skinner, Michael	Durham
Carter-Adkins, Danielle	***	
Clark, Gilbert	***	
Crandall, Daniela	***	
Crawford, Todd	***	
Currin, Ann	Schoch, Peter	High Point
Dallas, Courtney	***	
Desai, Samir	Skinner, Michael	Durham
Dixon, Thomas	Gray, Robert	Greensboro
Doss, Brian	Rubens, Jonathan	High Point
Fox, James	***	
Frost, Tina	***	
Harless, Jeremy	***	
Hendrix, Cherilyn	***	
Kreidel, Deana	***	
Kureczka, MaryBeth	***	
Mahon, Margot	***	
McDowell, Julia	***	
Messersmith, James	***	
Moore, Christina	***	
Nunnelee, Jennifer	Seltzer, Stephen	Albemarle
Riddle, Kelly	***	
Saleh, Edward	***	
Scott, Dusty	***	
Sims, Veronica	***	
Smith, Megan	***	
Smith, Rebecca	***	
Taylor, Amanda	***	
Van Meter, Patrick	Knapp, Jeffery	Hickory
Weeks, Kelly	***	
Wheeler, Hugh	Erckman, Paul	Monroe
Wheeler, Julia	Brouse, Gregory	Monroe
Wilmoth, Jennifer	***	
Wright, Kimberly	***	

PA - Intent to Practice Forms Acknowledged

<u>PHYSICIAN ASSISTANT</u>	<u>PRIMARY SUPERVISOR</u>	<u>PRACTICE CITY</u>
Bagley, Jack Llorac	Potts, Kevin Eugene	Wilmington
Bagley, Jack Llorac	Sherrrod, William Maxwell	Supply
Bartlette, Ashley Yvonne	Robinson, Timothy Michael	Morganton
Beardsley, David Albert Jr.	Moomaw, William Charles	Marion

Bechtol, Brian Marshall	Radiontchenko, Alexei	Hickory
Benge, Timothy Fred	Grant, Terry Alan	Goldsboro
Bibb, Philip Wayne	Heter, Michael Allen	Wilmington
Blake, John Alden	Kirtley, Samuel William	Shallotte
Bradshaw, Shanna P.	Harris, Diane Ennis	Clinton
Brinke, Paige Snow	O'Neill, Damien	Murphy
Buchanan, Misty Ann	Evans, James Harvey	Winston-Salem
Campbell, Orville Lee Jr.	Loper, Peter Louis	Charlotte
Clancy, Kerry Lee	McConnell, Jane Morehead	Fayetteville
Collins, Samuel Lindsay	Skinner, Michael Allen	Durham
Crabtree, Ami Seitz	Vu, Khanh Tuan	Henderson
Crawley, John Cromartie	Chavis, Herman	Red Springs
Crawley, John Cromartie	Oudeh, Ibrahim Naim	Dunn
Crowell, David Jefferson Jr.	Haider, Syed Noman	Polkton
Daly, Leila Anne	Blackwell, Kimberly Lynn	Durham
Despaigne, Policarpo R	Joyner, William Lawrence	Navassa
Despaigne, Policarpo R	Kirtley, Samuel William	Shallotte
Dillow, Michael Lee	Acree, Jeffrey Siemens	Marion
Driscoll, Laurie Ann	Pence, Jeffrey Carl	Greenville
Dunkleberger, Vikki May	Goforth, James Walter	Hickory
Dunn, Bryan Keith	Jordan, Joseph Christopher	Greenville
Echard, Earl Vester	Umesi, Obinnaya Chiegeiro	Raleigh
Edwards, Crystal Callahan	Hendricks, Andrew Adam	Lumberton
Ehret, Jennifer Joy	Asimos, Andrew William	Charlotte
Fedde, Vicki Hymel	Chander, Ernest Romesh	Gastonia
Feldman, Rhonda Glen	Yuan, Shang-Hsien	Morganton
Ference, Kimberly Lynn	Ehrhart, Troy Justin	Jacksonville
Floyd, S. Steven Jr.	Huff, William Alexander	Clinton
Gore, William Anthony	Hall, Charles Daniel	Supply
Green, Catherine Marie	Collins, Timothy Alan	Durham
Gregory, Ginger Dobbins	Tirona, Francisco P.	Angier
Grzywacz, Dona Marie	McCaskill, Lloyd Curtis	Laurinburg
Hanley, Brian Thomas	Turnbull, Joseph Taylor	Marion
Haswell, Betty Jo	Withrow, Glenn Ashley	Chapel Hill
Haymond, Alvin Henry Jr.	Carr, Timothy John	Gastonia
Hebert, Lisa Gianferante	Edel, Kenneth Patrick	Stanley
Hege, Keith Jerome	Monteleone, Gaetano Peter Jr.	Yadkinville
Hobgood, Steven Todd	Davidson, Larry Steve	Greenville
Holland, Nancy Whitford	Stewart, Angela Grace	Winterville
Hollingsworth, Robert Lee	Faulkenberry, Bradford Keith	Wagram
Howard, Brenda Lee	Bissonnette, Linda Marie	Durham
Hull, William Anthony	Siegert, Claudine Elizabeth	Hendersonville
Humphreys, Eileen Marter	Fleming, Brian Keith	Fayetteville
Humphreys, Eileen Marter	Khurana, Rajesh	Fayetteville
Hurley, Alison Jean	Miller, Joshua Seth	Charlotte
Johnson, Jane Sharpe	Willis, Robert Frederick	Stedman
Jones, Cybil Dyson	Cody, Edmund Joseph	Salisbury
Jordan, Gloria Jackson	Mergy, James Arthur	Fayetteville
Justice, Brenda Jean	Appel, Barbara Lynn	Fayetteville
Kauffman, Peter Joseph	Mitchell, Sharon Sonia	Fayetteville
Kelly, Amy Sue	Heter, Michael Allen	Wilmington

King, Harold Walters Jr.	Flanagan, James Patrick	Fayetteville
Layman, Paul Gayle	Harris, Diane Ennis	Clinton
Layman, Paul Gayle	Kirtley, Samuel William	Shallotte
Laymon, Bradley Lynn	Monteleone, Gaetano Peter Jr.	Yadkinville
Lightner, Michelle L.	Fleming, Brian Keith	Fayetteville
Lishchynsky, Michael A.	Morris, Deborah Lynn	Fayetteville
Little, Stacey Smiles S	Judge, Gurdev Singh	Cary
Manigo, Laura Lynne	Keith, Douglas Charles	Garner
Manigo, Laura Lynne	Silver, Danny	Clinton
Manigo, Laura Lynne	Smith, Bernard Michael	Dunn
Mantey, Anna Marie	Turnbull, Joseph Taylor	Marion
Martinelli, Michael Paul	Allgood, Sara Elizabeth	Charlotte
Matlock, Jody Kaye	Ellis, Milton Barringer	Boone
Mauldin, Timothy Van	Meltzer, Morton	Cameron
McCutcheon, Mary Ellen	LeCroy, Charles Michael	Asheville
McGowan, Rebecca Dees	Siegert, Claudine Elizabeth	Hendersonville
McHatton, Timothy L.	Gaunt, George Loren Jr.	Concord
Migdon, Steven	Proctor, Camilla Allyn	Rocky Mount
Migdon, Steven	Smith, Bernard Michael	Dunn
Moreno, Paula Renee	Carr, Timothy John	Gastonia
Munn, William Anthony	Carone, Patrick Patteson	Rocky Mount
Murphy, Mary Kathryn	Agrawal, Mamatha	Apex
Murr, David Craig	Monteleone, Gaetano Peter Jr.	Yadkinville
Pace, Shirley Diann	Jordan, Joseph Christopher	Greenville
Pasquale, Gina	Hilton, Suzanne Elizabeth	Winston-Salem
Patrick, Frank Charles	Hamilton, Penny Jo	Raleigh
Perez, Shaunna Lorene	Maxwell, James Henry	Wade
Perkins, Alexzandrew L III	Aluisio, Frank Victor	Greensboro
Perkins, Kenneth Barry	Hoilien, Michael Joseph	Ft Bragg
Pfitzer, Melissa Gayle	Kahai, Jugta	Oak Island
Pressler, Cindy Ann	Williamson, Steven Grover	Hickory
Randolph, Mark Patrick	Al-Haidary, Anwar Darwish	Wilson
Randolph, Mark Patrick	Russell, Joseph Dwight	Wilson
Rice, Patricia Liccardi	Jordan, Joseph Christopher	Greenville
Riser, John David	Moomaw, William Charles	Marion
Rouchard, John Scott	Henretta, John Patrick	Asheville
Salisbury, Steven R Jr.	Broussard, Bradley James	Fayetteville
Saunders, Sarah Ann M	Wade, Eugene Henry Peter	Burlington
Scott, Russell Bart	Nwosu, Agodichi Udekvesi	Fayetteville
Shuford, Tracy Anne	Supple, Kevin Mark	Greensboro
Signorini, William Michael	Henretta, John Patrick	Asheville
Soni-Patel, Payal Has Mukh	Lewis, Edward Alan	Asheville
Spicer, Blai Vang	Baker, Kenneth John	Monroe
Stegall, David Frank	Mutersbaugh, Karin Lynn	Clyde
Stephens, Phillip Martin	Lownes, Robert Lefonia	Whiteville
Stovall, Vanessa Miller	DeVaul, Chanson Albert	Goldsboro
Stuckey, Travis Arthur	Mahar, Matthew Alan	Sylva
Taylor, Chris	Jordan, Joseph Christopher	Greenville
Thomas, Brenda Walker	Nacouzi, Vincent Anthony	Raleigh
Thompson, Jamie Alissa	Prasad, Venkat L.	Newton Grove
Vaughan, Howell Anderson	Moore, Jeffrey Alan	Knightsdale

Villarreal, Alfredo DeLeon	Smith, Bernard Michael	Dunn
Walters, Heather Lynn	Royal, Stephen Harold	Lumberton
Welliver, Ian Thompson	LeCroy, Charles Michael	Asheville
Westbrook, Christie I	Heck, Gary Herschel	Kinston
Whibby, Pamela Alvita	Westover, Edward Ted William	Rocky Mount
White, Allison Caroline	Smith, Robert Lewis	Fletcher
White, Dale E.	Moore, Jeffrey Alan	Knightdale
Whitney, Douglas Terry	Knapp, Iva Louise	Greensboro
Whitwell, Bruce Edward	Zaidi, Syed Navaid	Windsor
Williams, Lynne Baheyeah	Wang, Anthea	Burlington
Wrenn, Cynthia Helen	Dickerson, Michael Manford	Fayetteville
Wright, Sharon Annette	Manning, Stewart Cleaves	Elizabeth City
Young, Michael Eugene	Scott, Walter Williams Jr.	Greenville
Zagon, Laura Joan	Gaunt, George Loren Jr.	Concord

NP – Initial Applications Recommended for Approval after Staff Review-

<u>NURSE PRACTITIONER</u>	<u>PRIMARY SUPERVISOR</u>	<u>PRACTICE CITY</u>
Adcock, Sandra	Phipps, John	Winston-Salem
Allen, Kymberly	Mock, Elisabeth	Monroe
Baskin, Robin	Jolley, Robert	Mill Springs
Bell, Reagan	Pucilowski, Olgierd	Wilmington
Bradford, Gloria	Wilson, Mitchell	Pinehurst
Byrd, L Jason	Zban, William	Charlotte
Clasen, Kathleen	Escolar, Maria	Chapel Hill
Clune, Jenniferleigh	Sloan, Randy	Hampstead
Cockerham, Amy	Thompson, Mark	Gastonia
Corbett, Rene	Fretwell, Marsha	Wilmington
Donaldson-Glinski, Dianne	Altman, Brian	Whiteville
Farber, Lynne	Von Allmen, Daniel	Chapel Hill
Fesperman, John	Tempest, David	Moncure
Flynn, Margaret	Mims, Susan	Ashe
Isaacs, Jane	Gallup, Kenneth Jr.	Winston-Salem
Jones, Jimmy	Thomley, Alan	Charlotte
Locklear, Jodella	Hearne, Larry	Lumberton
Miller, Pamela	Miller, Michael	Statesville
O'Brien, Patricia	Landvater, Lance	Raleigh
Stokes, LaMonica	Igwemezie, Benjamin	High Point
Thompson, Debra	Brooks, Clyde	Greenville
Todd, Janice	Stevenson, Lindsay	Elizabeth City

NP - Subsequent Applications administratively approved-

<u>NURSE PRACTITIONER</u>	<u>PRIMARY SUPERVISOR</u>	<u>PRACTICE CITY</u>
Allen, Angela	Moomaw, William	Marion
Angrisani, Patricia	Jones, Lawrence	Asheville
Bach, Laura	Lawrence, Michael	Snow Hill
Bates, Charles	Rupe, Carol	Charlotte
Brewer, Margaret	Hoffman, Byron Jr.	Siler City
Carlton, Melissa	Moore, Reginald	Lenoir
Carr, Carlye	Bynum, Debra	Chapel Hill

Catlin, Cynthia
Chapman, Tracy
Conley, Carlye
Cooper, Karen
Couranz, Michele
Dowell, Jo Ann
Eren, Margaret
Frederiksen, Julie
Fuller, Susan
Gardner, Deirdre
Griffiths, Christina
Grubbs, Sandra
Haas, Marilyn
Harrison, Dawn
Harwood, Linda
Hayes, Claudia
Hwang, Jane
Jordan, Stephanie
Lambert, David
Lambert, David
Markham, Deanna
McDowell, Reida
Moody, Patricia
Moorozoff, William Jr.
Perkins, Cynthia
Pickett, Stephanie
Prokey, Eileen
Quarless, Ashley
Raynor, Carol
Raynor, Penny
Ridout, Jamie
Rowe, Veda
Sanford, Lisa
Sossoman, Leslie
Taylor-Miller, Bertha
Thompson, Maria
Vertefeuille, Cynthia
Weinberg, Karen
White, Betty
Woolard, Suzanne

Chao, Nelson
Acree, Jeffrey
LeCroy, C Michael
Manly, David
Willson, Charles
Holness, Kenworth
Chao, Nelson
Torres, S Susan
Richter, Karen
Chao, Nelson
Powell, James
Calikoglu, Ali Suha
Acree, Jeffrey
Bennett, Ward
LeCroy, C Michael
Sengstaken, Elizabeth
Lorimer, William
Osei-Bonsu, George
Brady, Joseph Jr.
Ezzo, Stephen
Thomas, Millard III
Seo, Pearl
Chander, Ernest
Gholston, Lisa
Lester, Robert
Allen, Harvey Jr.
Easley, Henry III
Moreira, Roy
Garrett, James
Rhyne, Janelle
Glower, Donald Jr.
Turnbull, Joseph
McCord, Marcella
McMillan, Edward
Kornegay, Hervy Sr.
Chao, Nelson
Gosrani, Nimish
Cuento, Oblendo
Moomaw, William
Jordan, Joseph

Durham
Marion
Asheville
Hendersonville
New Bern
Winston-Salem
Durham
Wilmington
Brown Summit
Durham
Ahoskie
Chapel Hill
Marion
Rocky Mount
Asheville
Fayetteville
Durham
Greensboro
Charlotte
Matthews
Asheboro
Durham
Charlotte
Red Springs
Gastonia
Winston-Salem
Washington
Greensboro
Jacksonville
Wilmington
Durham
Marion
Zebulon
Charlotte
Warsaw
Durham
Greensboro
Asheville
Marion
Greenville

Clinical Pharmacist Practitioner Applications-

CPP
Jacobs, Michelle
Ward, Kristi W

PRIMARY SUPERVISOR
Marsh, Stephen
Mann, James III

PRACTICE CITY
Zebulon
Raleigh

Motion: A motion passed to approve the report and the vote list as presented.

LICENSING COMMITTEE REPORT

Robert Moffatt, MD, Chair; E.K. Fretwell, PhD; Robin Hunter-Buskey, PAC; Edwin Swann, MD;
George Saunders, MD

Using email for license interviews

Catchline: Now that all Board members have high-speed Internet access, license interviews can be emailed.

Committee Recommendation: Switch all Board Members to receiving email for interviews instead of mailing CDs.

BOARD ACTION: Switch all Board Members to receiving email for interviews instead of mailing CDs.

American Association of Collegiate Registrars and Admissions Officers (AACRAO)

Catchline: This organization is requesting the Board consider utilizing its services in credentialing foreign educated individuals.

Committee Recommendation: Thank AACRAO for the information and the Board will contact them in the future if the need arises.

BOARD ACTION: Thank AACRAO for the information and the Board will contact them in the future if the need arises.

Criminal history record check delays

Catchline: Rule .0104 permits issuance of a license without background check results. It has been the Board's standard to "not issue a license until results have been received" (with the exception of a resident training license). Some applicants, due to no fault of their own, are experiencing long delays in obtaining the background check. These delays are due to poor quality fingerprints. A name check can be requested if the prints are rejected twice; however a name check can be an additional 30-day (or more) delay. Once the SBI has conducted a name check, the FBI then has to reject the prints twice before they can run a name check, possibly creating an additional minimum 30-day delay.

Committee Recommendation: Allow applicants required to have name checks conducted to go ahead and interview. Issue a temporary license (if requested) and present application at the next Board meeting for full license approval while the name search is being conducted. If information received on the background check was not properly disclosed in the application process, the physician can be charged. This procedure will apply only if all other application material is routine and in order.

BOARD ACTION: Allow applicants required to have name checks conducted to go ahead and interview. Issue a temporary license (if requested) and present application at the next Board meeting for full license approval while the name search is being conducted. If information received on the background check was not properly disclosed in the application process, the physician can be charged under NCGS 90-14(a). This procedure will apply only if all other application material is routine and in order.

A motion passed to close the session to investigate, examine, or determine the character and other qualifications of applicants for professional licenses or certificates while meeting with respect to individual applicants for such licenses or certificates.

The Board reviewed four license applications. 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.

Motion: A motion passed to approve the report as presented.

SPLIT BOARD LICENSURE INTERVIEWS

A motion passed to close the session to investigate, examine, or determine the character and other qualifications of applicants for professional licenses or certificates while meeting with respect to individual applicants for such licenses or certificates.

Seven 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.

Motion: A motion passed to approve the Licensing Interview Report.

A motion passed to return to open session.

APPLICANTS PRESENTED TO THE BOARD

Robin Heather Ackerman	Gregory Michael Bugaj	Douglas Ray Dirschl
Longinus Olewuike Agor	Nicole Shiree Burbank	Charles Russell Downey Jr.
Shawn Raynard Alexander	Dawn Williams Burks	Matthew David Du Mont
Suleiman Ali	Robert Tucker Burks	Kelli Coop Dunn
John Richard Alvey	Julia Wilkerson Burns	Jason Dylak
Nirmala Mathew Amaldoss	Charles Anton Buzzanell	Eddy Lewis Echols Jr.
Behnam Asgharian	Deborah Barbara Cabral	Dina Eisinger
Katherine Ann Averill	Mitchell Aaron Cahan	Natalie Nicole Ellis
Juan Ayerdi	William McKamie Caldwell Jr.	Richard Lloyd Elsey, II
Dean Batten	Todd Christopher Campbell	Lawrence Etter
Kenneth David Beckman	Gregory Scott Canty	Scott Nield Fairbrother
Kristi Lynne Bengtson	John Stephen Carbone	Stephen Julius Farkas
Christopher Vladimir Bensen	Donna Reeve Childress	Alan Christopher Farney
Scott Frank Berry	Jenyung Andy Chiu	Kathryn Ann Rose Fergus
Sarjoo Mohandas Bhagia	Jeffrey Allen Clark	Tobin Andrew Finizio II
Holly Rose Roberts Biola	Gail Michelle Cohen	Ruth Caynap Flynn
Charles Walter Bouch	Brenda L. Davis	Mary Elizabeth Fontana-Penn
Joseph Hugh Boyle	Joseph Charles Dearie	Orville Ryland Foster
Adam Charles Braithwaite	Bridget McNamara Degele	Ryan Dennis Frieder
Elena Bravver	Antonio John Deluzio	Roger Donald Gallant
Stacy Wood Briggs	Sharon Kay DeMocker	Jeremy Raymond Geffen
Noel Anderson Brownlee	Dev Mahendra Desai	Phillip George Geiger
Stephanie Robin Bruce	Howard David Diener	Linda Harris Gilliam

Seth William Glickman
Sandeep Singh Atma Singh
Grewal
John Darren Gross
Lanny Carroll Hadley
Jennifer Daugherty Halloran
Roy Hanaki
Timothy Edward Harris
Craig Franklin Hart
Diane Elizabeth Head
Kelly Anne Hill
Wayne Hioe
Tamara Lynne Holt
Nasiffa Hossain
Cheryl Anthony Hubbard
Jason Douglas Huff
Kern Michael Hughes Jr.
Erik Kenton Insko
Jennifer Miree Jo
Charles Louis Joachim
Anthony Johnson
Libre Evan Johnson
Maxwell Kenneth Johnson
Rahim Kassamali
Arnold Hyuneun Kim
Carmel Colgrove Lakhani
David Adam Lalli
Mohammad Fahim-Danish
Lateef
Thomas Michael Leath
Gary St. Aubyn Letts
Erika Gantt Lumsden
John Christopher Maize Jr.
Bryan Douglas Maxwell
Matthew Thomas Mayr
Terry Joseph McAnAllen

John Gilbert McNutt
Rajendra Hasmukhrai Mehta
Eric Grant Meinberg
Padman Achutha Menon
Karen Veneri Meyers
Robert Alden Milam IV
Alfred Joseph Albert Mina
Shashank Mishra
Kathleen Holt Moeller
Theresa Suzanne Monteith
Eskander George Morkos
Sarah Nall Morris
Ann Marie Mottershaw
Richard William Murrow
Savithri Nageswaran
Jon David Oden
Kevin Michael O'Neil
William Stanley Ottinger
Elizabeth Leonila Palavecino
Catherine Lorraine Palmer
Matthew Terrence Pardy
Keyur Patel
Sonja Lynn Perkins
Bradley Arthur Peterson
Luis Alberto Piedrahita
Margaret Wooten Pierson
Steven Lawrence Quigley
Pablo Martin Rabosto
Sathyanarayan Rau
Adam Gates Ravin
Christopher Mark Reed
Jacland Frank ReVille Jr.
Carlos Meyer Rish
Kenneth Mark Robert
Angela Yvette Roberts
Dean Aaron Rose

Kelly Sue Rothe
Patrick Joseph Russo Jr.
Yadvinder Kaur Sandhu
Margaret Antoinette Scannell
Jian Shen
Caroline Donna Sherbourne
Jennifer Wales Singleton
Loki Skylizard
Mark David Smith
Michael Louis Speckhart
Christine Elise Speer
Roger Daniel Spitzer
Jeffrey Paul Stein
Robert David Stoffey
Alice Fay Stothoff
Steven Todd Strickler
Azim Eburn Surka
Frank Morrison Sutton Jr.
Iveta Stranavova Swaim
Arjumand Bano Syed
Julie Trainer Tiffany
John Winberm Turner
Ajay Kumar Veeragandham
Thomas Henry Vreeland
Kristin Elizabeth Wagner
Douglass Michael Wallace
Eric Mark Wallen
Tonya Hailes Wanko
Harrison Frederick Warner
Bradley Jared Wasserman
Andrew Gocke Westbrook
Tanya Elizabeth Whitner
Lisa Anne Franceschini Wildcatt
Ann Leigh Winter
Anita Kuo Ying
Tara Mills Zimmerman

LICENSES APPROVED BY ENDORSEMENT AND EXAM

Robin Heather Ackerman
Longinus Olewuike Agor
Suleiman Ali
John Richard Alvey
Nirmala Mathew Amaldoss
Katherine Ann Averill
Juan Ayerdi
Dean Batten
Kenneth David Beckman
Kristi Lynne Bengtson
Christopher Vladimir Bensen
Scott Frank Berry

Sarjoo Mohandas Bhagia
Holly Rose Roberts Biola
Charles Walter Bouch
Joseph Hugh Boyle
Adam Charles Braithwaite
Elena Bravver
Stacy Wood Briggs
Noel Anderson Brownlee
Stephanie Robin Bruce
Gregory Michael Bugaj
Nicole Shiree Burbank
Dawn Williams Burks

Robert Tucker Burks
Julia Wilkerson Burns
Mitchell Aaron Cahan
William McKamie Caldwell Jr.
Todd Christopher Campbell
Gregory Scott Canty
John Stephen Carbone
Donna Reeve Childress
Jenyung Andy Chiu
Jeffrey Allen Clark
Gail Michelle Cohen
Joseph Charles Dearie
Bridget McNamara Degele
Antonio John Deluzio
Sharon Kay DeMocker
Dev Mahendra Desai
Howard David Diener
Charles Russell Downey Jr.
Matthew David Du Mont
Kelli Coop Dunn
Eddy Lewis Echols Jr.
Dina Eisinger
Natalie Nicole Ellis
Lawrence Etter
Scott Nield Fairbrother
Stephen Julius Farkas
Alan Christopher Farney
Kathryn Ann Rose Fergus
Tobin Andrew Finizio II
Mary Elizabeth Fontana-Penn
Ruth Caynap Flynn
Orville Ryland Foster
Ryan Dennis Frieder
Roger Donald Gallant
Jeremy Raymond Geffen
Phillip George Geiger
Seth William Glickman
Sandeep Singh Atma Singh Grewal
John Darren Gross
Jennifer Daugherty Halloran
Roy Hanaki
Timothy Edward Harris
Craig Franklin Hart
Diane Elizabeth Head
Kelly Anne Hill
Wayne Hioe
Nasiffa Hossain
Cheryl Anthony Hubbard
Jason Douglas Huff
Kern Michael Hughes Jr.
Erik Kenton Insko

Jennifer Miree Jo
Charles Louis Joachim
Libre Evan Johnson
Rahim Kassamali
Arnold Hyuneun Kim
Carmel Colgrove Lakhani
David Adam Lalli
Mohammad Fahim-Danish Lateef
Thomas Michael Leath
Erika Gantt Lumsden
John Christopher Maize Jr.
Bryan Douglas Maxwell
Matthew Thomas Mayr
John Gilbert McNutt
Rajendra Hasmukhrai Mehta
Eric Grant Meinberg
Padman Achutha Menon
Karen Veneri Meyers
Robert Alden Milam IV
Alfred Joseph Albert Mina
Shashank Mishra
Kathleen Holt Moeller
Theresa Suzanne Monteith
Eskander George Morkos
Sarah Nall Morris
Ann Marie Mottershaw
Richard William Murrow
Savithri Nageswaran
Jon David Oden
Kevin Michael O'Neil
William Stanley Ottinger
Elizabeth Leonila Palavecino
Catherine Lorraine Palmer
Matthew Terrence Pardy
Sonja Lynn Perkins
Bradley Arthur Peterson
Luis Alberto Piedrahita
Margaret Wooten Pierson
Steven Lawrence Quigley
Pablo Martin Rabosto
Sathyanarayan Rau
Adam Gates Ravin
Christopher Mark Reed
Jacland Frank ReVille Jr.
Carlos Meyer Rish
Kenneth Mark Robert
Angela Yvette Roberts
Kelly Sue Rothe
Patrick Joseph Russo Jr.
Yadvinder Kaur Sandhu
Margaret Antoinette Scannell

Jian Shen
Caroline Donna Sherbourne
Jennifer Wales Singleton
Loki Skylizard
Mark David Smith
Michael Louis Speckhart
Christine Elise Speer
Roger Daniel Spitzer
Jeffrey Paul Stein
Robert David Stoffey
Alice Fay Stothoff
Steven Todd Strickler
Azim Ebn Surka
Frank Morrison Sutton Jr.
Iveta Stranavova Swaim
Arjumand Bano Syed
Julie Trainer Tiffany
John Winberm Turner
Ajay Kumar Veeragandham
Thomas Henry Vreeland
Kristin Elizabeth Wagner
Douglass Michael Wallace
Eric Mark Wallen
Tonya Hailes Wanko
Harrison Frederick Warner
Bradley Jared Wasserman

Andrew Gocke Westbrook
Tanya Elizabeth Whitner
Lisa Anne Franceschini Wildcatt
Ann Leigh Winter
Anita Kuo Ying
Tara Mills Zimmerman

**APPLICANTS FOR REINSTATEMENT
(LONG PROCESS)**

Behnam Asgharian
Lanny Carroll Hadley
Dean Aaron Rose

**APPLICANTS FOR REACTIVATION
(SHORT PROCESS)**

Douglas Ray Dirschl

**CONVERSION TO RETIRED VOLUNTEER
LICENSE**

Deborah Barbara Cabral

**APPLICANTS FOR FACULTY LIMITED
LICENSE**

Anthony Johnson
Keyur Patel

COMPLAINT COMMITTEE REPORT

Aloysius Walsh; Edwin Swann, MD; Walter Pories, MD; George Saunders, MD

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, and 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.

The Complaint Committee reported on 45 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.

Motion: A motion passed to approve the report as amended.

A motion passed to return to open session.

INVESTIGATIVE COMMITTEE REPORT

Stephen Herring, MD; Arthur McCulloch; Charles Garrett, MD; Robert Moffatt, MD; Shikha Sinha

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, and 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.

The Investigative Committee reported on 32 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 to prevent the disclosure of information that is confidential pursuant to sections 90-8, 90-14, 90-16 and 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.

Eleven 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.

MALPRACTICE COMMITTEE REPORT

Aloysius Walsh; Edwin Swann, MD; Walter Pories, MD; George Saunders, MD

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, and 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.

The Malpractice Committee reported on 17 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 as these actions are not public information.

A motion passed to return to open session.

MEDICAL EXAMINER COMMITTEE REPORT

Aloysius Walsh; Edwin Swann, MD; Walter Pories, MD; George Saunders, MD

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, and 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.

The Medical Examiner Committee reported on five 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 as these actions are not public information.

A motion passed to return to open session.

ADJOURNMENT

This meeting was adjourned on August 22, 2003.

Robert C. Moffatt, MD
Secretary