

# **MINUTES**

North Carolina Medical Board

**March 20-23, 2002**

**1201 Front Street, Suite 100  
Raleigh, North Carolina**

Minutes of the Open Sessions of the North Carolina Medical Board Meeting March 20-23, 2002.

The March 20-23 2002, meeting of the North Carolina Medical Board was held at the Board's Office, 1201 Front Street, Suite 100, Raleigh, NC 27609. The meeting was called to order at 8:00 a.m., Wednesday, March 20, 2002, by Walter J. Pories, MD, President. Board members in attendance were: John T. Dees, MD, Vice President; Charles L. Garrett, MD, Secretary/Treasurer; George C. Barrett, MD; E. K. Fretwell, PhD; Hari Gupta; Stephen M. Herring, MD; Robin N. Hunter-Buskey, PA-C; Elizabeth P. Kanof, MD; Robert C. Moffatt, MD; Michael E. Norins, MD; and Mr. Aloysius P. Walsh.

Staff members present were: Mr. Andrew W. Watry, Executive Director; Ms. Helen Diane Meelheim, MSN, JD, Deputy Director; Bryant D. Paris, Jr., Executive Director Emeritus; Thomas W. Mansfield, JD, Legal Department Director; R. David Henderson, JD, Board Attorney; William H. Breeze, Jr., JD, Board Attorney; and staff.

## **MISCELLANEOUS**

### **Presidential Remarks**

Dr. Pories commenced the meeting by reading the North Carolina Board of Ethics' ethics awareness and conflict of interest reminder.

Mr. Watry announced that the Board's office lease will expire in May 2002. Mr. Watry asked for the Board's advice regarding whether to lease or buy.

### **Evaluation of Performance**

**Motion:** (CG, EK) A motion passed that the Board President and Dr. Barrett are authorized to engage a consultant (preferably Mr. John Anderson) at the Board's expense to evaluate the performance of the Medical Board to include both Board Members and staff.

### **Nurse Midwives Supervision of Lay Midwives**

**Motion:** (RHB, EK) A motion passed that the North Carolina Medical Board is opposed to nurse midwives supervising lay midwives (performing home deliveries).

## **MINUTE APPROVAL**

**Motion:** A motion passed that the February 20 and 21, 2002 Board Minutes be approved as presented

## **ATTORNEY'S 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, 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.

Thomas Mansfield, Legal Director, presented his report.

### **PENDING CASES**

The Legal report contained 97 cases. A written report was presented for the Board's review. The specifics of this report are not included as these actions are not public information.

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

A motion passed to return to open session for continuation of the attorney's report on executed cases..

### **EXECUTED CASES**

**BRIDGES**, Michael Howard MD

Consent Order executed 1/23/2002

**CHEEK**, John Christopher MD

Order of Termination executed 3/13/2002

**FABER**, Steven Mark MD

Consent Order executed 3/13/2002

**GALEA**, Lawrence Joseph MD

Findings of Fact, Conclusions of Law and Order executed 2/21/2002

**HENDRICKS**, David Martin MD

Order to Terminate Consent Order executed 3/13/2002

**HODA**, Syed Tanweeful MD

Notice of Charges executed 1/31/2002

**HOLMES**, Joseph Nathan MD

Consent Order executed 3/9/2002

**HOLT**, Thomas MD

Findings of Fact, Conclusions of Law and Order executed 1/2/2002

**KING**, Delf Omar MD

Consent Order executed 2/25/2002

**MARTIN**, Carol Ann MD

Order to Terminate Consent Order executed 2/17/2002

**MCCURDY**, Donald Pittard MD

Order to Terminate Consent Order executed 2/10/2002

**SKWERER**, Robert Gordon MD

Consent Order executed 1/24/2002

**TEEL**, Gregory Tyrone MD

Consent Order executed 2/21/2002

**WOLEBEN, Martyn Dean MD**  
MD surrendered effective 2/14/2002

## **HEARINGS**

**TALLEY, Joseph Harold, MD**

Hearing: March 21-23, 2002

Catchline: Notice of Charges executed 10/10/2001

BOARD ACTION: The Board found that Dr. Talley committed unprofessional conduct. A hearing to determine appropriate disciplinary action will be held at the April Board meeting.

## **EXECUTIVE DIRECTOR'S REPORT**

Andrew W. Watry, Executive Director, presented his report which included instructions and completion of action items.

## **PUBLIC AFFAIRS/COMMUNICATIONS PROGRAM REPORT**

Dale Breaden, Communications Director, presented the following special report:

### **North Carolina Medical Board Releases 2001 Annual Board Activity Report**

*March 7, 2002, Raleigh, NC:* On behalf of the North Carolina Medical Board and its president, Walter J. Pories, MD, of Greenville, the executive director of the Board, Andrew Watry, today released the Board's 2001 Annual Activity Report. The report focuses on actions taken by the Board during 2001 and on a wide range of information relating to the work of the Board. Saying that all the data in the report are important in understanding the scope of the Board's responsibility in protecting the health, safety, and welfare of the people of North Carolina, Mr Watry called particular attention to several details in the report. Altogether, the Board took 217 formal actions related to 122 individuals in 2001, compared to 222 actions related to 116 individuals in 2000. That total includes both prejudicial and non-prejudicial actions. (Non-prejudicial actions are those that initially derived from a disciplinary action but do not reflect a new action--such as the extension of a temporary license for a person who is practicing satisfactorily.) Prejudicial actions numbered 116 against 86 persons (75 physicians, 10 physician assistants, and 1 EMT. (In 2000, the numbers were 122 actions against 74 persons--66 physicians and 8 physician assistants.) Non-prejudicial actions numbered 101 related to 57 persons (49 physicians and 8 physician assistants). (In 2000, the numbers were 100 actions related to 62 persons--53 physicians, 8 physician assistants, and 1 nurse practitioner.) Mr Watry also noted the Board had revoked 8 licenses, denied 5, and suspended 13 (8 of which were stayed on specific conditions). Five licenses were summarily suspended. The Annual Report also includes such information as the total number of persons holding licenses (26,581 physicians, 18,740 of whom are in-state; 2,216 physician assistants; 1,926 nurse practitioners); the number of complaints received, cases investigated, and hearings held; causes of actions

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taken; data on the work of the North Carolina Physicians Health Program with impaired physicians and physician assistants; and much else. The full report is available to the public in Word and bookmarked PDF format on the Board's Web site at [www.ncmedboard.org](http://www.ncmedboard.org). Consumers can obtain valuable information on the Board's Web site, including copies of all public orders relating to each of the Board's actions. It is a rich resource for all the citizens of North Carolina seeking information about the Board's work and its licensees.

(Link to Report: [www.ncmedboard.org/quick.htm](http://www.ncmedboard.org/quick.htm))

[For questions or further information, please contact Dale Breaden, the Board's Director of Public Affairs, at (919) 326-1109, ext 230, or [dale.breaden@ncmedboard.org](mailto:dale.breaden@ncmedboard.org).]

## **POLICY COMMITTEE REPORT**

Charles Garrett, MD, Chair; Stephen Herring, MD; Aloysius Walsh; Elizabeth Kanof, MD; Michael Norins, MD

The Policy Committee was called to order at 3:35 PM, Wednesday, February 20, 2002, at the office of the Board. Present were: Charles L. Garrett, MD, Chair; Stephen M. Herring, MD; Elizabeth P. Kanof, MD; Michael E. Norins, MD; and Aloysius P. Walsh. Also attending were Andrew W. Watry, Executive Director; Thomas Mansfield, Board Attorney; Melanie Phelps, North Carolina Medical Society; Steve Keene, North Carolina Medical Society; Dale G Breaden, Director, Public Affairs (PC Staff); Jeffery T. Denton, Board Recorder (PC Staff); and Shannon Kingston.

NB: **Recommendation to Board**=Committee's request for Board consideration of item.  
**Action**=Item related to the Committee's own work or deliberations.

### **Minutes (Dr Garrett)**

Dr Garrett stated that starting with this month's Committee meeting, he would like Committee minutes to be reviewed and approved by the members of the Committee before going to the full Board. To begin this system, the February minutes will be presented to the full Board in March rather than at this meeting. This will also allow staff to prepare the minutes more carefully. The minutes will be sent out within two weeks of the Committee meeting and each Committee member will be asked to respond within 72 hours of receipt. This policy met with the approval of the Committee.

### **Alternative Medicine Subcommittee Update (Dr Kanof and Mr Walsh)**

Mr Walsh reported that the White House Commission on Complementary and Alternative Medicine continues to meet, and there continues to be controversy over the makeup of that commission. Its chair has argued in the past that certain mental conditions are not illnesses but voyages of discovery. The chair has been taken to task for this by the National Committee Against Health Fraud, and they have filed a report urging the commission be disbanded because of its composition. They feel that science-based study is needed.

Dr. Kanof presented the Federation's "Model Guidelines for the Use of Complementary and Alternative Therapies in Medical Practice." She provided the following comments:

The CAM Committee was originally designated the Special Committee for the Study of Unconventional Health Care Practices. It was changed with developing model guidelines for state medical boards to use in educating and regulating physicians who use complementary and alternative medicine in their practices. Consultants were appointed, four of whom were strongly for incorporating into mainstream medicine practice based on observation and experience as the main prerequisites vs. two consultants who felt such practice

should first meet more stringent guidelines for the use of complementary and alternative therapies, to be less pejorative. Prior to a conference call of the committee a few months ago the guidelines were submitted to the consultants. The guidelines underwent further revision, so that now they appear to me to be a general statement as to what constitutes good medical practice for ALL physicians based on the input of those who were “pro-experience.” The “scientific-based” consultants did not submit their comments on time. Their perspective is attached.

The Federation Board recently approved the guidelines for presentation at the annual meeting in April. The Board also decided to make the draft available for the general public to see rather than the members only website which has been the policy for distribution of guidelines not yet voted on by the House of Delegates in the past. The Board also sent the draft to the White House Commission on Alternative Medicine for their review. We have been asked not to distribute the document to the general public at this time.

A Dr. McAndrews has sent a letter to all governors, attorneys general and possibly to state medical boards accusing the Federation of encouraging member boards to launch “an investigation” of all medical physicians who are working with unconventional medicine.

Of the nine members of the committee only one other member and I are the dissidents and we have not yet decided whether or not to go public with our concerns at the reference committee. I seek the Board’s guidance at this point.

I would also like all of you to be aware of the fact that an article re informed consent and CAM appeared in the archives of Internal Medicine. The authors present three legal cases concerning CAM and clinical practice. In one, hair analysis was used for cancer diagnosis; in another, nutritional therapies were used in breast cancer treatment after a permission/waiver was signed; and in a third, a patient sued because a physician did not disclose EDTA Chelation as an alternative treatment for Carotid Endarterectomy (the physician was acquitted). Although two of these cases reached the appellate level, the authors appropriately note that case law is sparse and underdeveloped.

The authors attempt to fashion an approach to informed consent in CAM, based on the cases above, and their knowledge of CAM and the legal process. They favor disclosure of available CAM therapies that patients may want. They note that “physicians and patients often disagree on what kind and what level of evidence make a therapy demonstrably safe and effective enough for the physician to tolerate or recommend the therapy.” The latter point is highly contentious: It is one thing to accommodate a patient’s use of CAM; it is another thing altogether to prescribe it.

One of the consultants predicted there would be subsequent lawsuits which would, in the long run, help CAM practices become mainstream medical practice. If we vote for these guidelines the fallout may be encouraging litigation against MD’s who do not refer for CAM therapy.

**Action:** A copy of Dr Kanof’s comments, the Federation Guidelines, the article *Informed Consent and CAM*, and the letters from Dr Gorski and Dr Sampson will be sent to all Board Members encouraging feedback to Dr Kanof for presentation at the Reference Committee to held at the Annual FSMB meeting in April.

#### **Fair Treatment Policy (Dr Herring)**

Dr Herring, the author of the proposed position statement, now wishes to withdraw this from consideration. Dr Kanof believes this should be pursued in another way. Mr

Mansfield suggested this concept may work better in the form of a statement of fairness to be available for informal interviews and for other appropriate uses.

**Action:** Mr Breaden and Mr Mansfield will work on drafting the suggested statement and bring it back to the next Committee meeting.

#### **Fee Splitting by Commercial Laboratories (Dr Garrett, Mr Mansfield)**

Dr Keith Nance previously wrote the Board requesting a review of the Board's fee splitting policy that endorses the AMA Code of Medical Ethics Opinion. He believes the current practice arrangements between physicians and laboratories are at odds with the Board's policy. The North Carolina Medical Society believes this is not fee splitting. There ensued a discussion about the ethical and practical issues involved.

**Action:** Mr Mansfield and Dr Garrett will work with the Medical Society and the information at hand, including the AMA ethics opinions, in an attempt to address this issue in a policy statement. This will be presented at the April Committee meeting, with distribution to Committee members prior to the meeting.

#### **System Failure (Dr Herring)**

**Action:** Dr Herring will gather additional information and report back to the Committee.

#### **Physician Contracts (Mr Mansfield)**

Dr Anthony D. Morgan has asked the Board's opinion concerning certain provisions of a contract from his employer that he believes violate several of the Board's position statements.

**Recommendation to Board:** It is recommended Mr Mansfield contact Dr Morgan as he offered to do and possibly refer him to the Medical Society's Managed Care Department.

#### **Writing Prescriptions – Position Statement Review (Mr Watry)**

Mr. Watry reported that the previous input from the Pharmacy Board regarding dating of prescriptions met with mixed review at the DEA. When the DEA makes a clear determination they will announce it.

**Recommendation to Board:** It is recommended that the following new bullets be added to the existing position statement regarding writing prescriptions:

- It is the responsibility of those who prescribe controlled substances to fully comply with applicable Federal and State laws and regulations. Links to these laws and regulations may be found at the Medical Board web site.
- A physician who prescribes controlled substances should pay particular attention to the part of the Code of Federal Regulations dealing with prescriptions, which may be found at 21 CFR 1306, entitled "Prescriptions."

#### **Access to Physician Records – Position Statement Review (Ms Meelheim)**

**Recommendation to Board:** It is recommended that the two handwritten inserts from Ms Phelps be added to the revised statement.

#### **Physicians Reporting "All" Findings to Patients (Dr Kanof)**

This item came from the Complaint Committee, where it was noted that the Board had received several complaints about patients not being given all of the results of medical tests. Possible revisions to The Physician-Patient Relationship position statement were discussed, including: "...this should include timely communication and adequate discussion of significant abnormal findings with the patient and/or guardian or legally designated surrogate;" and "...that medical data be shared only with those legally empowered to receive them. . . ." A discussion ensued regarding HIPAA, records, and patients' rights.

**Recommendation to the Board:** It is recommended the following bullet be added to position statement on the Physician-Patient Relationship: “the physician report all significant findings to the patient or the patient’s legally designated surrogate/guardian.”

**Laser Surgery – Position Statement Review (Dr Herring)**

The Investigative Committee asked the Policy Committee to clarify what is meant by the phrase “a licensed practitioner with appropriate medical training” that appears in the Laser Surgery position statement. The Investigative Committee had recently reviewed a case in which estheticians were performing laser hair removal under the supervision of physicians. The estheticians had been trained by the laser manufacturer.

**Recommendation to the Board:** It is recommended that the phrase in the Laser Surgery position statement noted by the Investigative Committee be modified to read: “or by a licensed healthcare practitioner working within his or her professional scope of practice and. . . .”

**Microdermabrasion – Review of Board Finding (Dr Herring)**

At its August 2001 meeting, the Board found that “Microdermabrasion is a procedure that should be performed by an MD/DO or a trained individual under the MD/DO’s supervision.” (NOTE: This finding is not part of a position statement.)

**Action:** No change in the above finding is suggested.

**Retention of Medical Records – Position Statement Review (Mr Watry, Mr Mansfield)**

Dr Kirk D. Gulden requested the Board review the Retention of Medical Records position statement with an eye toward making it more precise. Mr Watry initially replied to Dr Gulden stating, in part, that there are often negative consequences when these matters are more precisely defined in law and that the current position statement provides flexibility to the practicing physician while giving a framework of guidance. Mr Mansfield’s comments indicated he agreed with Mr Watry and that we “can’t develop [a] legally enforceable cookbook of retention dates absent [a] specific statute.”

**Action:** No change in the position statement is suggested and Mr Watry is to respond as indicated in his original comments to the Committee.

**Self-Treatment and Treatment of Family Members and Others with Whom Significant Emotional Relationships Exist – Position Statement Review (Mr Henderson)**

Mr David Henderson, Board attorney, recommends deleting the words “for controlled substances” from the second bullet in the above position statement. He states “the intent is to make it clear that physicians must keep records of all prescriptions written, not just those for controlled substances.”

**Recommendation to the Board:** It is recommended that the words “for controlled substances” be removed from this position statement.

**Proposal For Resolution (Dr Norins)**

After reviewing a case in which a physician used high doses of morphine in the setting of a terminal care situations, Dr Norins has asked if it might be appropriate for the Board to consider a resolution related to such difficult situations.

**Action:** This item is referred to the Legal Department for comment and will be brought back to the April committee meeting.

There being no further business, the Policy Committee meeting adjourned at 5:25 PM, Wednesday, February 20, 2002.

**Motion:** A motion passed by the Full Board to approve the Policy Committee Report as presented.

## **EXECUTIVE COMMITTEE REPORT**

Walter Pories, MD; John Dees, MD; Charles Garrett, MD; Elizabeth Kanof, MD

The Executive Committee meeting was held on Wednesday, March 20, 2002, It was called to order by Walter J. Pories, MD, President. Board members in attendance were: John T. Dees, MD, Vice President; Charles L. Garrett, MD, Secretary/Treasurer; George C. Barrett, MD; E. K. Fretwell, PhD; Hari Gupta; Stephen M. Herring, MD; Robin N. Hunter-Buskey, PA-C; Elizabeth P. Kanof, MD; Robert C. Moffatt, MD; Michael E. Norins, MD; and Mr. Aloysius P. Walsh. Staff in attendance were Mr. Watry, Ms. Meelheim, Mr. Mansfield, Dr. Townsend, Mr. Breaden, Mr. Celentano and Ms. Clark.

### **Financials**

The February 2002 financials were reviewed and approved.

### **Minutes**

The February minutes were reviewed and approved

### **Property**

Lease proposal vs purchase.

**Motion:** (HG, RHB) A motion passed that an attempt be made to negotiate a one year lease with Tri-Properties on our current building or any lease less than 3 years. If not, accept 3 year lease.

**Motion:** (SH, MN) A motion passed that Mr. Gupta is authorized to be directly involved in negotiations with regards to the present real estate issue.

### **PHP Memorandum of Understanding (MOU)**

Mr. Mansfield presented a revised MOU to the Board. He indicated that Don Wall (NCMS), Stephen Keene (NCMS), Melanie Phelps (NCMS), and Dr. Wilkerson (NCPHP) had all agreed with the revisions. He stated that it is now up to the Medical Board to decide if they want to enter into this agreement. He briefly discussed the changes and timeline of this MOU (first version received from NCMS February 18).

**Motion:** (CG, EK) A motion passed to adopt the following MOU with the Medical Society and NCPHP.

## **MEMORANDUM OF UNDERSTANDING**

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**THIS MEMORANDUM OF UNDERSTANDING** (the "Memorandum") is made and entered into at Raleigh, North Carolina, and is effective as of the 1<sup>st</sup> day of March, 2002 by and between the **NORTH CAROLINA MEDICAL BOARD** (the "Board" ), an agency of the state of North Carolina, having its principal offices at 1201 Front Street, Raleigh, North Carolina 27609, and the **NORTH CAROLINA MEDICAL SOCIETY** (the "Society" ), a North Carolina nonprofit incorporated professional association, having its principal offices at 222 North Person Street, Raleigh, North Carolina 27601. The provisions of this Memorandum are expressly acknowledged by North Carolina Physicians Health Program, Inc., a North Carolina nonprofit

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corporation and an affiliate organization of the Society ("NCPHP"), such acknowledgement being evidenced by NCPHP's execution of this Memorandum below.

**WITNESSETH:**

**WHEREAS**, under Section 90-21.22 of the General Statutes of North Carolina, and pursuant to the rules promulgated by the Board under Chapters 32K and 32Q of Title 21 of the North Carolina Administrative Code; the Board may enter into peer review agreements with the Society for the purpose of conducting peer review activities, including investigation, review, and evaluation of records, reports, complaints, litigation, and other information about the practices and practice patterns of physicians and physician assistants licensed by the Board. Such peer review activities also shall include programs for impaired practitioners that are established for the purpose of identifying, reviewing, and evaluating the ability of those physicians and physician assistants to function as physicians and physician assistants respectively and to provide programs for treatment and rehabilitation (hereinafter, the "Program");

**WHEREAS**, pursuant to such statutory and regulatory authority, the Board and the Society previously entered into a peer review agreement for the purpose of conducting the Program, such agreement being set forth first in that certain Memorandum of Understanding between the Board and the Society dated November 12, 1988, and subsequently in that certain Memorandum of Understanding between the Board and the Society dated January 1, 1994 (the "Prior Memoranda");

**WHEREAS**, the Board and the Society now desire to enter into this Memorandum to substitute and replace the Prior Memoranda entirely and to constitute a revised peer review agreement for the purpose of conducting the Program; and

**WHEREAS**, the Board and the Society desire further that this Memorandum set forth the understandings between the Board and the Society concerning the Program.

**NOW, THEREFORE**, in consideration of the mutual covenants expressed herein, and for other good and valuable consideration, the receipt and legal sufficiency of which are hereby expressly acknowledged, the Board and the Society, with regard to their mutual undertaking to conduct the Program hereby agree as follows:

**SECTION 1.** The Board is an agency of the State of North Carolina organized under Chapter 90 of the General Statutes of North Carolina and is charged thereunder with the responsibility for licensing physicians and physician assistants to practice in North Carolina and regulating such practice in the interest of the public health, safety, and welfare. In discharging this responsibility, the Board is empowered, *inter alia*, to require the examination of a physician or physician assistant when the Board has reasonable cause to believe that the physician's or physician assistant's fitness to practice skillfully and safely has been compromised by reason of illness, drunkenness, excessive use of alcohol, drugs, chemicals, or any other type of material, or by reason of physical or mental abnormality. The Board has the ultimate authority to restrict, suspend, or revoke the license of a physician or physician assistant who is unable to practice medicine with reasonable skill or safety to patients.

**SECTION 2.** The Society is a statutorily incorporated North Carolina nonprofit professional medical association comprising seventy-six (76) chartered Component Societies, with a membership composed of physicians and physician assistants licensed to practice in the State of North Carolina. By its Constitution and Bylaws, by the principles of medical ethics to which it adheres, and by its tradition, the Society is committed to the highest ideals of the medical profession, to the preservation of the integrity and vitality of the profession, and to the maintenance and enhancement of high standards of professional competence and skill among its members, toward the end that the medical profession of this State may provide safe, quality medical service to its patients. The Society performs its functions, as appropriate, through its subsidiary and affiliate organizations.

**SECTION 3.** NCPHP is a North Carolina nonprofit corporation incorporated on August 26, 1993. NCPHP is an affiliate organization of the Society. NCPHP was created for the

purpose of operating and administering the Board's and the Society's Program as contemplated under and defined in this Memorandum. The Program was formerly known under the Prior Memorandum dated November 12, 1988 as the North Carolina Physicians Health and Effectiveness Program and was formerly operated and administered by the North Carolina Medical Society Foundation, a North Carolina nonprofit corporation that also is an affiliate organization of the Society. The Board and the Society understand and agree that effective January 1, 1994 and thereafter, the Program will be operated and administered by NCPHP. Accordingly, effective January 1, 1994 and thereafter, the Board is to refer to NCPHP all physicians and physician assistants whose health and effectiveness have been significantly impaired by alcohol, drug addiction, or mental illness.

**SECTION 4.** As used in this Memorandum:

- A. "Impaired practitioner" means a physician or physician assistant licensed to practice in the State of North Carolina who has one or more of the following: mental illness, chemical dependency, physical illness, or aging problems.
- B. "Medical Director" means the person employed by NCPHP to coordinate the activities of NCPHP and the Program and vested with the duties and responsibilities set forth elsewhere in this Memorandum.
- C. "Program" means the impaired practitioner program contemplated under this Memorandum and operated and administered, effective January 1, 1994, by NCPHP. The Program is created to provide for the identification of impaired practitioners; for timely intervention; and for the implementation of appropriate measures to protect the public health and safety, to encourage and assist impaired practitioners in effective rehabilitative efforts, and to insure the continued availability of the skills of highly-trained medical professionals for the benefit of the public.

**SECTION 5.** The Program has been established for the identification of impaired practitioners and to provide avenues for treatment programs of rehabilitation. In connection with these functions, NCPHP shall receive relevant information from the Board, conduct the review in an expeditious manner, provide assurance of confidentiality of non-public information and of the review process, make reports to the Board of all such investigations and evaluations concerning cases referred by the Board, and perform such other activities necessary for promoting a coordinated and effective Program. Any action taken by NCPHP under this Memorandum with respect to an impaired practitioner will in all respects comply with all of such practitioner's due process rights enumerated in Section 90-14.1 of the General Statutes of North Carolina and all relevant due process rights contained in the Administrative Procedures Act, Chapter 150B of the General Statutes of North Carolina.

**SECTION 6.** The Medical Director Shall:

- A. serve in a consultant and advisory capacity to the Society and to the Board;
- B. submit an annual report on the Program and NCPHP to the Society and the Board;
- C. be personally involved in case management whenever possible; and
- D. coordinate and carry out the activities of the Program in accordance with this Memorandum and other applicable rules, regulations, and directives as may be established.

**SECTION 7.** The Board agrees to provide funding to NCPHP as follows:

- A. The Board shall remit to NCPHP by the tenth day of each month a sum equal to eighteen (18) dollars for each physician that registered in the preceding month plus thirteen (13) dollars and fifty (50) cents for each physician assistant that registered in the preceding month.
- B. The Board shall consider requests from NCPHP for additional funding on a case by case basis. In submitting such requests for review, NCPHP shall provide the Board with documentation to support the financial necessity of the additional funding.

The Board and the Society agree that increases in the funding rate required by this section shall be considered no less often than every three years. NCPHP shall continue to explore and obtain funds for the Program from sources other than the Board. NCPHP shall provide its audited financial statements to the Board. NCPHP also shall provide the Board with other non-privileged accounting information reasonably determined by the Board's auditors to be necessary for the completion of an audit of the Board's financial condition.

**SECTION 8.** NCPHP, as it supervises and operates the Program, shall, as required by Section 90-21.22 of the General Statutes of North Carolina, upon investigation and review, or upon receipt of a complaint or other information, report immediately to the Board detailed information about any physician or physician assistant licensed by the Board if:

- A. the physician or physician assistant constitutes an imminent danger to the public or to himself;
- B. the physician or physician assistant refuses to cooperate with the Program, refuses to submit to treatment, or is still impaired after treatment and exhibits professional incompetence; or
- C. it reasonably appears that there are other grounds for disciplinary action.

Such a report shall include:

- A. the name, office address, and home address of the impaired practitioner;
- B. a description of the source and nature of the information indicating impairment available to NCPHP at the time of the report;
- C. a description of the illness or condition from which the subject physician or physician assistant suffers and the manner in which such illness or condition affects the physician's or physician assistant's capacity to practice medicine with reasonable skill and safety to patients; and
- D. such recommendations as deemed appropriate for the Board's consideration.

**SECTION 9.** Upon receipt of the report from NCPHP pursuant to Section 8 of this Memorandum, upon reasonable grounds established for believing the reported physician or physician assistant to be an impaired practitioner, and upon consultation with NCPHP, the Board shall act according to Article 1 of Chapter 90 of the General Statutes of North Carolina.

**SECTION 10.** NCPHP shall submit a report as appropriate to the Board on the status of physicians involved in the Program who have been previously reported to the Board. NCPHP shall monthly submit to the Board a report on the status of any impaired physician previously reported to the Board then in active treatment until such time as mutually agreed by the Board

and NCPHP. NCPHP shall immediately report to the Board an impaired practitioner's noncompliance with or default in the performance of the provisions of a treatment plan contract.

**SECTION 11.** The Board may exercise active jurisdiction over an impaired practitioner and relieve NCPHP of responsibilities and authority over that practitioner when judged appropriate by the Board.

**SECTION 12.** Notwithstanding anything expressed or implied in this Memorandum to the contrary, nothing herein shall be construed to in any way alter or affect the Board's statutory prerogative and authority to determine, in any instance, whether an individual physician or physician assistant is able to practice with reasonable skill or safety to patients, nor shall any understanding contained herein limit the Board's responsibility, authority, prerogative, and discretion to protect the public health, safety, and welfare by any means authorized by law, including imposition of summary suspension of licensure on its finding that the public health, safety, and welfare imperatively requires such action. Notwithstanding anything expressed or implied in this Memorandum to the contrary, it is understood and agreed that NCPHP is exclusively authorized to conduct and is responsible for the management of all business and affairs of the Program. It is further expressly understood and agreed that the Board shall have no authority or power to conduct, control, or influence the management of the business or affairs of the Program or to condition payment of funds under Section 7 of this memorandum on the selection or performance of any Program management prerogative whatsoever.

**SECTION 13.** Any confidential patient information and other nonpublic information acquired, created, or used in good faith by NCPHP, the Board, or the Society pursuant to this section shall remain confidential and shall not be subject to discovery or subpoena in a civil case. No person participating in good faith in the Program shall be required in a civil case to disclose any information acquired or opinions, recommendations, or evaluations acquired or developed solely in the course of participation in the Program.

**SECTION 14.** It is the intent of the Board, the Society, and NCPHP that in the event of problems directly related to the fulfillment of obligations under this Memorandum, good faith and deliberate communication will be used to resolve those problems, foster continuation of the Program, and assure accomplishment of the Program's purpose. It is understood and agreed that if either the Board or the Society has a good faith belief that the other party is not in substantial compliance with this Memorandum, the aggrieved party shall provide timely, written notice of the alleged non-compliance to the other party. The notice shall describe with particularity the nature of the alleged non-compliance. Copies of the notice shall be served upon NCPHP, the Board, and the Society. Within 60 days of receipt, the party receiving notice shall serve upon NCPHP, the Board, and the Society a reply in writing containing an explanation of the actions taken to assure any actual non-compliance is cured and future non-compliance is avoided.

After receipt of a reply and a subsequent determination by the governing body of the aggrieved party that substantial compliance with the Memorandum cannot be achieved, that party may cancel this agreement provided written notice is given to the non-canceling party at least 180 days prior to the end of the current NCPHP fiscal year. Such cancellation shall be effective no sooner than the end of the fiscal year during which notice is given.

The provisions in the preceding paragraph regarding the requirement of a 180-day notice period and the limitation on cancellation before the end of the NCPHP fiscal year shall not apply where the aggrieved party has concluded by a vote of its governing body that the other party has committed acts of malfeasance that substantially impairs the purpose of the Memorandum and where the aggrieved party has given written notice of substantial non-compliance that alleges and supports an allegation of malfeasance and an opportunity to reply has been afforded under this section.

**SECTION 15.** Program activities conducted in good faith pursuant to this Memorandum shall not be grounds for civil action under the laws of this State and are deemed to be State directed and sanctioned and shall constitute State action for the purposes of application of antitrust laws.

**SECTION 16.** Pursuant to Section 90-21.22 of the General Statutes of North Carolina, the Board has adopted rules for the further delineation of the requirements of impaired physician and impaired physician assistant programs, and this Memorandum is specifically subject to those rules which are incorporated herein by reference. The rights and obligations of Section 90-21.22 of the General Statutes of North Carolina control the terms of this Memorandum and are binding, whether or not fully set forth herein.

**SECTION 17.** This Memorandum constitutes the entire agreement between the Board and the Society concerning the subject matter herein contained, and shall substitute, replace, and supersede any previous agreement between the Board and the Society concerning such subject matter including, without limitation, the Prior Memoranda, whether such previous agreement shall have been oral or reduced to writing.

**IN WITNESS WHEREOF**, the North Carolina Medical Board and the North Carolina Medical Society have caused these presents to be executed by their undersigned officers, duly authorized hereunto, and North Carolina Physicians Health Program, Inc. has acknowledged the provisions of this Memorandum as evidenced by the duly authorized signature of its undersigned officer.

**NORTH CAROLINA MEDICAL BOARD**

Date: \_\_\_\_\_

\_\_\_\_\_  
Walter J. Pories, MD, President

**NORTH CAROLINA MEDICAL SOCIETY**

Date: \_\_\_\_\_

\_\_\_\_\_  
P. William Aycock Jr., MD, President

**PROVISIONS OF MEMORANDUM ACKNOWLEDGED:**

**NORTH CAROLINA PHYSICIANS HEALTH PROGRAM, INC.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Michael W. Wilkerson, MD, Medical Director/CEO

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

**CLINICAL PHARMACIST PRACTITIONER COMMITTEE REPORT**

Robin Hunter-Buskey, PAC; Michael Norins, MD; Elizabeth Kanof, MD

**Clinical Pharmacist Practitioner Applications-**

Board Action: Approve

**March 20-23, 2002**

<u>CPP</u>	<u>PRIMARY SUPERVISOR</u>	<u>PRACTICE CITY</u>
Pentecost, Angela G.	Morgenstern, Eva	Asheville

## PHYSICIAN ASSISTANT COMMITTEE REPORT

Robin Hunter-Buskey, PAC; Michael Norins, MD; Elizabeth Kanof, MD

### PA License Applications-

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

Board Action: Approve

<u>PHYSICIAN ASSISTANT</u>	<u>PRIMARY SUPERVISOR</u>	<u>PRACTICE CITY</u>
<b>DeNittis</b> , FeliciaAnne	<b>Hunter</b> , Charles E.	Wilmington
<b>Donnelly</b> , Margaret Ann	***	
<b>Dundore</b> , David Ladd	***	
<b>Ginsburg</b> , Melissa Ann	***	
<b>Hayes</b> , Kathleen Anne	<b>Chandler</b> , Mark	Chapel Hill
<b>Hayes</b> , Kathleen Anne	<b>Gualtieri</b> , C. Thomas	Chapel Hill
<b>Hayes</b> , Kathleen Anne	<b>Lee</b> , James E.	Chapel Hill
<b>Herring</b> , Teresa Lynn	<b>Tompkins</b> , Kenneth	Kitty Hawk
<b>Laymon</b> , Bradley Lynn	***	
<b>Mahar</b> , Colleen Patricia	<b>Supple</b> , Kevin	Greensboro
<b>Patel</b> , Hirenkumar R.	<b>Skipper</b> , Eric R.	Charlotte
<b>Salisbury Jr.</b> , Steven Russell	***	
<b>Simiele</b> , Ernest	<b>Pappas</b> , Theodore	Durham
<b>Tilbert</b> , Christine Marion	<b>Okwara</b> , Benedict	Monroe
<b>Van Winkle</b> , Christopher S.	***	
<b>Ware</b> , Leslie Ann	<b>Bolin Jr.</b> , L. Bryant	Gastonia

### PA Intent to Practice Forms Acknowledged-

<u>PHYSICIAN ASSISTANT</u>	<u>PRIMARY SUPERVISOR</u>	<u>PRACTICE CITY</u>
Achard, Malinda Lou	Snoddy, William Ray	Asheville
Akers, Eddy Wayne	Hunt, Shirlene	Lumberton
Andrews, Jeb Cranor	Price, Jr. Billy Lee	Hickory
Archer, Shannon Ashley	Newman, William Neal	Raleigh
Arrowood, Larry Wayne	Proctor, Camilla Allyn	Rocky Mount
Bagley, Jack Llorrac	Suh, Kendall Hyunsuk	Supply
Beall, David Calvin	Newman, William Neal	Raleigh
Berkey, Sandra Moore	Baxa, Mark Daniel	Charlotte
Bernadt, Bruce Edward	Sutaria, Kalpeshkumar N.	Asheville
Buddendeck, Brian Gerald	Fletcher, Sidney Marc	Charlotte
Byerly, Amy R.	Moore, Jr. David Ferguson	High Point
Carroll, Michael Joseph	Davis, Jerome Irvin	Greensboro
Casar, Susan Eliza	Wilkes, Dru Van	Asheville

Costello, Richard Joseph  
Crawley, John Cromartie  
Dilello, Michael Ernest  
Donaldson, Gregory Scott  
Dossenbach, Memory E.  
Egerer, James Patrick  
Gaskell, Jr. Perry Craig  
Gast, Timothy Michael  
Granzow, Paul Russell  
Granzow, Paul Russell  
Granzow, Paul Russell  
Gulledge, Michael Steve  
Henry, Jennifer Diane  
Kissel, Stacy Marie  
Langley, Dawn Tracy  
Mahony, Carolyn Joan  
McCoy, Abraham  
Moloney, Erica Lin  
O'Branski, Erin Eileen  
Orta-Irene, Nelly  
Peifer, Jennifer Lynn  
Plisiewicz, Rebecca Ann  
Pressler, Cindy Ann  
Puzzini, Patricia Ann  
Puzzini, Patricia Ann  
Puzzini, Patricia Ann  
Reed, Sandra Edine  
Reeves, Donna Faye  
Richardson, Lorenzo N.  
Roberts, Wendy  
Sain, Larry Eugene  
Saunders, Lori Wohlford  
Simon, Craig Phillip  
Speas, Tiffany Renae  
Stanley, Glenn Martin  
Taitano, Gena Mae  
Taitano, Gena Mae  
Thomas, Robert Edward  
Thomas, Tommy DeWayne  
Trad, Laurie Anne  
Troiani, Luigi  
Vaughn, Jr. James O.  
Viehe, Mary Leona  
Wight, Irving David  
Wight, Irving David  
Williams, Dana Ray  
Wilson, Phyllis Mack  
Wilt, George William  
Wynn, Kimberly Carol  
Yount, Jennifer Faye  
Ziady, Phillip A.

Triplett, Patricia Fowler  
Rich, Jonathan David  
Fleischli, James Edward  
Faber, Steven Mark  
Thornton, Victoria Lynne  
Murphy, Kathryn Marie  
Winn, Michelle Parthenia  
Gazak, Jr. John Michael  
Gordon, Katherine Elizabeth  
James, Charles Newton  
Ralph, Robert Allen  
Bolin, Jr. Lewis Bryant  
Torgerson, Brian Charles  
Janeway, David Van Zandt  
Hunt, Shirlene  
Dougherty, Richard Allen  
Brown, Josephine Rebecca  
Ohman, Eric Magnus  
D'Amico, Thomas Anthony  
Kilby, Larry Shelton  
Ohman, Eric Magnus  
Jackson, Alan Laurence  
Schultz, Curtis Donald  
Fariss, Thomas Linwood  
Lammert, Laurie Maughon  
Quayle, James Michael  
Stover, Phillip Earl  
Wolanska, Bozena Danuta  
Mohiuddin, Masood  
Maggiore, John Richard  
Kessel, John Woodruff  
Bohle, David John  
Willson, Charles Frederick  
Brown, Josephine Rebecca  
Meyer, Graham Scott  
Sanville, Kevin Christopher  
Yost, Gregory Jerome  
Sullivan, Francis Simon  
Dickerson, Jr. Leon Archibald  
Haaga, James Arthur  
Stouffer, George Andrew  
Anderson, Jeffery Stuart  
Jefferson, Jr. Henry Dawson  
Dennis, Ronald Green  
Gaunt, Jr. George Loren  
Kodejs, Libuse  
Taylor, Robin Yolanda Peace  
Stewart-Carballo, Charles Willy  
Taylor, Robin Yolanda Peace  
Molpus, John Lane  
Kubley, James Daniel

High Point  
Lumberton  
Charlotte  
Elizabeth City  
Durham  
Wilmington  
Durham  
Charlotte  
Caroleen  
Moorsboro  
Moorsboro  
Gastonia  
Sanford  
Winston-Salem  
Lumberton  
Charlotte  
Raleigh  
Chapel Hill  
Durham  
Boomer  
Chapel Hill  
Wilmington  
Maiden  
Lexington  
Lexington  
Lexington  
Louisburg  
Elkin  
Morganton  
Lenoir  
Hickory  
Winston-Salem  
New Bern  
Raleigh  
Fayetteville  
Greensboro  
Greensboro  
Waxhaw  
Charlotte  
Burnsville  
Chapel Hill  
Havelock  
Cary  
Matthews  
Concord  
Elkin  
Maxton  
Lillington  
Maxton  
Greensboro  
Roanoke Rapids

**Public Agenda Items for Committee Discussion-**

- A. Thom Mansfield from Legal Dept. attend to discuss conflict between midwives and PAs, with regard to delivering babies.
  - 1. Discussion regarding the possibility of lay midwives requesting official approval to perform deliveries at any location. This item may be an issue at the next Midwife Committee meeting.
  - 2. Discussion regarding the possibility for lay midwives utilizing nurse midwives as “supervisors”

Board Action: Committee is opposed to both items.  
Motion. The North Carolina Board is opposed to Nurse midwives acting as supervisors for lay midwives
- B. Mr. Mansfield to investigate subject of physician and physician assistant “fee-splitting” in NC
- C. PAAC Agenda Items for April - PAAC needs a physician member nominee from community

**NURSE PRACTITIONER COMMITTEE REPORT**

Robin Hunter-Buskey, PAC; Michael Norins, MD; Elizabeth Kanof, MD

**NP Initial Applications Recommended for Approval after Staff Review-**

Board Action: Approve

**NURSE PRACTITIONER**

**PRIMARY SUPERVISOR**

**PRACTICE CITY**

**Dunmore**, Frankie Ruth  
**Faulkner**, Emily Michelle  
**Frank**, Jennifer Lynn  
**Fuller**, James Harold  
**Gordon**, Marian Kathleen  
**Green**, Deborah Lynn  
**Harris**, Nichol Dixon  
**Hawes**, Kelley J.  
**Hedrick**, Diann Ellner S.  
**Johnson**, Janice Craven  
**Kennedy**, Joan Margaret  
**Mabrey**, Melanie Elizabeth  
**Messer**, Tena Wetona  
**Montgomery**, Kimberly Nesbitt  
**Morgan**, Rebecca Artman  
**Printz**, Mary Kathleen  
**Scarce**, Phyllis Shelton  
**Walter**, Debra Beaman  
**Wrenshall**, Jamie Lee

**Hoenicg**, Helen M.  
**Gruenbaum**, Ronald  
**Prakash**, Hemant  
**O’Neill**, Damien  
**Gaskins Jr.**, Raymond  
**Beauford**, Wayne  
**Rosoff**, Philip  
**Thompson**, Sidney E.  
**Patel**, Aneel N.  
**Dorton**, Phillip K.  
**Bonner Jr.**, Mack  
**Feinglos**, mark N.  
**Messino**, Michael J.  
**Speer**, Kevin P.  
**Turpin**, James W.  
**Movahed**, Assadollah  
**Poling**, Patricia  
**Lee**, Nancy A.  
**Landolfo**, Kevin P.

Durham  
 Louisburg  
 Concord  
 Murphy  
 Fayetteville  
 High Point  
 Durham  
 Fayetteville  
 Wilmington  
 Thomasville  
 Saluda  
 Durham  
 Asheville  
 Raleigh  
 Hendersonville  
 Greenville  
 Yanceyville  
 Greenville  
 Durham

**NP Subsequent Applications for Committee Review-**

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 2 licensure 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 as these actions are not public information.

A motion passed to return to open session.

**Motion:** A motion passed to accept the report as presented.

## **LICENSING COMMITTEE REPORT**

John Dees, MD; Geroge Barrett, MD; E.K. Fretwell, PhD; Robin Hunter-Buskey, PAC; Robert Moffatt, MD

### **License Interviews – Saba Graduates**

**Catchline:** At the January meeting a motion was passed by the Board to allow Saba graduates with routine license applications and who are certified by a specialty board recognized by the American Board of Medical Specialties to have license interviews with individual Board members. The Committee has been requested to address the issue of license interviews for Saba graduates who have routine applications but are not certified by an ABMS recognized specialty board.

**Committee Recommendation:** Allow graduates of Saba Univ who have routine applications to meet with a current MD member of the Board for the license interview.

**Board Action:** Allow graduates of Saba Univ who have routine applications to meet with a current MD member of the Board for the license interview. Staff requested to contact Ron Joseph of the CA Board to find out what their future plans are regarding Saba Univ and how other states are handling these applicants.

### **License interviews for applicants from the Cleveland Clinic**

**Catchline:** The Board has been requested to accommodate a group of physicians from the Cleveland Clinic who will be applying for NC license by having a representative of the Board go to Cleveland to conduct the license interviews, at their expense. This group plans to provide an online second opinion service in NC.

**Board Action:** Proceed with a plan to accommodate this group by sending one or more physician Board members, at the expense of Cleveland Clinic, to conduct personal interviews. Establish and document with the group guidelines to follow in setting up interviews (no shortcuts) before making a commitment. It was also suggested these physicians understand NC's position on telemedicine and rendering treatment.

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 13 licensure 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 as these actions are not public information.

**Motion:** A motion passed to accept the report as amended.

A motion passed to return to open session

### **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.

Three 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 as these actions are not public information.

A motion passed to return to open session.

### **APPLICANTS PRESENTED TO THE BOARD**

Riad Salahi Al-Asbahi	Laura Lynn Dunn	Lawrence Lee Jeckel
John Gerald Albertini	Nicholas Earl Engelbrecht	Henry Avner Jenkins IV
Luis Alejandro	Edward Anthony Evans	Eric Crayton Jones
Shawn Raynard Alexander	John Edward Fassler	Sharmila Matcheswalla Jones
Aram Alexanian	Amy Marie Fowler	Kristina Louise Lysell Kelly
Michael Majid Amiri	Kendra Marshae Franklin	Tammy Leigh Bone Kiger
Steven Ernest Arze	Craig Ryan Frater	Alan Klochany
Lawrence David Baker	Jason Alfred Gardiner	Emily Jean Knobloch
Peggy Sue Barnhill	Jeffrey William Gengler	Lynne Michelle Koweek
James Robert Bavis Jr.	Matthew Joseph Gerber	Christine Lynn Lau
Michael Anthony Beasley	Henning Gerke	Brooke Gurkin Leath
John Bernard Becker	Laurie Elizabeth Gianturco	Linda Hae Kum Lee
Margaret Anne Becker	Thomas Adam Ginn	Michael Hyun-Tae Lee
William Earl Bobo	Joseph Daniel Gottfried	Lawrence Joyner Lewis
Francis Anthony Breen Jr.	Ann Marie Harman	Holly Corrine Liberatore
Michael Andrew Brooks	Ankie Marie Hata	Douglas Jonathan Little
Victor Miller Brugh II	Samuel Hutson Hay	Karen Furlonge Lurito
Tanya Jayne Canfield	Stacey Maurice Heath	Joseph Thomas Lurito
Gregory James Cannon	Kenneth Carlos Henderson	Janet Rose Martin
Joseph Frank Chesky	Adam Ryan Henn	Gregory John Merten
Phillip Divoll Coleman	Victoria Margaret Herriott	Kenneth Edward McClure Jr
Matthew Till Collins	Frederick Allen Hewett II	Vance Frederick Merhoff
Mark Judson Cooper	Mark Christopher Hines	Stanley Robert Michalski
Sumer Louise Daiza	Thomas Charles Hogue	Michael Darrell Milligan
Chevaughn Venesa Daniel	Alfred Louis Horowitz	Michael Francis Minozzi III
Arthur Bryan Davis	Gary James Hunter	Karen-Mae Trotman Mitchell
Michael Domingo De Bellis	Andrew John Hutchinson	Leslie Ann Montana
Sara Oyler DuMond	Ronald Lee Jasper	Philip Andrew Moran

Amy Katherine Mottl  
Brian Christopher Murphy  
Christian Alexander Nechyba  
Erin Lynn Nelson  
Heather B. Neuman  
William Patterson Norcross  
Amy Woodworth Olsen  
Lori Ann Orlando  
James Anthony Palermo  
Ashish Hariprasad Patel  
Manish Prafulla Patel  
Swapnesh Manubhai Pate  
Stephen Jervais Phillips  
Barry Oscar Pinkus  
David Benjamin Pitts  
Michael Francis Polise  
Michael Brooks Pryor  
Bradley Harris Reddick  
Rajani Relangi  
Stephen Robert Richardson

Sharon Massey Robinson  
Audrey Anita Romero  
Thomas Edward Safina  
Paul James Sagerman  
Amy Martin Scurlock  
John Preston Scurlock  
Geoffrey Keenan Seidel  
Hope Pollock Seidel  
Mahesh Anjaneya Setty  
Jhankhana Jina Shah  
Joseph McConnico Sharpe  
Kimberly Reenea Singletary  
Lee Ann Bradley Skladan  
Michael Charles Slack  
David Lawrence Smull  
Susan Elliott Spires  
Kirsten Swanson Sterne  
David Keith Strickland  
Douglass Edward Stull  
Eden Agustin Suguitan

Mark Gregory Swedenburg  
Samina Habib Taha  
Marlah Montesclaros Tomboc  
Robert Glenn Townsend  
Dimitri George Trembath  
Connie Ching-Yi Tsang  
Andrew Joseph Velazquez  
Rajesh Verma  
William Byrd Warlick Jr  
Richard Evereley Waters II  
Stephen Louis Weinrib  
Roxie Cannon Wells  
Christopher Lee White  
James Lowell Wilder  
Michael Roy Willman  
Jeffrey Wellington Wilson  
Kathryn Ann Witzeman  
Christopher Michael Wood  
David Alexander Zidar

**LICENSES APPROVED BY ENDORSEMENT AND EXAM**

John Gerald Albertini  
Luis Alejandro  
Aram Alexanian  
Michael Majid Amiri  
Steven Ernest Arze  
Lawrence David Baker  
James Robert Bavis Jr.  
Michael Anthony Beasley  
John Bernard Becker  
Margaret Anne Becker  
William Earl Bobo  
Francis Anthony Breen Jr.  
Michael Andrew Brooks  
Victor Miller Brugh II  
Tanya Jayne Canfield  
Gregory James Cannon  
Joseph Frank Chesky  
Mark Judson Cooper  
Sumer Louise Daiza  
Chevaughn Venesa Daniel  
Sara Oyler DuMond  
Laura Lynn Dunn  
Nicholas Earl Engelbrecht  
Edward Anthony Evans  
John Edward Fassler  
Amy Marie Fowler  
Kendra Marshae Franklin  
Craig Ryan Frater

Jason Alfred Gardiner  
Jeffrey William Gengler  
Matthew Joseph Gerber  
Laurie Elizabeth Gianturco  
Thomas Adam Ginn  
Joseph Daniel Gottfried  
Ann Marie Harman  
Ankie Marie Hata  
Kenneth Carlos Henderson  
Adam Ryan Henn  
Victoria Margaret Herriott  
Frederick Allen Hewett II  
Mark Christopher Hines  
Thomas Charles Hogue  
Alfred Louis Horowitz  
Gary James Hunter  
Andrew John Hutchinson  
Ronald Lee Jasper  
Henry Avner Jenkins IV  
Eric Crayton Jones  
Sharmila Matcheswalla Jones  
Kristina Louise Lysell Kelly  
Tammy Leigh Bone Kiger  
Alan Klochany  
Lynne Michelle Koweek  
Brooke Gurkin Leath  
Linda Hae Kum Lee  
Michael Hyun-Tae Lee

Holly Corrine Liberatore  
Karen Furlonge Lurito  
Janet Rose Martin  
Kenneth Edward McClure Jr  
Vance Frederick Merhoff  
Michael Darrell Milligan  
Michael Francis Minozzi III  
Karen-Mae Trotman Mitchell  
Leslie Ann Montana  
Amy Katherine Mottl  
Christian Alexander Nechyba  
Erin Lynn Nelson  
Heather B. Neuman  
William Patterson Norcross  
Amy Woodworth Olsen  
James Anthony Palermo  
Ashish Hariprasad Patel  
Manish Prafulla Patel  
Swapnesh Manubhai Pate  
Stephen Jervais Phillips  
Michael Brooks Pryor  
Bradley Harris Reddick  
Rajani Relangi  
Sharon Massey Robinson  
Audrey Anita Romero  
Paul James Sagerman  
Amy Martin Scurlock  
John Preston Scurlock  
Geoffrey Keenan Seidel  
Hope Pollock Seidel  
Mahesh Anjaneya Setty  
Kimberly Reenea Singletary  
Lee Ann Bradley Skladan  
David Lawrence Smull  
Kirsten Swanson Sterne  
Douglass Edward Stull  
Eden Agustin Suguitan  
Mark Gregory Swedenburg  
Samina Habib Taha  
Marlah Montesclaros Tomboc

Connie Ching-Yi Tsang  
Andrew Joseph Velazquez  
Rajesh Verma  
William Byrd Warlick Jr  
Richard Evereley Waters II  
Stephen Louis Weinrib  
Roxie Cannon Wells  
Christopher Lee White  
James Lowell Wilder  
Michael Roy Willman  
Kathryn Ann Witzeman  
Christopher Michael Wood  
David Alexander Zidar

**Reactivations**

Arthur Bryan Davis  
Michael Francis Polise  
Lawrence Joyner Lewis  
Jhankhana Jina Shah

**Reinstatements**

Jeffrey Wellington Wilson  
Riad Salahi Al-Asbahi  
Stacey Maurice Heath  
Brian Christopher Murphy  
Barry Oscar Pinkus  
Susan Elliott Spires

**Faculty Limited License**

Henning Gerke - DUMC

**Certificate of Registration as Visiting Professor**

Michael Charles Slack - DUMC

**Retired Volunteer License**

Samuel Hutson Hay

**NORTH CAROLINA PHYSICIANS HEALTH PROGRAM (NCPHP)  
COMMITTEE REPORT**

John Dees, MD; Aloysius Walsh; Robert Moffatt, MD

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to section 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 Board reviewed 8 cases involving participants in the NC Physicians Health Program. 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.

## **COMPLAINT COMMITTEE REPORT**

Aloysius Walsh; John Dees, MD; Elizabeth Kanof, MD; Walter Pories, MD; Hari Gupta

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 67 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 as these actions are not public information.

**Motion:** A motion passed accept the report as amended.

A motion passed to return to open session.

## **INVESTIGATIVE COMMITTEE REPORT**

Stephen Herring, MD; George Barrett, MD; E.K. Fretwell, PhD; Robin Hunter-Buskey, PA-C; Charles Garrett, MD; Michael Norins, 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 Investigative Committee reported on 22 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 as these actions are not public information.

**Motion:** A motion passed to accept the report as amended.

A motion passed to return to open session.

## **MALPRACTICE COMMITTEE REPORT**

Aloysius Walsh; John Dees, MD; Elizabeth Kanof, MD; Walter Pories, MD; Hari Gupta

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.

**Motion:** A motion passed to accept the report as amended.

A motion passed to return to open session.

## **ADJOURNMENT**

This meeting was adjourned on March 23, 2002.

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Charles L. Garrett, MD  
Secretary/Treasurer