

MINUTES

North Carolina Medical Board

September 19-21, 2007

**1203 Front Street
Raleigh, North Carolina**

Minutes of the Open Sessions of the North Carolina Medical Board Meeting September 19-21, 2007.

The September 19-21, 2007, meeting of the North Carolina Medical Board was held at the Board's Office, 1203 Front Street, Raleigh, NC 27609. The meeting was called to order at 8:10 a.m., Wednesday, September 19, 2007, by H. Arthur McCulloch, MD President (September 19 and 20 only). Board members in attendance were: Janelle A. Rhyne, MD, President Elect; George L. Saunders, III, MD, Secretary; Ralph C. Loomis, MD, Treasurer; Donald E. Jablonski, DO (July 18-19 only); Thelma Lennon; John B. Lewis, Jr., LLB (September 19 and 20 only); Robert C. Moffatt, MD, Michael E. Norins, MD; Peggy R. Robinson, PA-C; and Sarvesh Sathiraju, MD.

Staff members present were: R. David Henderson, JD, Executive Director; Nancy Hemphill, JD, Special Projects Coordinator; Thomas W. Mansfield, JD, Legal Department Director; Brian Blankenship, Board Attorney; Marcus Jimison, JD, Board Attorney; Katherine Carpenter, JD, Board Attorney; Todd Brosius, JD, Board Attorney; Ms. Wanda Long, Legal Assistant; Ms. Lynne Edwards, Legal Assistant; Ms. Cindy Harrison, Legal Assistant; Mr. Curtis Ellis, Investigative Department Director; Don R. Pittman, Investigator/Compliance Supervisor; Mrs. Therese Dembroski, Investigator; Mr. Loy C. Ingold, Investigator; Mr. Bruce B. Jarvis, Investigator; Mr. Robert Ayala, Investigator; Mr. Richard Sims, Investigator; Mr. David Van Parker, Investigator; Mr. Vernon Leroy Allen, Investigator; Mr. David Allen, Investigator; Ms. Jenny Olmstead, Senior Investigative Coordinator; Ms. Barbara Rodrigues, Compliance/Reentry Coordinator; Mrs. Sharon Squibb-Denslow, Investigative Coordinator; Mr. Dale Breden, Director of Public Affairs; Ms. Dena Konkel, Assistant Director, Public Affairs; Mrs. Joy D. Cooke, Licensing Director; Ms. Michelle Allen, Licensing Supervisor; Ms. Mary Mazzetti, Licensing Coordinator; Ms. Ravonda James, Licensing Coordinator; Ms. Kimberly Chapin, Licensing Assistant; Ms. Lori King, Physician Extender Coordinator; Ms. Quanta Williams, Physician Extender Coordinator; Michael Sheppa, MD, Medical Director; Scott Kirby, MD, Assistant Medical Director; Ms. Judie Clark, Complaint Department Director; Ms. Amy Ingram, Complaint Department Assistant; Ms. Sherry Hyder, Complaint Summary Coordinator; Ms. Carol Puryear, Malpractice/Medical Examiner Coordinator; Mr. Hari Gupta, Operations Department Director; Ms. Patricia Paulson, Registration Coordinator; Mrs. Janice Fowler, Operations Assistant; Mr. Peter Celentano, Comptroller; Ms. Donna Stoker, Receptionist; Ms. Barbara Gartside, Operations Assistant/Licensing Assistant; Mr. Donald Smelcer, Technology Department Director; Ms. Dawn LaSure, Human Resources Director; and Mr. Jeffery Denton, Executive Assistant/Verification Coordinator.

MISCELLANEOUS

Presidential Remarks

Dr. McCulloch 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.

Dr. Jablonski is appointed as the Public Affairs Liaison Officer.

Ms. Donna Stoker was introduced as the new Receptionist. Ms. Mary Mazzetti is transferring to the Licensing Department.

Mr. Mansfield presented a ten-year award to Ms. Edwards for her ten years of service to the Medical Board

Nurse Practitioners Using the Title Doctor in a Clinical Setting

Motion: A motion passed that it is inappropriate for Nurse Practitioners who have a Ph.D. or any other PhD's to refer to themselves as doctors in a clinical setting.

Federation of State Medical Boards (FSMB) Visit/Presentation

James N. Thompson, MD, President/CEO, FSMB

Freda McKissic Bush, MD, Board of Directors, FSMB

On Thursday, September 20, 2007, representatives of the Federation of State Medical Boards visited the Board and gave a short presentation. Dr. McCulloch kicked-off the visit and made appropriate introductions.

Dr. Bush explained that for Federation purposes she is assigned as the Board Liaison. She commended the Board Members for what they do. Dr. Bush stated the Federation appreciates all you do but is not sure the public fully understands this. She then introduced Dr. Thompson.

Dr. Thompson stated it was a pleasure to be here with Dr. Bush and it was an "absolute pleasure to back in North Carolina." He continued, "It is good to be here with folks I have known for many years and some I even knew as medical students." He then proceeded with a PowerPoint presentation overview of the Federation of State Medical Boards' services. He emphasized that the Federation's mission is "continual improvement in the quality, safety and integrity of health care through the development and promotion of high standards for physician licensure and practice." Following the presentation Dr. Thompson took questions from Board Members. He stated in part that the Federation exists to make member boards' lives easier.

Dr. McCulloch thanked Dr. Thompson and Dr. Bush for the presentation.

MINUTE APPROVAL

Motion: A motion passed that the August 15-16, 2007, Board Minutes are 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.

ATTORNEY'S REPORT

Written reports on 129 cases were presented for the Board's review. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

PUBLIC ACTIONS

Anderson, Robert Michael MD

Consent Order executed 9/5/07

Bader, Joanne Wilson

Re-Entry Agreement executed 09/05/2007

Chen, Chih-Cheng MD

Findings of Fact, Conclusions of Law, and Order of Discipline executed 09/14/2007

Clark, Richard Stroebe MD

Notice of Charges and Allegations; Notice of Hearing executed 8/22/07

Corley, Charles Austin MD

Notice of Charges and Allegations; Notice of Hearing executed 09/07/2007

Corry, Beverly Elizabeth, MD

Re-Entry Agreement executed 09/10/2007

Dubey, Subu MD

Denial of License executed 08/03/2007

Fann, Benjamin Bradley MD

Consent Order executed 8/15/07

Fedak, Jason R PA

Findings of Fact, Conclusions of Law, and Order of Discipline executed 09/05/2007

Fields, Jason Baker MD

Notice of Charges and Allegations; Notice of Hearing executed 8/31/07

Gernert, John O'Dell MD

Notice of Charges and Allegations; Notice of Hearing executed 09/10/2007

Glaesner, Edward Julian NP

Notice of Charges and Allegations; Notice of Hearing executed 9/5/07

Gustilo-Ashby, Arlan Marcus MD

Notice of Charges and Allegations; Notice of Hearing executed 08/06/2007

Hall, Charles Daniel MD

Order Terminating Consent Order executed 8/21/07

Hambleton, Scott Lewis MD

Consent Order executed 08/15/2007

Harron, Ray A. MD

Notice of Charges and Allegations; Notice of Hearing executed 09/07/2007

Hooker, Timothy Huntington MD
Notice of Charges and Allegations; Notice of Hearing executed 8/22/07

Howard, Cleve Wilson MD
Consent Order; Retired Limited Volunteer License executed 09/13/2007

Hyman, Miles Donald MD
Notice of Charges and Allegations executed 08/03/2007

Jellinek, Lawrence Roger MD
Notice of Charges and Allegations; Notice of Hearing executed 08/07/2007

Johnson, Maxwell Kenneth MD
Notice of Charges and Allegations executed 07/30/2007

Jones, Robert Glen MD
Consent Order executed 07/26/2007

Joslin, Richard Grant MD
Public Letter of Concern executed 08/17/2007

Khayata, Mazen H. MD
Notice of Charges and Allegations; Notice of Hearing executed 09/07/2007

Kocich, Darlene Christine NP
Termination of Consent Order executed 08/24/2007

Land, Eurgia Charles MD
Public Letter of Concern executed 8/17/07

Lowery, Gary Lynn MD
Notice of Charges and Allegations; Notice of Hearing executed 08/06/2007

Manusov, Eron Grant MD
Notice of Charges and Allegations; Notice of Hearing executed 8/10/07

McGhee, James Ernest MD
Notice of Charges and Allegations; Notice of Hearing executed 8/31/07

Mercier, Randall Robert MD
Consent Order executed 08/14/2007

Mullen, Joseph Patrick MD
Notice of Charges and Allegations; Notice of Hearing executed 9/6/07

Northrip, Dennis Ray MD
Notice of Charges and Allegations; Notice of Hearing executed 09/10/2007

O'Dell, Kevin Bruce MD
Voluntary Surrender Form received 07/25/2007

Padua, Federico Pasudag MD
Notice of Dismissal executed 08/02/2007

Pitovski, Dimitri Zivko
Consent Order executed 8/7/07

Priestaf, Amy Christine
Re-Entry Agreement executed 09/05/2007

Quillen, Rocky C. PA
Notice of Charges and Allegations; Notice of Hearing executed 07/26/2007

Quinn, Jane Ann MD
Re-Entry Agreement executed 09/13/2007

Rios, Gustavo Ernesto MD
Notice of Revocation executed 07/24/2007

Rosenberg, Mark Robert MD
Notice of Charges and Allegations; Notice of Hearing executed 8/31/07

Simmons, Leo Benjamin MD
Public Letter of Concern and Consent and Waiver executed 9/17/2007

Sleeper, Arthur Michael MD
Consent Order executed 8/14/07

Smith, David Lewis PA
Termination of Consent Order executed 08/13/2007

Smith, Michael Lantry MD
Notice of Charges and Allegations; Notice of Hearing executed 9/5/07

Sweet, Raymond Charles MD
Public Letter of Concern executed 8/3/07

Tompkins, Kenneth James MD
Consent Order executed 09/06/2007

Ware, Leslie Ann PA
Consent Order executed 9/13/07

White, Steven William PA
Termination Order executed 8/1/07

Wood, John Brian Thomas MD
Consent Order executed 08/09/2007

Wurster, Samuel Howard MD
Consent Order executed 8/15/07

EXECUTIVE COMMITTEE REPORT

Arthur McCulloch, MD; Janelle Rhyne, MD; George Saunders, MD; Ralph Loomis, MD; Robert Moffatt, MD

The Executive Committee of the North Carolina Medical Board was called to order at 10:50 am, Wednesday September 19, 2007 at the offices of the Board. Members present were: Harlan A. McCulloch, MD, Chair; Ralph C. Loomis, MD; Robert C. Moffatt, MD; Janelle A. Rhyne, MD; and George L. Saunders, MD. Also present were R. David Henderson (Executive Director), Hari Gupta (Director of Operations), and Peter T. Celentano, CPA (Comptroller).

Financial Statements

Mr. Celentano, CPA, presented the July 2007 compiled financial statements. July is the ninth month of fiscal year 2007.

Mr. Celentano reviewed with the Committee our current cash position as of today and the amount on the Balance Sheet on July 31, 2007. The Statement of Cash Flows was reviewed and accepted as presented. Dr. Rhyne made a motion to accept the financial statements as reported. Dr. Loomis seconded the motion and the motion was approved unanimously.

Mr. James Willis, Vice President and Portfolio Manager at BB&T, gave a presentation to the Committee on our Investment Portfolio as of September 17, 2007. The Committee agreed Mr. Willis should be prepared to come back in January 2008 to review investment results for 2007.

Old Business

E-mail from Dr. Norins re FSMB Journal: Mr. Henderson reviewed with the Committee an e-mail sent by Dr. Michael Norins suggesting that the Medical Board send copies of the FSMB *Journal of Licensing and Discipline* to key legislators. Dr. Norins felt this would be educational and bring key members of the House and Senate up to date on issues felt germane by the Federation. Mr. Henderson proposed that that Mr. Mansfield deliver copies of the FMSB *Journal* to key legislators but only when it contains articles germane to North Carolina.

Dr. Rhyne made a motion to accept this proposal. Dr. Saunders seconded the motion and the motion was approved unanimously.

New Business

Proposed Fiscal Year 2008 Budget: Mr. Celentano and Mr. Henderson reviewed with the Committee a draft of a proposed fiscal year 2008 Budget. Mr. Henderson reviewed with the Committee the budget process that has taken place over the past two months with members of the staff and Dr. Loomis. Dr. Loomis made a motion to accept the 2008 fiscal year budget as presented and to make available copies of the proposed Budget to all Board Members before the end of this meeting for their review prior to a final vote in October. Dr. Saunders seconded the motion and the motion was approved unanimously.

NC Physicians Health Program – Audit FYE 12/31/2006: Mr. Henderson and Mr. Celentano reviewed with the Committee the audit for calendar year 2006 for the NC Physicians Health Program.

Degree designation on website: Mr. Henderson reviewed with the Committee the degree designation (MD or DO) which is shown on the website. Foreign medical graduates confer a number of different designations other than MD or DO. Several options were reviewed including (1) removing the degree from the website or (2) adding another question to the renewal form which asks for the type of degree conferred. Dr. McCulloch made a motion to adopt option two above. Dr. Rhyne seconded the motion and the motion was approved unanimously.

Full Board Motion: (Norins, Loomis) A motion passed to retain the MD and DO designation on the web site with a note indicating some physicians licensed to practice medicine and surgery in North Carolina graduated from a foreign medical school where the name of the degree conferred differs from the “MD” (medical doctor) degree conferred by medical schools in the United States. For the purposes of licensure, however, the NC Medical Board considers these degrees to be equivalent to a MD degree and, therefore, all persons graduating from an allopathic medical school, regardless of the medical school degree conferred, are given the “MD” designation on the Board’s Web site.

Proposed NCMB Advertisement: Mr. Henderson reviewed with the Committee a copy of a newspaper advertisement proposed by the Public Affairs Department to encourage the public to go to the Board’s Web site to learn more about their physician and the NC Medical Board. Dr. Rhyne made a motion to run this advertisement for a period of six months in newspapers across the state. The Board will monitor traffic to our website during the times the advertisement will run. Dr. Saunders seconded the motion and the motion was approved unanimously.

Public member vacancies: The Board has three positions on the Board which are held by public members. One of these seats is currently vacant. The Boards and Commissions office has asked for suggestions. Mr. Henderson presented a proposal whereby senior members of the staff would attempt to identify outstanding candidates for vacant public member positions, discuss with them the time commitment required of Board members, and ascertain their interest in serving on the Board. Thereafter, staff would submit the names of all interested parties to the Executive Committee. Those who are approved will be sent to the Boards and Commissions office. Dr. Rhyne made a motion to accept the proposal as presented by Mr. Henderson. Dr. Saunders seconded the motion and the motion was approved unanimously.

Full Board Discussion: The Board is uncomfortable nominating their own replacements; however, the Public Member vacancies need to be filled as quickly as possible with highly qualified persons. Staff and Board members will identify names to the Board of those who have been vetted (time commitment, etc.). The Board will make the final decision of what names are referred to the Boards and Commissions office. The Board would like to send two or three names to the Governor.

The meeting was adjourned at 12:35pm.

The Executive Committee of the North Carolina Medical Board was called back to order at 12:35pm, Thursday September 20, 2007 at the offices of the Board. Members present were: Harlan A. McCulloch, MD, Chair; Ralph C. Loomis, MD; Robert C. Moffatt, MD; Janelle A. Rhyne, MD; and George L. Saunders, MD. Also present were R. David Henderson (Executive Director), and Peter T. Celentano, CPA (Comptroller).

Proposed salary ranges: Ms. Dawn LaSure, Director of Human Resources, presented to the Committee a list of proposed salary ranges for all Board staff positions. Ms. LaSure discussed the process, which included completing job descriptions and evaluations for every position at the Board. Ms. LaSure evaluated the job descriptions and collected data from several different

outside sources in order to assign ranges to each position. Dr. Rhyne made a motion to accept the proposed salary ranges as presented by Ms. LaSure. Dr. Loomis seconded the motion and the motion was approved unanimously.

The meeting was adjourned at 1:10pm.

The Executive Committee of the North Carolina Medical Board was called back to order at 6:30 am, Friday September 21, 2007 at the offices of the Board. Members present were: Harlan A. McCulloch, MD, Chair; Ralph C. Loomis, MD; Robert C. Moffatt, MD; Janelle A. Rhyne, MD; and George L. Saunders, MD. Also present were Michael E. Norins, MD (Board Member); and R. David Henderson (Executive Director).

Posting malpractice payment reports online: The new law requires the Board to post malpractice payment information online pursuant to rules approved by the Board. The Committee discussed several different options. It was agreed that members of the Executive Committee would meet with representatives of interested organizations during the next two months and report back to the full Board in November.

The meeting was adjourned at 7:15am.

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

POLICY COMMITTEE REPORT

George Saunders, MD, Chair; Janelle Rhyne, MD; Thelma Lennon

The Policy Committee of the North Carolina Medical Board was called to order at 12:50 p.m., Wednesday, September 20, 2007, at the office of the Board. Board members present were: George L. Saunders, III, MD, Chair; Janelle A. Rhyne, MD and Thelma C. Lennon. Also attending were: Todd Brosius, Board Attorney; Dale Breaden, Director, Public Affairs; NCMB; Scott Kirby, Assistant Medical Director, NCMB; Dena Konkel, Assistant Director, Public Affairs, NCMB; and Wanda Long, Recorder.

July 2007 Policy Committee Meeting Minutes

The minutes from the July 18, 2007, Policy Committee was approved as presented.

Review of Position Statements:

RETENTION OF MEDICAL RECORDS

MEDICAL RECORD DOCUMENTATION

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

1/17/2006 – Brian Blankenship discussed new language that would give suggestions on a retention plan for records if a doctor retires dies, etc. Basically it would be estate planning for records. He further stated that abandonment should be dealt with through rulemaking and legislation. Dr. Rhyne stated that MDs would welcome these suggestions. Todd Brosius suggested that the Committee should consider combining the position statements in an effort

to provide useful information for doctors and patients in a central place. Also, addressed by Mr. Brosius and Mr. Blankenship was the question of what a medical record should contain. Mr. Blankenship pointed out that there are many misconceptions and this should also be addressed.

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

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

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

7/18/2007 – Continue to table issue pending FSMB statement.

9/19/2007 - Continue to table issue pending FSMB statement

Proposed Comprehensive Revision of NCMB Medical Records Position Statement:

Patient Records

Introduction

Medical considerations and continuity of care are the primary purposes for maintaining adequate patient records. A patient record consists of medical records as well as billing information or “any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated” by a physician’s practice.

Because of the importance of patient records, physicians should have clear policies in place regarding disclosure of, access to, and retention of patient records. These policies should be communicated to patients preferably in writing when the physician-patient relationship is established and when the policy changes.

Medical Record Documentation

Physician should maintain accurate patient care records of history, physical findings, assessments of findings, and the plan for treatment. The Board recommends the Problem Oriented Medical Record method known as SOAP.

SOAP charting is a schematic recording of facts and information. The S refers to "subjective information" (patient history and testimony about feelings). The O refers to objective material and measurable data (height, weight, respiration rate, temperature, and all examination findings). The A is the assessment of the subjective and objective material that can be the diagnosis but is always the total impression formed by the care provided after review of all materials gathered. And finally, the P is the treatment plan presented in sufficient detail to allow another care provider to follow the plan to completion. The plan should include a follow-up schedule.

Such a chronological document:

- records pertinent facts about an individual's health and wellness;
- enables the treating care provider to plan and evaluate treatments or interventions;
- enhances communication between professionals, assuring the patient optimum continuity of care;
- assists both patient and physician to communicate to third party participants;
- allows the physician to develop an ongoing quality assurance program;
- provides a legal document to verify the delivery of care; and
- is available as a source of clinical data for research and education.

Items that should appear in the medical record as a matter of course include:

- the purpose of the patient encounter;
- the assessment of patient condition;
- the services delivered--in full detail;
- the rationale for the requirement of any support services;
- the results of therapies or treatments;
- the plan for continued care;
- whether or not informed consent was obtained; and, finally,
- that the delivered services were appropriate for the condition of the patient.

The record should be legible. When the care giver does not write legibly, notes should be dictated, transcribed, reviewed, and signed within reasonable time. Signature, date, and time should also be legible.

All therapies should be documented as to indications, method of delivery, and response of the patient. Special instructions given to other care givers or the patient should be documented, and the record should indicate who received the instructions and whether the recipient of the instructions appeared to understand them.

All drug therapies should be named, with dosage instructions and indication of refill limits. All medications a patient receives from all sources should be inventoried and listed to include the method by which the patient understands they are to be taken. Any refill prescription by phone should be recorded in full detail.

The physician needs and the patient deserves clear and complete documentation.

Access to Patient Records

A physician's policies and practices relating to patient 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. 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 patient records and a qualified right to amend their records pursuant to the HIPAA privacy regulations.

Patient records are confidential documents and should only be released when permitted by law or with proper written authorization of the patient. Physicians are responsible for safeguarding and protecting the patient 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 of the record in a timely manner to the patient or the patient's representative, unless the physician believes that such release would cause harm to the patient or another person. This includes patient records received from other physician offices or health care facilities. 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.

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

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 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' patient records to third parties unless there is an enforceable agreement that includes adequate provisions to protect patient confidentiality and to ensure access to those records.

When responding to subpoenas for patient records, unless there is a court or administrative order, physicians should follow the applicable federal regulations.

Retention of Patient Records

Physicians have an obligation to retain patient records which may reasonably be of value to a patient. The following guidelines are offered to assist physicians in meeting their ethical and legal obligations:

- Medical considerations are the primary basis for deciding how long to retain medical records. For example, operative notes, chemotherapy records, and immunization records should always be part of the patient's chart. In deciding whether to keep certain parts of the record, an appropriate criterion is whether a physician would want the information if he or she were seeing the patient for the first time.
- If a particular record no longer needs to be kept for medical reasons, the physician should check applicable state and federal laws to see if there is a requirement that records be kept for a minimum length of time including but not limited to:
 - Medicare and Medicaid Investigations (up to 7 years);
 - HIPAA (up to 6 years);
 - Medical Malpractice (varies depending on the case but should be measured from the date of the last professional contact with the patient)—physicians should check with their medical malpractice insurer);
 - North Carolina has no statute relating specifically to the retention of medical records;
- In order to preserve confidentiality when discarding old records, all documents should be destroyed; and
- Before discarding old records, patients should be given an opportunity to claim the records or have them sent to another physician, if it is feasible to give them the opportunity.

Similarly, the Medical Board recognizes the need for, and importance of, proper maintenance, retention, and disposition of medical records. Accordingly, the Board recommends that physicians prepare written policies for the secure storage, transfer and access to medical records of the physician's patients. At a minimum, the Board recommends the policies specify:

- The procedure by which the physician will notify each patient in a timely manner if the physician terminates or sells his/her practice in order to inform the patient of the future location of the patient's medical records and how the patient can access those records;
- The procedure by which a physician may dispose of unclaimed medical records after a specified period of time during which the physician has made good faith efforts to contact the patient;
- How the physician shall timely respond to requests from patients for copies of their medical records or to access to their medical records;
- In the event of the physician's death, how the deceased physician's executor, administrator, personal representative or survivor will notify patients of location of their medical records and how the patient can access those records;
- The procedure by which the deceased physician's executor, administrator, personal representative or survivor will dispose of unclaimed medical records after a specified period of time;
- How long medical records will be retained; and
- The amount the physician will charge for copies of medical records and under what circumstances the physician will charge for copies of a patient's medical record.

9/19/2007 ACTION - Continue to table issue pending FSMB statement. Mr. Brosius will check with Dr. Thompson regarding the status of this statement.

Initial Review of Position Statements:

END-OF-LIFE RESPONSIBILITIES AND PALLIATIVE CARE
ADVANCE DIRECTIVES AND PATIENT AUTONOMY

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

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

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

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

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

9/19/206 – Mr. Brosius and Mrs. Phelps will review this statement prior to submitting for publication.

North Carolina Medical Board Position Statement

END-OF-LIFE RESPONSIBILITIES AND PALLIATIVE CARE

Assuring Patients

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

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

Palliative Care

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

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten nor postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patient's illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- [may be] applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.**

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

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

Opioid Use

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

Selected Guides

~~To assist physicians in meeting these responsibilities, the Board recommends *Cancer Pain Relief: With a Guide to Opioid Availability*, 2nd ed (1996), *Cancer Pain Relief and Palliative Care* (1990), *Cancer Pain Relief and Palliative Care in Children* (1999), and *Symptom Relief in Terminal Illness* (1998), (World Health Organization, Geneva); *Management of Cancer Pain* (1994), (Agency for Health Care Policy and Research, Rockville, MD); *Principles of Analgesic*~~

~~Use in the Treatment of Acute Pain and Cancer Pain, 4th Edition (1999) (American Pain Society, Glenview, IL); Hospice Care: A Physician's Guide (1998) (Hospice for the Carolinas, Raleigh); and the Oxford Textbook of Palliative Medicine (1993) (Oxford Medical, Oxford).~~

(Adopted 10/1999)

(Amended 5/2007)

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

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

9/19/2006 ACTION– Mr. Brosius and Mrs. Phelps will review this statement prior to submitting for publication.

Physician Mobile Cardiac Catheterization Service:

3/21/2007 – The Committee heard from Mr. Luckey Welch, CEO and President Southeastern Regional Medical Center. Mr. Welch stated that patient safety was the central issue related to its letter from December 2006 in which it wrote about its concerns of a cardiac catheterization unit being used in a separate facility and not associated with any hospital. The matter was not merely physician versus hospital. When asked, Mr. Noah Huffstetler, Attorney for Southeastern Regional Medical Center stated that there are nine such mobile capacity units in North Carolina that were grandfathered in prior to the requirement of acquiring a certificate of need. Those units can be used either in a fixed or mobile capacity. The representatives from Southeastern Regional Medical Center indicated their concern that the mobile unit is being used at a physician's office and not a facility which is equipped to handle complications that might arise out of a cardiac catheterization which may include cardiac surgery or emergency response.

Dr. Saunders questioned whether this could be a small facility versus large facility or a rural versus urban issue.

Mr. Huffstetler encouraged the Committee to review the 3/8/07 letter from Gaston Memorial Hospital supporting the recommendation of Southeastern Regional Medical Center.

Mr. Linwood Jones, Attorney for the NC Hospital Association encouraged the Committee to look into quality of care for patients and a safety perspective. Mr. Jones stated that the NC Hospital Association is concerned about patient care.

3/2007 ACTION: The Committee will present information to the full Board and continue to gather information.

5/16/2007 – Todd Brosius informed the Committee that he had spoken with Troy Smith, Attorney for the Mobile Cardiac Cath lab in question. Mr. Smith offered to meet with the Committee. 5/2007 ACTION: Mr. Brosius is to obtain written statements regarding safety from the hospital, Physician who the Mobile Cardiac Cath lab, CEO of NOVANT, and the manufacturer of the Mobile Cardiac Cath labs. Upon receipt of this information the Committee will review and consider further.

7/18/2007 – Dr. Saunders reported that he and Todd Brosius had been gathering information regarding the issue. Dr. Saunders stressed that the answer is not black and white, stating that a major issue seems to be serving the rural communities and the transportation issues. The Committee is anticipating letters to be submitted from several interested parties prior to the next scheduled meeting of the Committee. 7/18/2007 COMMITTEE ACTION: Table until the next meeting of the Committee, when more information is available.

9/19/2007 – Troy Smith, Attorney for Dr. Royal, provided the Committee with several documents supporting: American College of Cardiology/Society for Cardiac Angiography And Interventions Clinical Expert Consensus Document on Cardiac Catheterization Laboratory Standards; and Mobile cardiac catheterization laboratories increase use of cardiac care in women and African American patients. When asked about the percentage of patients who are uninsured, Dr. Royal indicated that the patient population is very diverse, and most patients are uninsured or on Medicare or Medicaid. Dr. Royal was also questioned about hand-picking his patients. Dr. Royal stated that insurance is not a factor for accepting patients. Dr. Royal explained that his facility only sees adults. Additionally these patients cannot be high risk to be a good candidate for their facility. When asked about the issue with EMS, Dr. Royal stated that the procedure now is that anyone being transferred from his facility to a hospital, must first go to the emergency room. Dr. Royal indicated that the procedure was put in place by EMS, and he is following their instructions.

9/19/2007 ACTION: Mr. Smith to provide raw data for actual complication rate to Mr. Brosius for the Committee's review. Committee will consider information provided and make a decision at a later date.

Expert Witness Testimony

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

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

3/2007 ACTION: Defer review at this time.

5/2007 ACTION: Defer review at this time.

7/2007 ACTION: Defer review at this time.

9/2007 ACTION: Defer review at this time.

POSITION STATEMENT:

Medical Testimony Position Statement

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

- Physician expert witnesses are expected to be impartial and should not adopt a position as an advocate or partisan in the legal proceedings.
- The physician expert witness should review all the relevant medical information in the case and testify to its content fairly, honestly, and in a balanced manner. In addition, the physician expert witness may be called upon to draw an inference or an opinion based on the facts of the case. In doing so, the physician expert witness should apply the same standards of fairness and honesty.
- The physician expert witness is ethically and legally obligated to tell the truth. The physician expert witness should be aware that failure to provide truthful testimony may expose the physician expert witness to disciplinary action by the Board.

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

In various legal and administrative proceedings, medical evidence is critical. As citizens and as professionals with specialized knowledge and experience, physicians have an obligation to assist in the administration of justice.

When a legal claim pertains to a patient the physician has treated, the physician must hold the patient’s medical interests paramount, including the confidentiality of the patient’s health information, unless the physician is authorized or legally compelled to disclose the information.

Physicians who serve as fact witnesses must deliver honest testimony. This requires that they engage in continuous self-examination to ensure that their testimony represents the facts of the case. When treating physicians are called upon to testify in matters that could adversely impact their patients’ medical interests, they should decline to testify unless the patient consents or unless ordered to do so by legally constituted authority. If, as a result of legal proceedings, the patient and the physician are placed in adversarial positions it may be appropriate for a treating physician to transfer the care of the patient to another physician.

When physicians choose to provide expert testimony, they should have recent and substantive experience or knowledge in the area in which they testify, and be committed to evaluating cases objectively and to providing an independent opinion. Their testimony should reflect current scientific thought and

standards of care that have gained acceptance among peers in the relevant field. If a medical witness knowingly provides testimony based on a theory not widely accepted in the profession, the witness should characterize the theory as such. Also, testimony pertinent to a standard of care must consider standards that prevailed at the time the event under review occurred.

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

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

9/2007 ACTION: Defer review at this time.

21 NCAC 32R .0102 Approved Categories of CME – proposed language change

5/16/2007 – The Medical Board staff had requested that the Policy Committee consider a language change in 32R .0102(1)(c) to clarify what enduring materials were. Information and a resource contact was provided to the Medical Board staff by a representative of the Medical Society to clarify this issue. 5/2007 ACTION: Issue will be tabled until July for further discussion if needed.

7/18/2007 – Todd Brosius will check with Melanie Phelps and Patricia Paulson to determine if this issue has been resolved. Dr. Saunders stated that the Board may not need to dedicate much time to this issue as it is a quickly changing topic.

7/18/2007 COMMITTEE ACTION: Table for next meeting, unless it is determined that this issue has been resolved by staff.

9/19/2007 ACTION: Issue resolved by staff. Remove from agenda.

Telepsychiatry

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

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

7/18/2007 COMMITTEE ACTION: Committee will address as time permits.

9/19/2007 ACTION: Table discussion at this time.

NCCN Wilkes Chronic Pain Initiative

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

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

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

Motion: A motion passed to accept the Policy Committee Report.

ALLIED HEALTH COMMITTEE REPORT

Don Jablonski, DO ; Savesh Sathiraju, MD; Peggy Robinson, PA-C;

Allied Health Committee Report – September 19, 2007

Present: Dr. Jablonski, Chairperson, Dr. Sathiraju, Peggy Robinson, PA-C, Marcus Jimison, Legal, Lori King, CPCS, Licensing, Quanta Williams, Licensing, Jeffrey Katz, PA-C, Dana Simpson, Ellen Allingo, Elmira Powell.

NPDB & HIPDB Reports

Catchline: Is it the Board's desire to require PA applicants to provide NPDB & HIPDB reports as part of the application process?

Board Action: Require PA applicants to provide NPDB & HIPDB reports as part of the application process.

M. Jimison to check whether or not this needs to be a regulatory Rule.

NC EMS Advisory Council Meetings

EMS Advisory Council Meetings 08/09/07

EMS Advisory Council Meeting 05/08/07.

Board Action: Accept as information

Initial Physician Assistant Applicants Licensed 08/08/07 – 08/31/07

Buschbach, Stacie Anne

Colin, Jill Marie

Collins, Ann Marie

Crowe, Daniel Patrick

Edelstein, Christopher J.

Ferland, Jennifer Ann
Mann, Benjamin Lowell
Popchak, Nicholas James
Rosas, Rosalyn
Wallace, Ellee Lyn
Whitley, Megan Anderson
Woodard, Rebecca Lee

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

ANDERSON, Steven E.	- Reinstatement
HERON, Joann A.	- Reinstatement
MOORE, Beth Ann	- Reinstatement
OTEY, James J.	- Reinstatement

Initial Physician Assistant Applicants Licensed 07/19/07 – 08/08/2007

Ajo, Donna Marie
Bailey, Kyle Frank
Boehmke, Karen Louise
Brooks, Amanda Elizabeth
Callahan, Gwen Susan
Cognac, Gregg Alan
Collins, Ann Marie
Davidson, Patrick Michael
Eck, Mary Ann
Fallis, Lauren Grace
Fossum, Kurt
Hassler, Heather Carson
Hoag, David Floyd
Holder, Paige Nichol
Kramer, Olga Maria
Livengood, Lawrence William
Nicol, Kristi Lynn
Skiles, Megan Christina
Skillman, Katherine Elizabeth
Taylor, Anne Marie
Wagner, Jeffrey Douglas
Wolf, Audrey Jean
York, Marianne Louise Cochran

Physician Assistant Additional Supervisor List – 08/01/2007 – 08/31/2007

<u>PA</u>	<u>Primary Supervisor</u>	<u>Practice Site City</u>
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Althisar, Henry
Ambroise, Marie-Jacques
Ardelean, Rhonda
Baker, Robin
Barksdale, Rebecca
Beach, Charles
Beauman, Cheryl
Best, Jessica
Blount, Kelly
Boehmke, Karen
Bradshaw, Sarah
Brooks, Amanda
Brooks, AmyLee
Bryant, Thomas
Buchanan, Misty
Buck, Philip
Buller, Shawn
Calhoun, Anna
Campbell, Kimberly
Carter, James
Carter, Laura
Cevasco, Michael
Chavis, Anthony
Chazan, Jennifer
Chazan, Jennifer
Chazan, Jennifer
Chazan, Jennifer
Chazan, Jennifer
Chazan, Jennifer
Chazan, Jennifer
Chazan, Jennifer
Chazan, Jennifer
Chazan, Jennifer
Chazan, Jennifer
Chester, David
Christian, Michelle
Christian, Michelle
Collins, Emma
Cook, Ashly
Cronin, Rachelle
Crowe, Daniel
Currin, Ann

Davis, Jerome
Pitts, Venus
Harmaty, Myron
Zammit, Joseph
Hines, Marcono
Hart, Oliver
Medina, Victor
Breiner, Jeffrey
Flynn, Matthew
Vu, Khanh
Levy, Jay
Coxe, James
Johnson, Earlie
Meltzer, Morton
Cox, Craig
Pita, James
Locascio, David
Thompson, Christopher
Perry, John
Obi, Reginald
Klinepeter, Kurt
Kimberly, George
Moran, Joseph
Andersen, William
Carroll, Raymond
Curzan, Mark
Gollehon, Douglas
Martini, Douglas
Reinke, Derek
Szura, Brian
Welch, Gerald
Albright, Daniel
Benevides, Marc
Bhiwandiwalla, Pouruchis
Holmes, Douglas
Cox, Craig
Singh, Pradeep
Singhi, Sushil
Tooke, Sydney
Penrose, John
Vallat, Val
Fink, Gary
DeCoy, Donald

Greensboro
Durham
Charlotte
Greensboro
Smithfield
Winston Salem
Cary
Garner
Raleigh
Henderson
Charlotte
Raleigh
Richlands
Winterville
Kernersville
Wilson
Charlotte
Winston Salem
Raleigh
Plymouth
Winston Salem
Mocksville
Raleigh
Cary
Cary
Cary
Cary
Cary
Cary
Cary
Raleigh
Raleigh
Raleigh
Raleigh
Kernersville
Rock Hill
Rock Hill
Greensboro
Clinton
Charlotte
Faith
High Point

Currin, Ann	Hussieno, Muhammad	High Point
Currin, Ann	Sommer, Steven	High Point
Czaja, Jill	Horger, Edgar	Wilmington
Davis, Richard	Pacos, Andrew	Thomasville
Dewar, John	Polanco, Leonard	Greensboro
Dewar, John	Rosenbloom, Alan	Greensboro
Dewar, John	Voulgaropoulos, Menelaos	Stony Point
Donovan, Christina	Chaudhry, Abdul	Raleigh
Doss, Brian	Pacos, Andrew	Thomasville
Drinkwater, Don	Andersen, William	Cary
Drinkwater, Don	Carroll, Raymond	Cary
Drinkwater, Don	Curzan, Mark	Cary
Drinkwater, Don	Gollehon, Douglas	Cary
Drinkwater, Don	Martini, Douglas	Cary
Drinkwater, Don	Reinke, Derek	Cary
Drinkwater, Don	Szura, Brian	Cary
Drinkwater, Don	Holmes, Douglas	Raleigh
Edelstein, Christopher	Moulton, Michael	Wilmington
Ellis, Leland	Simpson, Marshall	Winterville
Elmore, Melanie	Welch, Gerald	Cary
Elmore, Melanie	Albright, Daniel	Raleigh
Elmore, Melanie	Andersen, William	Raleigh
Elmore, Melanie	Benedict, Frederick	Raleigh
Elmore, Melanie	Carroll, Raymond	Raleigh
Elmore, Melanie	Curzan, Mark	Raleigh
Elmore, Melanie	Gollehon, Douglas	Raleigh
Elmore, Melanie	High, Rhett	Raleigh
Elmore, Melanie	Lambeth, William	Raleigh
Elmore, Melanie	Lyle, William	Raleigh
Elmore, Melanie	Martini, Douglas	Raleigh
Elmore, Melanie	Reinke, Derek	Raleigh
Elmore, Melanie	Szura, Brian	Raleigh
Epps, Clyde	Hosseini, Sid	Lumberton
Farmer, Kimberly	Murray, Gina	Fayetteville
Ferland, Jennifer	McGowen, Timothy	Winston Salem
Ferrill, Elizabeth	Akman, Steven	Winston Salem
Ferron, Christopher	Williamson, Charles	Wilson
Fisher, Jessica	Gebrail, Ayman	Wilmington
Gauthier, Cherie	Armistead, Hal	Huntersville
Gibson, Jacqueline	Patterson, Kristine	Raleigh
Giordano, Joseph	Spangenthal, Selwyn	Charlotte
Glasgow, Cheryl	Roy, Raymond	Winston Salem
Gore, William	Beittel, Timothy	Wilmington

Gray, Lee	Cox, Craig	Kernersville
Gregg, Lauren	Lohr, Lloyd	Lexington
Griffin, Lindsay	Brick, Wendy	Charlotte
Grove, Randall	Garrett, James	Jacksonville
Hall, Jonathan	Cox, Craig	Kernersville
Hanes, Heather	Smith, Teresa	Greenville
Haser, Thomas	Maitra, Ranjan	Gastonia
Hedgecock, Suzann	Jarrett, Thomas	Kernersville
Hensler, Robert	Liguori, John	Wilmington
Hicks, Cullen	Rowe, John	Asheville
Hinds, David	Ahmed, Maqsood	Goldsboro
Hoffman, Karen	Perino, Lisa	Asheville
Holder, Paige	Kelling, Douglas	Concord
Hollingsworth, Robert	Whitman, Bruce	Lumberton
Horton, Tiffany	Njapa, Anthony	Wilmington
Hunt, Scot	Rowson, Jonathan	Maxton
Hutchens, Michele	Rocamora, Lee	Winston Salem
Johnson, Curtis	Aul, Christopher	fayetteville
Johnson, Glen	Pita, James	Wilson
Johnson, Mary Ann	Solovieff, Gregory	Goldsboro
Justice, Brenda	Reyes, Rodolfo	Benson
Keeler, Nancy	Benevides, Marc	Raleigh
Keeler, Nancy	Doshi, Hirendra	Raleigh
Kirk, John	Phillips, Bruce	Elizabethtown
Kline, Angela	Fleury, Robert	Raleigh
Kramer, Olga	Hall, Timothy	Charlotte
Kuhn, Lindsay	Katibah, William	Charlotte
Kurtz, Harry	Parnell, Jerome	Raleigh
Lawson, Valerie	Liffrig, James	Fort Bragg
Layman, Paul	Harmaty, Myron	Gastonia
Lee, Laurie	Yarborough, Kimberly	Roxboro
Lefler, Ronald	Templeton, David	Salisbury
Lehman, Michael	Low, William	Smithfield
Lehman, Michael	Yaeger, Edwin	Smithfield
Maddux, Joseph	Doshi, Hirendra	Raleigh
Mahar, Suzanne	Jones, Colin	Ahoskie
Mangin, Ross	Ghim, Michael	Greensboro
Mann, Benjamin	Olin, Matthew	Greensboro
Mattera, Paul	Doshi, Hirendra	Raleigh
McClure, Kathleen	Loper, Peter	Charlotte
McDowell, Julie	Arnold, Terry	Lexington
McInnis, Kimberly	Massenburg, Althea	Durham
McNeil, John	Biddle, James	Asheville

Melgar, Tammy
Meyer, Kim
Mitchel, Roger
Modrow, Michael
Moore, Beth
Mullins, Diane
Murphy, Michael
Murray, Joanna
Nicol, Kristi
O'Branski, Erin
Ogilvie, James
Oliver, Linda
Otey, James
Page, Constance
Patel, Surahi
Pedacchio, Misty
Phillips, Jason
Pilkington, Cynthia
Putnam, Marshall
Putnam, Marshall
Ranson, Kristina
Ranson, Kristina
Renn, Amber
Revels, Christina
Riley, Elizabeth
Robinson, Anthony
Rojas, Brian
Rojas, Brian
Rojas, Brian
Rojas, Brian
Rojas, Brian
Romblad, Katrina
Rorie, Brandon
Rouchard, John
Russell, Karen
Scime, Kseniya
Sepka, Richard
Simmons, Cynthia
Skiles, Megan
Skillman, Katherine
Smith, Kimberly
Soebbing, Kara
Stevens, Lisa

Traylor, Henry
Martinko, Thomas
Aarons, Mark
Chaudhry, Abdul
Sutton, Linda
Tayloe, David
Case, Michael
Lazio, Barbara
Harmaty, Myron
De Castro, Carlos
Horn, Jennifer
Henretta, John
Grant, Terry
Minior, Daniel
Subramanian, Thoppe
Medford, Mark
Pacos, Andrew
Andrews, Robert
Rose, Noralea
Pita, James
Collins, Roger
Holton, Alan
Madan, Ragini
Melton, Kenneth
Withrow, Glenn
Cairns, Bruce
Benevides, Marc
Edrington, Richard
High, Rhett
Lyle, William
Stocks, Lewis
Cox, Craig
Pacos, Andrew
Barker, Robert
Barnhill, Peggy
Harmaty, Myron
Hocker, Michael
Pacos, Andrew
Powell, Bayard
Daniel, Terry
Chaudhry, Abdul
Pita, James
Cox, Craig

Wilmington
Wilmington
Rockingham
Raleigh
Durham
Goldsboro
Stanley
Greenville
Charlotte
Durham
Raeford
Asheville
Goldsboro
Rocky Mount
Salisbury
Pinehurst
Thomasville
Durham
Asheboro
Wilson
Cary
Raleigh
Holly Springs
Fayetteville
Chapel Hill
Chapel Hill
Raleigh
Raleigh
Raleigh
Raleigh
Kernersville
Thomasville
Asheville
Shallotte
Charlotte
Durham
Thomasville
Winston Salem
Eden
Raleigh
Wilson
Kernersville

Swansiger, David	Rosen, Robert	Winston Salem
Tignor, Gayle	Amor, Antonio	Charlotte
Travis, Tara	Landis, Darryl	Winston Salem
Trzcienski, Michael	Andersen, William	Cary
Trzcienski, Michael	Carroll, Raymond	Cary
Trzcienski, Michael	Curzan, Mark	Cary
Trzcienski, Michael	Gollehon, Douglas	Cary
Trzcienski, Michael	Martini, Douglas	Cary
Trzcienski, Michael	Reinke, Derek	Cary
Trzcienski, Michael	Szura, Brian	Cary
Trzcienski, Michael	Welch, Gerald	Cary
Trzcienski, Michael	Albright, Daniel	Raleigh
Trzcienski, Michael	Holmes, Douglas	Raleigh
Van Wallendaal, Shawn	Lavis, Timothy	Charlotte
Wall, Luvae	Greenberg, Gary	Raleigh
Wallace, Connie	Howard, Chad	Monroe
Webster, William	Fernandez, Eldaliz	Greensboro
Wheeler, Merritt	Bechtel, Mark	Charlotte
Whitley, Megan	Williams, John	New Bern
Winn, Michael	Francis, Sabina	Rockingham
Wolf, Audrey	Burns, Martin	Charlotte
Wright, Sharon	Corvino, Timothy	Gastonia
York, Marianne	Magod, Marc	Greensboro

Administration of vaccines by pharmacists

Catchline: Following further study on this issue it is felt that it is possible for pharmacists to administer the zoster vaccine safely as long as it is performed under the same conditions as those for pharmacists administering the pneumococcal vaccine. Dr. Rhyne has indicated she will be available to discuss this issue with the committee.

BOARD ACTION: Approve (a physician's order is required to give the vaccine).

Perfusionist Report

Catchline: Open session portion of PAC meeting minutes – July and August meetings

BOARD ACTION: Accept as information

Perfusionist Rules

Catchline: The rules were approved and will be presented to the Rules Review Commission.

BOARD ACTION: Accept as information

Request for re-appointment of PAC Members

Catchline: Ian Shearer, LP, CCP and Michael Hines, MD have submitted requests for re-appointment to the Perfusionist Advisory Committee.

BOARD ACTION: Approve requests for re-appointment.

Perfusionist Fee rule

Catchline: Approval of proposed rule NCAC 32V. 0115

BOARD ACTION: Approve

Application process for AAs

Catchline: Is it the Board's desire to mirror the application process for PAs, i.e. routine applications will be reviewed by a Board member to determine the necessity for a license interview?

BOARD ACTION: Approve this process

Anesthesiologists Assistants application

Catchline: Review proposed AA application

BOARD ACTION: Accept proposed application

Anesthesiologists Assistants Regulatory Rules

Catchline: Review proposed AA regulatory rules

BOARD ACTION: Accept the following proposed regulatory rules:

SUBCHAPTER 32W. ANESTHESIOLOGIST ASSISTANT REGULATIONS

.0101 DEFINITIONS

The following definitions apply to this Subchapter:

- (1) "Board" means the North Carolina Medical Board.
- (2) "Anesthesiologist" means a physician who has successfully completed an anesthesiology training program approved by the Accreditation Committee on Graduate Medical Education or the American Osteopathic Association or who is credentialed to practice anesthesiology by a Hospital or an Ambulatory Surgical Facility.
- (3) "Anesthesiologist Assistant" means a person licensed by and registered with the Board pursuant to Rule .0102 of this Subchapter to provide anesthesia services under the supervision of a Supervising Anesthesiologist.

(4) “Anesthesiologist Assistant License” means the authority for the Anesthesiologist Assistant to provide anesthesia services under North Carolina law.

(5) “Renewal ” means paying the annual renewal fee and providing the information requested by the Board as outlined in Rule .0104 of this Subchapter.

(6) “Supervising Anesthesiologist” means an anesthesiologist who is responsible for supervising the Anesthesiologist Assistant in providing anesthesia services. A Supervising Anesthesiologist must be licensed by the Board, actively engaged in clinical practice as an anesthesiologist, and immediately available onsite to provide assistance to the Anesthesiologist Assistant.

(7) “Primary Supervising Anesthesiologist” is the Supervising Anesthesiologist who accepts primary responsibility for the Anesthesiologist Assistant’s professional activities, including developing and implementing the Anesthesiologist Assistant’s Supervision Agreement and assuring the Board that the Anesthesiologist Assistant is qualified by education and training to perform all anesthesia services delegated to the Anesthesiologist Assistant.

(8) “Supervision” means overseeing the activities of, and accepting responsibility for, the anesthesia services rendered by an Anesthesiologist Assistant.

(9) “Supervision Agreement” means a written agreement between the Primary Supervising Anesthesiologist(s) and an Anesthesiologist Assistant that describes the anesthesia services delegated to the Anesthesiologist Assistant consistent with the Anesthesiologist Assistant’s qualifications, training, skill, and competence, and these rules.

(10) “Certifying Examination” means the Certifying Examination for Anesthesiologist Assistants administered by the National Commission for Certification of Anesthesiologist Assistants or its successor organization.

.0102 QUALIFICATIONS FOR LICENSE

(a) Except as otherwise provided in this Subchapter, an individual shall obtain a license from the Board before practicing as an Anesthesiologist Assistant. The Board may grant an Anesthesiologist Assistant license to an applicant who has met all the following criteria:

(1) submits a completed license application on forms provided by the Board;

(2) pays the license fee established by Rule .0113 in this Subchapter;

(3) submits to the Board proof of completion of a training program for Anesthesiologist Assistants accredited by the Commission on Accreditation of Allied Health Education Programs or its preceding or successor organization;

(4) submits to the Board proof of current certification by the National Commission for Certification of Anesthesiologist Assistants (NCCAA) or its successor organization, including passage of the Certifying Examination for Anesthesiologist Assistants administered by the NCCAA within 12 months after completing training;

(5) certifies that he or she is mentally and physically able to safely practice as an Anesthesiologist Assistant;

(6) has no license, certificate, or registration as an Anesthesiologist Assistant currently under discipline, revocation, suspension, or probation;

(7) has good moral character; and

(8) submits to the Board any other information the Board deems necessary to evaluate the applicant's qualifications.

(b) The Board may deny any application for licensure for any enumerated reason contained in G.S. §90-14 or for any violation of the Rules of this Subchapter.

(c) An applicant may be required to appear, in person, for an interview with the Board, or its representatives upon completion of all credentials.

.0103 INACTIVE LICENSE STATUS

(a) By notifying the Board in writing, any Anesthesiologist Assistant may elect to place his or her license on inactive status. An Anesthesiologist Assistant with an inactive license shall not practice as an Anesthesiologist Assistant. Any Anesthesiologist Assistant who engages in practice while his or her license is on inactive status shall be considered to be practicing without a license.

(b) An Anesthesiologist Assistant who has been inactive for less than six months may request reactivation of his or her license. He or she shall pay the current annual fee as defined in Rule .0113 of this Subchapter, provide documentation to the Board verifying current certification by the National Commission for Certification of Anesthesiologist Assistants and shall complete the Board's registration form.

(c) An Anesthesiologist Assistant who has been inactive for more than six months shall submit an application for a license and pay the application fee as defined in Rule .0113 of this Subchapter. The Board may deny any such application for any enumerated reason contained in G.S. 90-14 or for any violation of the Rules of this Subchapter.

.0104 ANNUAL RENEWAL

(a) Each person who holds a license as an Anesthesiologist Assistant in this state shall renew his or her Anesthesiologist Assistant License each year no later than 30 days after his or her birthday by:

(1) completing the Board's registration form;

(2) verifying that he or she is currently certified by the the National Commission for Certification of Anesthesiologist Assistants (NCCAA), or its successor organization; and

(3) submitting the annual renewal fee under Rule .0113 of this Subchapter.

(b) The license of any Anesthesiologist Assistant who does not renew for a period of 30 days after certified notice of the failure to the licensee's last known address of record shall automatically become inactive.

.0105 CONTINUING MEDICAL EDUCATION

(a) In order to maintain Anesthesiologist Assistant licensure, each Anesthesiologist Assistant shall complete at least 40 hours of continuing medical education (CME) as required by the National Commission for Certification of Anesthesiologist Assistants (NCCAA), or its successor organization, for every two year period. CME documentation must be available for inspection by the Board or an agent of the Board upon request.

(b) Each licensed Anesthesiologist Assistant shall comply with all recertification requirements of the NCCAA, or its successor organization, including registration of CME credit and successful completion of the Examination for Continued Demonstration of Qualifications of Anesthesiologist Assistants administered by the NCCAA.

.0106 STUDENT ANESTHESIOLOGIST ASSISTANTS

(a) A student in any Anesthesiologist Assistant training program shall be identified as a "Student Anesthesiologist Assistant" or an "Anesthesiologist Assistant Student," but under no circumstances shall the student use or permit to be used on the student's behalf the terms "intern," "resident," or "fellow."

(b) Student Anesthesiologist Assistants are authorized to provide anesthesia services under the supervision of a Supervising Anesthesiologist, provided that the student Anesthesiologist Assistant is participating in a training program accredited by the Commission for Accreditation of Allied Health Education Programs or its successor organization and a qualified anesthesia provider is present at all times while the patient is under anesthesia care. Such training programs shall provide the requisite training to allow the Student Anesthesiologist Assistant, upon graduation, to apply for certification by the National Commission for Certification of Anesthesiologist Assistants and licensure as an Anesthesiologist Assistant under this Subchapter.

.0107 EXEMPTION FROM LICENSE

Nothing in this Subchapter shall be construed to require licensure

(1) a Student Anesthesiologist Assistant enrolled in an Anesthesiologist Assistant training program accredited by the Commission on Accreditation of Allied Health Education Programs or its successor organization; or

(2) agents or employees of physicians who perform delegated tasks in the office of a physician consistent with G.S. §90-18(c)(13) and who are not rendering services as Anesthesiologist Assistants or identifying themselves as Anesthesiologist Assistants.

.0108 SCOPE OF PRACTICE

(a) Anesthesiologist Assistants may provide anesthesia services only under the supervision of a Supervising Anesthesiologist and consistent with the Anesthesiologist Assistant's Supervision Agreement as defined by Rule .0101(9) of this Subchapter and the

Rules of this Subchapter. No Anesthesiologist Assistant shall practice where a Supervising Anesthesiologist is not immediately available onsite to provide assistance to the Anesthesiologist Assistant.

(b) Anesthesiologist Assistants perform those duties and responsibilities that are delegated by their Supervising Anesthesiologist(s). The duties and responsibilities delegated to an Anesthesiologist Assistant shall be consistent with the Anesthesiologist Assistant's Supervision Agreement and the Rules of this Subchapter.

.0109 SUPERVISION OF ANESTHESIOLOGIST ASSISTANTS

(a) The Primary Supervising Anesthesiologist shall ensure that the Anesthesiologist Assistant's scope of practice is identified; that delegation of anesthesia services is appropriate to the level of competence of the Anesthesiologist Assistant; that the relationship of, and access to, each Supervising Anesthesiologist is defined; and that a process for evaluation of the Anesthesiologist Assistant's performance is established.

(b) The Supervision Agreement defined in Rule .0101(9) of this Subchapter must be signed by the Primary Supervising Anesthesiologist(s) and Anesthesiologist Assistant and shall be made available upon request by the Board or its agents. A list of all Supervising Anesthesiologists, signed and dated by each Supervising Anesthesiologist, the Primary Supervising Anesthesiologist, and the Anesthesiologist Assistant, must be retained as part of the Supervision Agreement and shall be made available upon request by the Board or its representatives.

(c) A Supervising Anesthesiologist, who need not be the Primary Supervising Anesthesiologist, shall supervise the Anesthesiologist Assistant and ensure that all anesthesia services delegated to the Anesthesiologist Assistant are consistent with the Anesthesiologist Assistant's Supervision Agreement.

(d) A Supervising Anesthesiologist may supervise no more than two Anesthesiologist Assistants or Student Anesthesiologist Assistants at one time. The limitation on the number of Anesthesiologist Assistants or Student Anesthesiologist Assistants that an anesthesiologist may supervise shall in no way affect the number of other qualified anesthesia providers an anesthesiologist may concurrently supervise.

(e) Entries by an Anesthesiologist Assistant into patient charts of inpatients (hospital, long term care institutions) must comply with the rules and regulations of the institution.

.0110 LIMITATIONS ON PRACTICE

An Anesthesiologist Assistant shall not:

(1) perform a task which has not been listed and delegated in the Supervision Agreement;

(2) prescribe drugs, medications, or devices of any kind; however, this Rule shall not preclude the Anesthesiologist Assistant from implementing or administering a treatment or pharmaceutical regimen prescribed by the Supervising Anesthesiologist.

.0111 TITLE AND PRACTICE PROTECTION

(a) Any person who is licensed to provide anesthesia services as an Anesthesiologist Assistant under this Subchapter may use the title “Anesthesiologist Assistant,” “AA,” “Anesthesiologist Assistant–Certified,” or “AA-C.”

(b) Any person not licensed under this Subchapter is in violation of G.S. 90-18.5 and is subject to penalties if he or she:

- (1) falsely identifies himself or herself as an Anesthesiologist Assistant;
- (2) uses any combination or abbreviation of the title “Anesthesiologist Assistant” to indicate or imply that he or she is an Anesthesiologist Assistant; or
- (3) holds himself or herself out to be an Anesthesiologist Assistant or to be so licensed, or in any other way acts as an Anesthesiologist Assistant, without first obtaining a license.

.0112 IDENTIFICATION REQUIREMENTS

An Anesthesiologist Assistant licensed under this Subchapter shall keep proof of current licensure and registration available for inspection at the primary place of practice and shall, when engaged in professional activities, wear a name tag identifying the licensee as an “Anesthesiologist Assistant,” which may be abbreviated as “AA,” or as an “Anesthesiologist Assistant – Certified,” which may be abbreviated as “AA-C.”

.0113 FEES

The Board requires the following fees:

- (1) Anesthesiologist Assistant License Application Fee—one hundred fifty dollars (\$150.00).
- (2) Annual Renewal Fee—one hundred fifty dollars (\$150.00), except that an Anesthesiologist Assistant who registers not later than 30 days after his or her birthday shall pay an annual registration fee of one hundred twenty-five dollars (\$125.00).

21 NCAC 32W .0114 VIOLATIONS

The Board pursuant to G.S. 90-14 may place on probation with or without conditions, impose limitations and conditions on, publicly reprimand, assess monetary redress, issue public letters of concern, mandate free medical services, require satisfactory completion of treatment programs or remedial or educational training, fine, deny, annul, suspend, or revoke the license, or other authority to function as an anesthesiologist assistant in this State. The following acts constitute violations:

- (1) Failure to function in accordance with the rules of this Subchapter or with any provision of G.S. 90-14 shall constitute unprofessional or dishonorable conduct;
- (2) Representing oneself as a physician constitutes dishonorable or unethical conduct.
- (3) Allowing one’s certification with the National Commission for Certification of Anesthesiologist Assistants (NCCAA) or its successor organization to lapse at any time.

21 NCAC 32W .0115 PRACTICE DURING A DISASTER

An Anesthesiologist Assistant licensed in this State or in any other state may practice as an Anesthesiologist Assistant under the supervision of an Anesthesiologist licensed to practice medicine in North Carolina during a disaster within a county in which a state of disaster has been declared or counties contiguous to a county in which a state of disaster has been declared (in accordance with G.S. 166A-6). A team of Anesthesiologist(s) and Anesthesiologist Assistant(s) practicing pursuant to this Rule shall not be required to maintain on-site documentation describing supervisory arrangements as otherwise required in Rules .0109 of this Subchapter. The Board may waive other regulatory requirements regarding licensure and practice to facilitate an Anesthesiologist Assistant practicing during a disaster consistent with G.S. 90-12.2.

A motion passed to close the session pursuant to NCGS 143-318.11(a) 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 5 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.

INITIAL NURSE PRACTITIONER VOTE LIST

NAME	PRIMARY SUPERVISOR	PRACTICE CITY
Aviles, Cesar	Thomason, Michael	Charlotte
Blevins, Lisa	Bennett, Bernard	Garner
Carroll, Kathleen	Chowdhury, Shabbir	Fayetteville
Chambers, Ann	Murphy, Gregory	Greenville
Couts, Maria	Bregier, Charles	Charlotte
Daniels, Melissa	Coppage, Kevin	Gastonia
Delaney, Rani	Bose, Carl	Chapel Hill
Duff, Erin	Blackwell, Kimberly	Durham
Glass, Danica	McGrath, Timothy	Mebane
Harbaugh, Kristin	Cummings, James	Greenville
Hardee, Cameron	Davis, Cara	Raleigh
Huck, Kim-Marie	De Castro, Carlos	Durham
Landau, Brenda	Sherrill, William	Huntersville
Lore, Dianne	Newman, Andrea	Raleigh
Mang, Melissa	Burks, April	Spring Lake
Manuel, Megan	Powell, Bayard	Winston-Salem
Masino, Anastasia	Maynard, Eugene	Benson
Massaro, Matthew	Bose, Carl	Chapel Hill
Mauney, Lucy	Hardie-Hood, Robin	Durham
McKenzie, Melissa	Millsaps, David	Hickory

Miller, Alexandra	Ransom, James	Greensboro
Miller, Dylan	Hodges, Michael	Fayetteville
Peterson, Julie	Curran, Diana	Hendersonville
Ravenscraft, Amy	Millsaps, David	Conover
Shives, Judy	Egnatz, Dennis	Winston-Salem
Sigmon, Evaron	Birmingham, Lorraine	Raleigh
Trent, Jody	Moorehead, Katharine	Morehead City
Walker, Elizabeth	Meijer, Mark	Roxboro
Wardwell, Regina	Jones, Lawrence	Asheville
Williams, Sharon	Dantzler, Leon	Fayetteville
Wright, Kimberly	Taormina, Velma	Gastonia

NURSE PRACTITIONER ADDITIONAL SUPERVISORS

Albano, Denise	Barkley, John	Charlotte
Allen, Anastasia	Morton, Terrence	Huntersville
Anderson, Teresa	Gable, Elizabeth	Greensboro
Arms, Tamatha	Fretwell, Marsha	Wilmington
Aycoth, Emma	Pacos, Andrew	Thomasville
Barnhardt, Cynthia	Morgan, Amy	Concord
Beauvais, Elizabeth	Bose, Carl	Chapel Hill
Berman, Liliana	Morris, John	Cary
Bierwirth, Wendy	Citron, Michael	Raleigh
Blackburn, Helen	Pacos, Andrew	Thomasville
Boedeker, Deborah	Gajewski, Walter	Wilmington
Brooks, Thanh	Bruce-Mensah, Kofi	Knightdale
Carroll, Donna	McQueen, Robert	Burlington
Chance, Rosemarie	Spencer, Donald	Chapel Hill
Chancy, Gwendolyn	Tolson, Carville	Lumberton
Chauvigne, Brigitte	Cassiano, Coley	Gastonia
Clark, Amy	Logan, Keith	Charlotte
Clark, Samantha	Peden, David	Chapel Hill
Cline, Kimberly	Goodin, Thomas	Newton
Cline, Kimberly	Smith, William	Hickory
Cobb, Kelly	Morris, John	Durham
Cox, Lisa	Johnson, Walter	Charlotte
Cox, Pamela	Landis, Darryl	Charlotte
Crawford, Cheryl	Gupta, Vinita	Fort Bragg
Cronin, Lucianne	O'Malley, John	Gastonia
Cunningham, Sharon	Pence, James	Castle Hayne
Day, Melissa	Luccerini, Silvia	Charlotte
Estes, Kathleen	Ware, Tracy	Carrboro
Evans, Margaret	Cipriani, Wendy	Pikeville

Fleenor, Kristi	Smith, Leslie	Kernersville
Freeland, Julie	Morton, Terrence	Huntersville
Frye, Kellie	Smith, William	Hickory
Giemza, Kristi	Weigle, Nancy	Durham
Gilbert, Katie	Martinko, Thomas	Wilmington
Gonder, Angela	McBurney, Richard	Boone
Goodman, Karen	Geiger, Patricia	Boone
Graham, Kimberly	Buchheit, Thomas	Raleigh
Greene, Natasha	Cummings, DeLora	Raleigh
Griffith, Nancy	Baker, Charles	Newland
Grossman, Vicki	Soberano, Arlene	Durham
Hall, Amanda	Albert, Susan	Wilkesboro
Halstead, Lisa	Fisher, David	Charlotte
Hathaway, Regina	Staton, Lisa	Greenville
Hayes, Helen	Lombardi, Vincent	Charlotte
Head, Mary	Cleek, John	Charlotte
Hedrick, Diann	Kiefer, Mark	Charlotte
Herman, Heather	Badger, Michael	Warrensville
Herrera, Alida	Gardner, Camille	Ft. Bragg
Hill, Marie	Shepherd, Jack	Matthews
Hinnant, Connie	Messec, Harry	Jacksonville
Houlihan, Sandra	Citron, Michael	Raleigh
Ivey, Paula	Tayloe, David	Goldsboro
John, Wendell	Minior, Daniel	Dunn
Johnson, Deborah	Nichols, Gregory	Goldsboro
Kabbe, Angela	Wentz, Elliott	Greensboro
Kilb, Joanne	Bose, Carl	Chapel Hill
Knotts, Sharon	McLemore, Cynthia	Charlotte
Lamb, Jennifer	Fernz, Miriam	Lumberton
Lee, Bobbie	Fernandez, Gonzalo	Cary
Lemene, Kristina	Meyers, Stephen	Oak Ridge
Leonard, Bruce	Peele, Lori	Princeville
Lewis, Karen	Fernandez, Gonzalo	Durham
Lorne, Karen	Fernandez, Gonzalo	Garner
Mabe, David	Hooper, Jeffrey	Asheboro
Madden, Reginald	Doshi, Hirendra	Raleigh
McCoy, Adrian	Williams, Johnathan	Salisbury
McCracken, Peggy	Bose, Carl	Chapel Hill
McDonald, Joan	Morton, Terrence	Huntersville
McKeithan, Edward	Langston, Bernard	Bolivia
McSwain, Teresa	Toscano, Darlene	Shelby
Melton, Rodger	Cox, Craig	Kernersville
Morrissey, Kay	Spratt, Susan	Durham

Murphy, Nance	Dingman, Catherine	Raleigh
Neese, Hope	Leggett, Kelly	Greensboro
Norton, Vanessa	Williams, Jerome	Charlotte
Owenby, Rhonda	Poole, Shannon	Morganton
Owens, Rebecca	Martin, Melanie	Greensboro
Owens, Rebecca	Quinlan, Aveline	Greensboro
Palakanis, Kerry	Gennosa, Thomas	Greenville
Payne, Susan	Lowry, Barbara	Gastonia
Pearl, Janeth	Fernandez, Gonzalo	Garner
Perkins, Juanita	Murray, Gina	Durham
Poirier, Brenda	Yarnall, Kimberly	Durham
Ray, Danna	O'Malley, John	Gastonia
Retis, Lizette	Morton, Terrence	Huntersville
Rexford, Nancy	Suleman, Jawal	Ahoskie
Robinson, Caroline	Gupta, Vinita	Ft. Bragg
Rufty, Kim	Smith, William	Hickory
Savinon, Carla	Baijnath, Nalini	Wilmington
Severns, Catherine	Trost, Melanie	Durham
Sharp, Barbara	Zimmern, Samuel	Charlotte
Shelton, Penny	Oladigbo, Makanjuola	Monroe
Stone, Katherine	McQueen, Robert	Greensboro
Sylvain, Hope	Ricciardelli, Edward	Wilmington
Taylor, Jamie	Mogabgab, Edward	Concord
	Tharrington,	
	Christopher	Raleigh
Taylor, Mary	Morgan, Amy	Concord
Tigner, Jennifer	Nifong, Ted	Winston-Salem
Tysinger, Steven	Pacos, Andrew	Thomasville
Tysinger, Steven	Arvind, Moogali	High Point
Vertefeuille, Cynthia	Rawls, William	Newport
Vickers, Helen	Bujold, Edward	Granite Falls
Walker, Lucy	Bose, Carl	Chapel Hill
Wereszczak, Janice	Martin, Lewis	Wilson
Wilkinson, Joseph	Lizak, Mark	Supply
Williams, Amy	Buglisi, Lucille	Richlands
Wilson, Estella	Haque, Imran	Asheboro
Yandell, Karen		

PERFUSIONIST VOTE LIST

Jackson, Jeannie
Massey, Mica

NURSE PRACTITIONER JOINT SUBCOMMITTEE REPORT

Don Jablonski, DO ; Savesh Sathiraju, MD; Peggy Robinson, PA-C;

Time & Place of Meeting	A meeting of the Joint Subcommittee was held at the North Carolina Board of Nursing office in Raleigh, NC on July 18, 2007. Meeting convened at 12:30 p.m.
Presiding	Gale Adcock, RN, FNP (NCBON)
Members Present	Mary Ann Fuchs, RN (NCBON) Martha Harrell, Public Member (NCBON) (<i>Substituting for Daniel Hudgins</i>) Sarvesh Sathiraju, MD (NCMB) Donald E. Jablonski, DO (NCMB) Peggy Robinson, PA-C (NCMB)
Members Absent	Daniel C. Hudgins, Public Member
Staff Present	Polly Johnson, Executive Director (NCBON) Julia L. George, Associate Executive Director of Programs (NCBON) Donna Mooney, Manager of Discipline Proceedings (NCBON) Eileen Kugler, RN, MSN, MPH, FNP – Education & Practice Consultant (NCBON) David Kalbacker, Director – Public Information (NCBON) Mary Shuping, Legal Counsel (NCBON) Marcus Jimison, Legal Counsel (NCMB) Rick Sims, Investigator (NCMB) Curt Ellis, Investigator (NCMB) Judie Clark, Director – Complaints Department (NCMB) Micheal Sheppa, Medical Director (NCMB) Quanta C. Williams, Physician Extender Coordinator (NCMB) Jean H. Stanley, Administrative Assistant to MJC and NCBON Paulette Young, Administrative Secretary – Practice (NCBON)
Guests	Bette Ferree, FNP – NP Council Cheryl Duke, FNP – NP Council Deborah Varnum, FNP - NP Council Michelle Skipper, RN Tom Bush, NP Mike Borden – NCAPA Sonya Harden Bobby Lowery, FNP
Reading of Ethics Statement (Conflict of Interest)	Ms. Adcock asked committee members to state any conflict of interest. No conflict or appearance of conflict of interest was identified.
Announcements	Ms. Adcock welcomed committee members, staff, and guests.
Joint Subcommittee Agenda of July 18, 2007	The Joint Subcommittee approved the July 18, 2007 agenda as re-ordered with extracted cases as first item to be reviewed.
CLOSED SESSION (12:34 p.m.)	MOTION: That the Joint Subcommittee go into Closed Session for purpose of discussing extracted cases. Fuchs/Passed.

See Closed Session Minutes for details

OPEN SESSION
(1:11 p.m.)

MOTION: That the Joint Subcommittee go into Open Session for purpose of discussing open meeting agenda items.
Jablonski/Passed.

NP FAQs

Committee members reviewed the NP Application Process FAQ - Additions.

MOTION: That the Joint Subcommittee approve the NP Application Process FAQ – Additions and that the FAQ be posted on the Internet.
Jablonski/Passed.

Committee members reviewed the proposed additional FAQ for NPs document (dated July 17, 2007) related to name identification in the direct care practice setting.

TABLED: Issue was tabled until the September meeting. BON staff will contact other NC regulatory boards whose licenses have doctorates and bring information to the next JSC meeting. In the interim the basic issue of titling will be discussed by both Boards.

Proposed NP Rule language to clarify CE requirement

Committee members reviewed the proposed NP Rule language.

MOTION: That the Joint Subcommittee approve proposed NP Rule language clarifying the CE requirement with the following revision (new language in bold/underline):

...the nurse practitioner shall **have earned** 50 contact hours...
Sathiraju/Passed.

NP Site Visit Form

Committee members reviewed the NP Site Visit Form; the form was approved at a prior meeting.

Protocols for NP Compliance Reviews

Committee members categorized the following as major noncompliance:

- No Collaborative Practice Agreement
- Important components of the CPA missing (ie, drug & device agreement, pre-approved plan for emergencies)
- No proof of annual CPA review or required signature page
- No proper identification

Committee members requested that the workgroup prepare recommendations for staff action when non-urgent documentation is not available at the practice site (ie, copy of RN license, copy of DEA certificate, proof of CE, missing parts of the CPA).

The work group was also asked to prepare recommendations for what would be considered 'minor' vs. 'major' noncompliance and what would then constitute formal vs. informal measures.

Discussions are in process about how to notify NPs and give them access to the form in advance.

Policy - Emergency Situations related to the NP's Approval to

Committee members reviewed the policy on Emergency Situations related to the Nurse Practitioner's Approval to Practice Agreement.

- Practice Agreement **MOTION:** That the Joint Subcommittee adopt the revised Emergency Situations NP policy.
Jablonski/Passed.
- CLOSED SESSION **MOTION:** That the Joint Subcommittee go into Closed Session for purpose of discussing NP Public Action cases.
Robinson/Passed.
- (Details are not public.)
- OPEN SESSION **MOTION:** That the Joint Subcommittee go into Open Session for purpose of
(2:10 p.m.) adjournment.
Jablonski/Passed.
- Next Meeting September 19, 2007, 12:00 p.m. until 2 p.m. - (lunch from 12:00 p.m.-12:30 p.m.) North Carolina Board of Nursing – Raleigh, NC

Motion: A motion passed to approve the NP Joint Subcom Minutes.

LICENSING COMMITTEE REPORT

Ralph Loomis, MD, Chair; Robert Moffatt, MD; John Lewis, JD

Puerto Rico Medical Board

Catchline: NCMB has received several communications from the FSMB regarding a situation involving the Puerto Rico Board of Medical Examiners. The board has been the subject of an investigation for alleged irregularities, including allegation that the board licensed individuals who did not achieve a passing score on the Revalida, the Board's Spanish-language exam for licensure. There was some discussion by NCMB several years ago as to whether to continue to accept this examination for NC licensure and the decision was to not change the regulatory requirements. Does the Board want to continue to accept this examination? Staff has checked NCMB's data base against the list of names provided in the DEA News Release and did not find any licensees matching any of the names.

BOARD ACTION: Have staff review current rules and report back to the Committee.

A motion passed to close the session pursuant to NCGS 143-318.11(a) 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 18 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.

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.

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

A motion passed to return to open session.

Applicants Presented

Aachen-Winans, James Meryl
Abdelsayed, Ehab Ebrahim
Abraham, Daniel Joseph
Adams, Robert McLain
Adcock, Rachel Alison
Adusumilli, Sankar Naidu
Ahrens, William Albert
Ali, Mir Omar
Alimard, Ramin
Altomare, Ivy Paige
Amani, Hamed
Anderson, Keith Alan
Appling, Jon Scott
Armstrong, Michael Brannon
Attigere, Rekha Nagappa
Autry, Ernest David
Awh, Mark Hyunchol
Bagheri, Shahla
Bahadur, Rosanna
Baig, Mirza Khalid
Ball, Tracei Denise
Banks, Kevin Patrick
Barnum, LaMonica Yvette
Beal-Landis, Esther Rebecca
Bellinger, Christina Rose
Berberich, Joel John
Berding, Herbert
Berger, Erica Lynn
Blessitt, Kristi Lynn
Bludoy, Boris
Bluth, Kirk Daniel
Bollig, John Joseph
Boteva, Kalina Kirilova
Bringardner, Benjamin David
Brooks, John Howard
Brown, David Warren
Brooks, Olga Yevseyvna
Brown, William Francis

Bubb, Lori Catherine
Buzzard, Terry Lee
Byakika, Richard Luboga
Cain, Kressida Tirea
Campbell, Garlon Lee
Cantees, Kimberly Knight
Catarino, Pedro
Carroll, John Francis
Cazan-London, Kevin Michael
Center, Brian Charles
Chalmers, Thomas Henry
Chander, Archana Vijaya
Charlton, Glenn Baker
Chen, Beiyun
Cherukuri, Vijaya Lakshmi
Chick, Jeffrey Beecham
Christmann, Linda Mewis
Church, Lori Ann
Cinemre, Hakan
Claus, Steven
Corry, Beverly Elizabeth
Crawford, Regina Denise
Criswell, Bryan Keith
Criswell, Kara Kane
Cunill, Erica Sandra
Cutting, Paul Jerome
Dalton, Rory Ralph
Daly, Jennifer Ann
Dasher, Lance Geoffrey
Dauda, Mohamed Sheku
Davillier, Kelly Richards
Davis, Lance Lee
Deben, Sophia E
Delatore, Luca Richard
Desrochers, Danielle
Deyoe, Lane Alan
Dobson, Burt William
Dolce, Charles James

Domnina, Yuliya Anatolievna
Doty, John Douglas
Downing, Brian Elliott
Dozier, Fred Augustus
Drapkin, Brock
Dweik, Husni Wasif
Eigles, Stephen Barnett
Ejindu, Uwadiogbu Odinaka
Ellis, Patrick Christopher
Elsaid, Hind Izzeldin
Ernest, Roger Charles
Everett, Robert Scott
Exum, Kelvin Demont
Fadeyi, Emmanuel Adegoke
Fakeye, Oluwapelumi Oyinkansola
Faltermayer, William Cook
Farzaneh-Far, Afshin
Feaster, George Ray
Fenton, Peter Edward
Ferguson, Julie Renee
Fernandez, Peter Mark
Firszt, Rafael
Fisher, Dion Grant
Flederbach, Greta
Flowers, Jeanne Smith
Floyd, Willie Cecil
Foral, Jonathan Michael
Forshag, Ann Selser
Foster, Tanya Denise
Fox, Fredrick Joel
Fox, Kevin Baruch
Foy, Rudolph Valentino
Frisch, Harold Michael
Gadi, Rajyalakshmi
Game, Robert Clifford
Garg, Sanjay
Garrison, Aaron Paul
Gaspar de Alba, Mario Jose
Gay, April Lavelle
George, Ayodeji Tokunbo
Giegengack, Matthew
Gillis, Jacinta Irene
Gizdarski, Veselin Stoyanov
Goad, Bradley Jackson
Goodison-Ollivierre, Renee
Gorman, Alfred Carl
Greenberg, Rebecca Ann
Griffin, John Joseph
Grimson, James McCall
Gulati, Ajay Sujan
Hannum, Jennifer Lyn

Harris, William Thomas
Heiner, Mark David
Helmrath, Michael Anthony
Hessenthaler, Mark Eric
Hightower, Michael Dean
Hinckley, Michael Richard
Hollingshead, Michael Christian
Hook, Carol Kikkawa
Hopper, David Hershey
Horton, Todd
Hossain, Mirmohd Mosharaf
Howard, Cleve Wilson
Hulsemann, Susan Jane
Iarussi, Richard Joseph
Icenogle, Daniel Lee
Individual Tester, MR Magoo The
Iqbal, Mohammad Omer
Ji, Na Young
Johnston, Michael Joseph
Joshi, Deepak
Kairouz, Jeanne Marie
Kapoor, Sakshi
Karl, Patrick Thomas
Kasthuri, Raj Sundar
Kawatu, Rita Mthunduwatha
Keys, Kristal Tamara
Keys, Kristal Tamara
Kinback, Rita Marie
King, Bridget Demor
Kirsch, David Guy
Kletzing, Karl Herbert
Kliesch, John Francis
Knispel, John William
Kovaz, Joseph Michael
Kowal, Kathleen Tammara
Kramer, Paul Ronald
Krishnan, Vinod Mangapathy
Kwiatkowski, Linda Diane
Lally, Patricia Elaine
Landau, Ronald Israel
Lane, Kenneth Stuart
Larbi-Siaw, Kwame
Larson, Jeanette Pueschel
Larson, Michael Joseph
Latham, Ruth Christina Aurelia
Lauder, Craig Thomas
Lee, Kenneth Piljae
Lee, Marvin
Lee, Melvin Gordon
Lenhard, Amanda Hymel
Leonard, Stephen David

Leshner, John Michael
Liang, Yinghua
Lloyd, Lancelot Augustus
Loaiza, Jose Leonardo
LoCascio, Elizabeth Spence
Loeffler, Michael
Loehr, Mary Margaret
Logan, Brent Justin
Longarini, Ricardo
Lopez, Fernando A
Louis, Emault
Lovorn, Megan Beth
Lyman, Gary Herbert
Macomber, Christine Linz
Madani, Navid
Maleki Fischbach, Mehrnaz
Marcus, David Edward
Mathew, Thomas
Maturani, Larry Joe
Maturen, Katherine Elizabeth
McBrayer, Daniel Enoch
McCord, Jennifer Elizabeth
McCord, Jennifer Elizabeth
McCoy, Keith Hunter
McGibbon, Karen Esther
McKimmie, Ryan Lee
McManus, Shea Eamonn
McNeal, Jenea Nicole
Mearns, John Floyd
Meka, Rajana
Melton, M Stephen
Mercier, Randall Robert
Michael, Laura Ellen
Michel, Eduard
Miller, Aaron Michael
Miller, Ann Elizabeth
Miller, Timothy Ellis
Miralles, Gines Diego
Mirza, Alamgir
Mittal, Yogesh
Moore, Carlton Reid
Moore, Laura Verde de Fornos
Moore, Robert Allen
Moorhead, Andrew Slemmons
Moskowitz, Edward
Myers, Michael Glenn
Nasim, Ali Khalid
Nasruddin, Shaheda
Nejeres, Raymond
Nyarko, Stanley J.
O'Brien, James Patrick

Okoh, James Ikemefuna
Owens, Michael Ray
Oyetunde, Olasunkanmi Kolawole
Pak, Su-Yong
Palmer, Lena Brice
Panwar, Sangeeta
Parker, Sarah Cates
Patel, Jay Krishavadan
Patel, Kashitij R
Patel, Mahesh
Patel, Roopen Rajendra
Patel, Sejan Bhupendra
Patel, Shirley Harish
Patel, Shomeet Vikram
Patel, Trushar Bhagvatbhai
Peckman, Mark Andrew
Perea, Elena
Perry, Kevin Patrick
Phan, Quoc Tai
Phillips, Trevor Grant
Pitovski, Dimitri Zivko
Pitt, Geoffrey Stuart
Power, Kenneth Harrison
Preston, Lynn Marie
Princesa, Gerardo Salvador
Pucilowska, Jolanta Bozena
Quevedo, Sylvestre Grado
Quinn, Jane Ann
Railey, Kenyon Michael
Ramanathan, Chandar
Ranson, Matthew Thomas
Reebye, Uday Nitin
Reeder Hayes, Katherine Elizabeth
Reiners, Andrew Todd
Rice, Nicole Wellman
Richardson, Maurice Devon Clay
Rimmer, Marina Valeryevna
Robinson, Valerie Ruth
Rose, Gregory Hugh
Rose, Heather Jayne
Ross Webb, Susan Donna
Rossi, Victor
Roy Chowdhury, Kishore
Rynties, Mark Anthony
Sahinci, Semra
Saini, Shermini
Saldivar, Laura Escoto
Sampat, Smita Naresh
Sandifer, John Pettey
Sanoff, Scott Leonard
Sauer, Ryan Nathan

Savera, Adnan Tabrez
Schmidt, Jeffrey Eugene
Schroer, Brady Joe
Scott, Charles Livingood
Senor, Brett Blackmon
Setlik, Andrea Maria
Sharma, Anup Kumar
Sheikh, Shehzad Zafar
Shenoy, Chetan Nagendra
Simha, Shruti Vijaya
Skeens, Heather Michelle
Smith, Regina Lynn
Smith, Richard Allen
Snetman, Lawrence Amdur
Soffa, Jeffrey Harris
Sohn, Ivy Ellen
Stalvey, Christopher Fenwick
Stashenko, Gregg Joseph
Stoune, Amy Annelle
Stuckert, Jody Bovard
Styner, Maya Shalev
Sunshine, Calamity Jane
Suslow, Gregory Richard
Swanger, Russell David
Sweeney, Charles Leslie
Tainsh, Cynthia Shearn
Taylor, Aaron Milford
Thyagarajan, Ruta Nene
Tiede, Roger Helmut
Tinney, Qionna Mariel
Toppin, Jean Michelle

Torquati, Alfonso
Troxler, Joyce Anne
Urgo, Richard Charles
Vass, Kimberly Rae
Vora, Parul Vasant
Vyas, Hema
Walker, Courtnye Allyson
Wallace, Eric Lee
Wallach, Adam Philip
Waller, Elizabeth Reitman
Wang, Chunsheng Joseph
Waqas, Muhammad
Wedlake, Tiffany Michelle
Weiner, Shelley Nan
Whatley, James Bushnell
Whitlock, Gary Thomas
Whyte, Brian Roland
Wiese, Kathleen Marie
Wieting, Richard John
Wilder, Christine Marie
Wilson, Amelia Pugh
Wilson, Kathy Tingle
Wohlrab, Kurt Patrick
Wright, Nioke Paula
Yamusah, Nadine Anne
Yanchik, Lori Michelle
Yentzer, Brad Alan
York, John Howard
Zapadka, Michael Edward
Zelinka, Peter Bohuslav
Zervos, Emmanuel Emmanuel

LICENSES APPROVED
(July 21 – September 21, 2007)

Aachen-Winans, James Meryl
Abdelsayed, Ehab Ebrahim
Abraham, Daniel Joseph
Adams, Robert McLain
Adcock, Rachel Alison
Adusumilli, Sankar Naidu
Ahrens, William Albert
Ali, Mir Omar
Alimard, Ramin
Altomare, Ivy Paige
Amani, Hamed
Anderson, Keith Alan
Armstrong, Michael Brannon
Attigere, Rekha Nagappa
Awh, Mark Hyunchol
Bagheri, Shahla

Baig, Mirza Khalid
Ball, Tracei Denise
Banks, Kevin Patrick
Barnum, LaMonica Yvette
Beal-Landis, Esther Rebecca
Bellinger, Christina Rose
Berberich, Joel John
Berding, Herbert
Berger, Erica Lynn
Blessitt, Kristi Lynn
Bludoy, Boris
Bluth, Kirk Daniel
Bollig, John Joseph
Boteva, Kalina Kirilova
Bringardner, Benjamin David
Brooks, John Howard

Brooks, Olga Yevseyvna
Brown, William Francis
Bubb, Lori Catherine
Buzzard, Terry Lee
Byakika, Richard Luboga
Cain, Kressida Tirea
Campbell, Garlon Lee
Cantees, Kimberly Knight
Carroll, John Francis
Cazan-London, Kevin Michael
Center, Brian Charles
Chander, Archana Vijaya
Charlton, Glenn Baker
Chen, Beiyun
Cherukuri, Vijaya Lakshmi
Chick, Jeffrey Beecham
Christmann, Linda Mewis
Church, Lori Ann
Cinemre, Hakan
Combs, Jason Todd
Crawford, Regina Denise
Criswell, Bryan Keith
Criswell, Kara Kane
Cunill, Erica Sandra
Cutting, Paul Jerome
Dalton, Rory Ralph
Daly, Jennifer Ann
Dasher, Lance Geoffrey
Dauda, Mohamed Sheku
Davillier, Kelly Richards
Davis, Lance Lee
Deben, Sophia E
Delatore, Luca Richard
Desrochers, Danielle
Deyoe, Lane Alan
Dolce, Charles James
Domnina, Yuliya Anatolievna
Doty, John Douglas
Downing, Brian Elliott
Dozier, Fred Augustus
Drapkin, Brock
Dweik, Husni Wasif
Eigles, Stephen Barnett
Ejindu, Uwadiogbu Odinaka
Ellis, Patrick Christopher
Elsaid, Hind Izzeldin
Ernest, Roger Charles
Everett, Robert Scott
Exum, Kelvin Demont
Fadeyi, Emmanuel Adegoke
Fakeye, Oluwapelumi Oyinkansola

Faltermayer, William Cook
Farzaneh-Far, Afshin
Feaster, George Ray
Fenton, Peter Edward
Ferguson, Julie Renee
Fernandez, Peter Mark
Firszt, Rafael
Fisher, Dion Grant
Flowers, Jeanne Smith
Floyd, Willie Cecil
Foral, Jonathan Michael
Foster, Tanya Denise
Fox, Kevin Baruch
Foy, Rudolph Valentino
Frisch, Harold Michael
Gadi, Rajyalakshmi
Game, Robert Clifford
Garg, Sanjay
Garrison, Aaron Paul
Gaspar de Alba, Mario Jose
Gay, April Lavelle
George, Ayodeji Tokunbo
Giegengack, Matthew
Gillis, Jacinta Irene
Gizdarski, Veselin Stoyanov
Goad, Bradley Jackson
Goodison-Ollivierre, Renee
Greenberg, Rebecca Ann
Grimson, James McCall
Gulati, Ajay Sujana
Hannum, Jennifer Lyn
Harris, William Thomas
Heiner, Mark David
Helmuth, Michael Anthony
Hessenthaler, Mark Eric
Hightower, Michael Dean
Hinckley, Michael Richard
Hollingshead, Michael Christian
Hook, Carol Kikkawa
Horton, Todd
Hossain, Mirmohd Mosharaf
House, Joseph Bernard
Hulsemann, Susan Jane
Iarussi, Richard Joseph
Icenogle, Daniel Lee
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Johnston, Michael Joseph
Joshi, Deepak
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Larson, Jeanette Pueschel
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Lauder, Craig Thomas
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Lee, Melvin Gordon
Lenhard, Amanda Hymel
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Leshner, John Michael
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Loehr, Mary Margaret
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McGibbon, Karen Esther
McKimmie, Ryan Lee
McNeal, Jenea Nicole

Mearns, John Floyd
Meka, Rajana
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Michael, Laura Ellen
Michel, Eduard
Miller, Aaron Michael
Miller, Ann Elizabeth
Mirza, Alamgir
Moore, Carlton Reid
Moore, Laura Verde de Fornos
Moore, Robert Allen
Moorhead, Andrew Slemmons
Myers, Michael Glenn
Nasim, Ali Khalid
Nasruddin, Shaheda
Nyarko, Stanley J.
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Owens, Michael Ray
Oyetunde, Olasunkanmi Kolawole
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Parker, Sarah Cates
Patel, Jay Krishavadan
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Patel, Roopen Rajendra
Patel, Sejan Bhupendra
Patel, Shirley Harish
Patel, Shomeet Vikram
Patel, Trushar Bhagvatbhai
Peckman, Mark Andrew
Perea, Elena
Perry, Kevin Patrick
Phan, Quoc Tai
Phillips, Trevor Grant
Pitovski, Dimitri Zivko
Pitt, Geoffrey Stuart
Power, Kenneth Harrison
Preston, Lynn Marie
Princesa, Gerardo Salvador
Quevedo, Sylvestre Grado
Railey, Kenyon Michael
Ramanathan, Chandar
Ranson, Matthew Thomas
Reebye, Uday Nitin
Reeder Hayes, Katherine Elizabeth
Reiners, Andrew Todd
Rice, Nicole Wellman
Richardson, Maurice Devon Clay
Rimmer, Marina Valeryevna
Robinson, Valerie Ruth

Rose, Gregory Hugh
Rose, Heather Jayne
Ross Webb, Susan Donna
Rossi, Victor
Roy Chowdhury, Kishore
Rynties, Mark Anthony
Sahinci, Semra
Saini, Shermini
Saldivar, Laura Escoto
Sampat, Smita Naresh
Sandifer, John Pettet
Sanoff, Scott Leonard
Sauer, Ryan Nathan
Savera, Adnan Tabrez
Schmidt, Jeffrey Eugene
Schroer, Brady Joe
Scott, Charles Livingood
Senor, Brett Blackmon
Setlik, Andrea Maria
Sharma, Anup Kumar
Sheikh, Shehzad Zafar
Shenoy, Chetan Nagendra
Simha, Shruti Vijaya
Skeens, Heather Michelle
Smith, Regina Lynn
Smith, Richard Allen
Snetman, Lawrence Amdur
Sohn, Ivy Ellen
Stalvey, Christopher Fenwick
Stashenko, Gregg Joseph
Stoune, Amy Annelle
Stuckert, Jody Bovard
Styner, Maya Shalev
Sunshine, Calamity Jane
Suslow, Gregory Richard
Svecharnik, Marina
Taylor, Aaron Milford
Thyagarajan, Ruta Nene
Tiede, Roger Helmut
Tinney, Qionna Mariel
Toppin, Jean Michelle
Torquati, Alfonso
Troxler, Joyce Anne
Urgo, Richard Charles
Vass, Kimberly Rae
Vora, Parul Vasant
Vyas, Hema
Walker, Courtney Allyson
Wallace, Eric Lee
Wallach, Adam Philip

Waller, Elizabeth Reitman
Wang, Chunsheng Joseph
Waqas, Muhammad
Wedlake, Tiffany Michelle
Whatley, James Bushnell
Whyte, Brian Roland
Wiese, Kathleen Marie
Wieting, Richard John
Wilder, Christine Marie
Wilson, Amelia Pugh
Wilson, Kathy Tingle
Wohlrab, Kurt Patrick
Wright, Nioke Paula
Yamusah, Nadine Anne
Yanchik, Lori Michelle
Yentzer, Brad Alan
Zapadka, Michael Edward
Zelinka, Peter Bohuslav
Zervos, Emmanuel Emmanuel

Reactivation

Bahadur, Rosanna
Forshag, Ann Selser
Gorman, Alfred Carl
Longarini, Ricardo
Marcus, David Edward
Mittal, Yogesh
Quinn, Jane Ann
Sunshine, Calamity Jane

Reinstatement

Corry, Beverly Elizabeth
Griffin, John Joseph
Hood, Alton Lee
Hopper, David Hershey
Mercier, Randall Robert

Faculty Limited License

Catarino, Pedro
Miller, Timothy Ellis

Retired Volunteer License

Brown, David Warren
Howard, Cleve Wilson
Sweeney, Charles Leslie

Special Volunteer License

Sunshine, Calamity Jane

DISCIPLINARY (COMPLAINT) COMMITTEE REPORT

Janelle Rhyne, MD; Michael Norins, MD; Donald Jablonski, DO; Ralph Loomis, MD; John Lewis, JD

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

A motion passed to return to open session.

PROFESSIONAL LIABILITY INSURANCE PAYMENTS

Janelle Rhyne, MD; Michael Norins, MD; Donald Jablonski, DO; Ralph Loomis, MD; John Lewis, JD

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 Professional Liability Insurance Payments Committee reported on 71 cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

DISCIPLINARY (MEDICAL EXAMINER) COMMITTEE REPORT

Janelle Rhyne, MD; Michael Norins, MD; Donald Jablonski, DO; Ralph Loomis, MD; John Lewis, JD

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

A motion passed to return to open session.

DISCIPLINARY (COMPLAINT) REVIEW COMMITTEE REPORT

Robert Moffatt, MD; E. K. Fretwell, PhD; George Saunders, MD; Michael Norins, MD; Sarvesh Sathiraju, MD

In addition to the report noted below the Board discussed process changes as a result of changes to NCGS 90-16. It was decided that the complainant/patient and the licensee would be made aware of the law change which states that the patient or their legal representative may be provided a copy of the licensee's response. The response will be provided unless it is determined by staff that the response would be harmful to the patient. The staff will review any rebuttals and determine whether or not it changes the final resolution. Additionally the law change will apply to complaints received on or after October 1, 2007.

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 Disciplinary (Complaint) Review Committee reported on 80 complaint cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

NORTH CAROLINA PHYSICIANS HEALTH PROGRAM (NCPHP) COMMITTEE REPORT

Sarvesh Sathiraju, MD; George Saunders, MD; Thelma Lennon

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

A motion passed to return to open session.

DISCIPLINARY (INVESTIGATIVE) COMMITTEE REPORT

Janelle Rhyne, MD; Michael Norins, MD; Donald Jablonski, DO; Ralph Loomis, MD; John Lewis, JD

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 Disciplinary (Investigative) Committee reported on 34 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.

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

A motion passed to return to open session.

DISCIPLINARY (INVESTIGATIVE) REVIEW COMMITTEE REPORT

Robert Moffatt, MD; E. K. Fretwell, PhD; George Saunders, MD; Michael Norins, MD; Sarvesh Sathiraju, 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 Disciplinary (Investigative) Review Committee reported on 46 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.

ADJOURNMENT

This meeting was adjourned at 1:10 p.m., September 21, 2007.

George L. Saunders III, MD
Secretary