



BOARD MEETING MINUTES

January 27 - 29, 2021

**3127 Smoketree Court
Raleigh, North Carolina**

General Session Minutes of the North Carolina Medical Board (NCMB) Meeting held January 27 – 29, 2021.

The January 2021 meeting of the North Carolina Medical Board was held at 3127 Smoketree Court, Raleigh, NC 27604, and video conference. Venkata R. Jonnalagadda, President, called the meeting to order. Board members in attendance were: John W. Rusher, MD, President-Elect; Michaux R. Kilpatrick, MD; Secretary/Treasurer; Shawn P. Parker, JD; Varnell D. McDonald-Fletcher, PA-C; Christine M. Khandelwal, DO; Jerri L. Patterson, NP; W. Howard Hall, MD; Joshua D. Malcolm, JD; Damian F. McHugh, MD; Devdutta G. Sangvai, MD, Mr. William M. Brawley and Anuradha Rao-Patel, MD

PRESIDENTIAL REMARKS

Dr. Venkata R. Jonnalagadda reminded the Board members of their duty to avoid conflicts of interest with respect to any matters coming before the Board as required by the State Government Ethics Act. All conflicts were reported as included within the committee reports.

ANNOUNCEMENTS and UPDATES

Dr. Jonnalagadda introduced guest, Chip Baggett, JD, Executive Vice President and CEO of the North Carolina Medical Society (NCMS)

Dr. Jonnalagadda recognized and congratulated Mr. David Hedgecock on his recent retirement.

PRESENTATIONS

Thom Mansfield, Chief Legal Officer with NCMB provided Laws and Rules training to the Board members.

NORTH CAROLINA PHYSICIAN HEALTH PROGRAM REPORTS (NCPHP)

Joe Jordan, PhD, CEO, North Carolina Physicians Health Program (NCPHP) and Brian Blankenship, Deputy General Counsel, NCMB presented a report on recommendations from the 2014 NCOSA Audit of NCPHP and the Board's policies and procedures for ensuring proper oversight of NCPHP. Dr. Jordan proposed that he no longer present a Bi-Annual report on compliance with NCOSA recommendation and, instead, include on-going efforts ensuring compliance with certain NCOSA recommendations be included in the annual NCPHP report presented in January.

Dr. Jordan presented NCPHP Financial, Performance, and Quality Assurance Report.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney-client privilege.

Dr. Jordan gave the PHP Compliance Committee report. The specifics of this report are not included because the information contained in the report is confidential and non-public.

A motion passed to return to open session.

NCMB ATTORNEY'S REPORT

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney-client privilege.

A motion passed to return to open session.

Mr. Brian L. Blankenship, Deputy General Counsel and Mr. Thomas W. Mansfield, Chief Legal Officer, gave the Attorney's Report on Friday, January 29th, 2021.

Mr. Blankenship and Mr. Mansfield updated the Board on the schedule of upcoming hearings, hearing assignments, statistical information and rulemaking activity.

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

Mr. Mansfield provided information and advice regarding outside litigation.

A motion was passed to return to open session.
That concluded the Attorney's Report

Legislative and Government Relations Update

On Friday, January 29, 2021, Thomas W. Mansfield, Chief Legal Officer, Evelyn Contre, Chief Communications Officer, Brian L. Blankenship, Deputy General Counsel, and Elizabeth S. Meredith, Board Attorney provided an update to the Board regarding legislative and government relations matters.

The Board received and discussed information regarding potential legislation in 2021 to adopt the Interstate Medical Licensure Compact, which the Board previously voted to support. They also received and discussed information arising from activities of Board staff working with staff from the Office of the Governor, NC DHHS, and the NC General Assembly to expand the pool of health care practitioners able to volunteer as vaccinators administering the COVID-19 vaccine at events overseen by NC DHHS and others. The Board expressed their willingness to create more flexibility for PAs to serve as vaccinators outside their usual practice location.

The Board accepted the reports as information.

Strategic Priorities Report

Following a retreat in late 2018, the Board approved four strategic priorities and eight goals (two per strategic priority). The Board focused on three goals in 2019 and a final report was given regarding those goals. In January 2020, the Board agreed to split the remaining goals over the next two years.

Staff provided a final report regarding the 2020 goals. There was substantial progress made on all activities. Staff will continue to work on those activities not yet completed.

The 2020 goals are:

- (#2b) Continue and enhance other outreach efforts to build on recent success and stakeholder appreciation
- (#3a) Build the foundation for a data analytics program to support data-informed regulation and focused licensee education; and
- (#4a/b) Engage stakeholders and influencers by positioning NCMB as a trusted subject matter expert.

Staff submitted proposed activities and measurable outcomes for each goal.

Board Action: (1) Accept the 2020 final report as information. (2) Approve the proposed 2021 activities.

NCMB COMMITTEE REPORTS

Executive Committee Report

Members present via video/teleconference were: Venkata R. Jonnalagadda, MD, Chairperson; John W. Rusher, MD; Michaux R. Kilpatrick, MD; Varnell McDonald-Fletcher, PA-C, and Shawn P. Parker, JD.

Financial Update

a. Year-End Financial Statement Audit Report

Chris Duffus, CPA, and Mr. Joshua Anderson, CPA, Koonce, Wooten & Haywood, LLP, met with the Executive Committee to present the Year-End Financial Statement Audit Report for the fiscal year ending October 31, 2020.

According to the Independent Auditor's Report: "In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities of North Carolina Medical Board, as of October 31, 2020 and 2019, and the respective changes in financial position and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America."

Committee Recommendation: Accept the Year-End Financial Statement Audit Report as reported.

Board Action: Accept Committee recommendation. Accept the Year-End Financial Statement Audit Report as reported.

b. Year-to-Date Financials

The Committee reviewed the following financial reports through December 31, 2020: Balance Sheet, Profit & Loss versus Budget, and the Profit & Loss Comparison.

Committee Recommendation: Accept the financial information as reported.

Board Action: Accept Committee recommendation. Accept the financial information as reported.

c. Investment Account

The Committee reviewed the investment statements for November and December 2020.

Committee Recommendation: Accept the investment statements as reported.

Board Action: Accept Committee recommendation. Accept the investment statements as reported.

d. Proposed Budget Modifications

Two full-time, temporary positions are needed prior to the next budget cycle:

- Complaints Intake Coordinator. This position is needed to help with the intake of all web-based complaints, the intake of all mailed in complaints to include the scanning of these documents, intake of complaints from the prison system, provide follow-up with all complainants where the complaint has incomplete or insufficient information required to be processed, and communicate with complainants who have questions or wish to provide additional information
- HR Administrative Assistant. This position is needed to assist with multiple 2021 projects including, total compensation and benefits assessment, recruitment for all current and projected positions, Diversity, Equity and Inclusion work, benefits annual enrollment, Professional Employer Organization (PEO) evaluation, Performance Management System analysis, Employee Handbook revisions and release, and staff wellness project work

Committee Recommendation: Approve the proposed temporary positions.

Board Action: Accept Committee recommendation. Approve the proposed temporary positions.

Old Business

a. Office Space Project Update – Phase 3

The Phase 3 Office Space Project Team gave an update regarding the renovation of Board's office building on Smoketree Court.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

b. Final Approval – Drug Preservation Rules (21 NCAC 32B .1708 and 21 NCAC 32M .0119), Appendix A

On September 25, 2020, the Medical Board voted to make the above-referenced rules permanent. Previously, the Board adopted these rules as emergency and temporary rules in response to the Covid-19 pandemic. The State Health Director requested the temporary rules be adopted as permanent rules because the state of emergency and corresponding potential drug shortages might extend beyond the expiration of the temporary rule. Two of the restricted drugs listed in the

temporary rules (oseltamivir and azithromycin) were removed from the permanent rule as it was determined it would be unlikely the State would experience shortages of these medications.

The proposed rules were published in the NC Register which noticed the public hearing for January 15, 2021 and provided for a comment period expiring on that same day. A virtual public rule hearing was held. No one attended the public hearing, and the Board did not receive any written comments regarding the proposed rules.

Committee Recommendation: Adopt the proposed rules and submit to the Rules Review Commission for approval.

Board Action: Accept Committee recommendation. Adopt the proposed rules and submit to the Rules Review Commission for approval.

New Business

a. NCPHP Compliance Committee Appointee

The NCPHP Compliance Committee meets every other month to review new evaluations done by NCPHP staff, cases of substantial non-compliance with monitoring contracts, and any other cases as requested by NCPHP staff.

Three Compliance Committee members are former NCMB members: a physician, a physician assistant, and a public member. Current members are Dr. Paul Camnitz, Peggy Robinson, PA-C, and Mike Arnold. Members are eligible to serve a two-year term, and a subsequent one-year term.

Ms. Robinson completed her second term on December 31, 2020. The Board needs to appoint her replacement.

Diane Meelheim, NP, is a former member of the Board who is eligible and willing to serve on the NCPHP Compliance Committee.

Committee Recommendation: Appoint Ms. Meelheim to the NCPHP Compliance Committee, effective immediately.

Board Action: Accept Committee recommendation. Appoint Ms. Meelheim to the NCPHP Compliance Committee, effective immediately.

b. Highwoods Sidewalk Project

The Highwoods Property Owner's Association will meet February 16, 2021, to decide whether to move forward with a public private partnership with the City of Raleigh for constructing sidewalks along Highwoods Boulevard, Poplarwood Court, and Smoketree Court.

The total cost to the NC Medical Board will be \$35,145.71 payable over five years. It will take approximately five years to complete this project once the POA approves the partnership and an agreement is executed.

Sidewalks will provide a safe exercising option for Board members and staff and, presumably, will increase the value of the Board's property.

Committee Recommendation: Direct staff to vote in favor of the public private partnership with the City of Raleigh to construct sidewalks along Highwoods Boulevard, Poplarwood Court, and Smoketree Court.

Board Action: Accept Committee recommendation. Direct staff to vote in favor of the public private partnership with the City of Raleigh to construct sidewalks along Highwoods Boulevard, Poplarwood Court, and Smoketree Court.

Policy Committee Report

Members present were: Christine M. Khandelwal, DO, Chairperson; Mr. William M. Brawley; Damian F. McHugh, MD; Devdutta G. Sangvai, MD; and Anuradha Rao-Patel, MD

Old Business:

a. Writing of Prescriptions

Staff gave an overview of the additional changes made to the revised position statement, which were incorporated to address the concerns and comments made previously by the licensees and stakeholders. The Committee reviewed the changes favorably. Staff suggested revising the position statement to use the phrase "documented and established licensee-patient relationship" throughout instead of just "documented" or "established." Staff also recommended adding language regarding advanced practice providers not being allowed to write controlled substance prescriptions for their supervising physicians. While similar language is currently included in the "Physician Supervision of Other Licensed Health Care Practitioners" position statement, the Committee felt that it was appropriate to include this language at the end of bullet point number 7. The Committee agreed that staff should accept the revisions and make the additional edits and prepare for review and acceptance by the full Board.

Committee Recommendation: Accept and publish the revised position statement.

Board Action: Accept Committee recommendation. Accept and publish the revised position statement.

b. Position Statements Review Workgroup

The Committee and staff reviewed the revisions and comments made by Board Members and staff in Sections 1 and 2 of the draft compendium. The Committee agreed to accept the non-substantive revisions throughout. The Committee and staff then reviewed each comment or substantive change and made a determination of whether to accept those revisions. The revisions will be presented in both red-line and final form to the full Board. If the proposed revisions are accepted by the full Board, staff will then update the individual position statements on the Board's website. In order to avoid confusion, staff will remove the pdf of all position statements that is currently

available on the website. Once the draft compendium is finalized later this year, it will be published on the website. The Committee and staff will review sections 3 (Privacy, Confidentiality & Medical Records and Licensee-Patient Relationship) and 4 (Prescribing) of the draft compendium prior to March and bring back comments, edits, and suggestions at the March 2021 meeting.

Committee Recommendation: Accept the recommended changes to sections 1 and 2, update the individual position statements on the website to reflect those changes, and incorporate the changes in the draft compendium to be published after all sections have been reviewed. Committee and staff to review the position statements in sections 3 (Privacy, Confidentiality & Medical Records and Licensee-Patient Relationship) and 4 (Prescribing) and bring back comments, edits, and suggestions at the March 2021 meeting.

Board Action: Accept Committee recommendation. Accept the recommended changes to sections 1 and 2, update the individual position statements on the website to reflect those changes, and incorporate the changes in the draft compendium to be published after all sections have been reviewed. Committee and staff to review the position statements in sections 3 (Privacy, Confidentiality & Medical Records and Licensee-Patient Relationship) and 4 (Prescribing) and bring back comments, edits, and suggestions at the March 2021 meeting.

c. Covenants-Not-to-Compete

Staff summarized the additional materials included regarding covenants-not-to-compete. The Committee and staff then continued the discussion of whether it was appropriate for the Board to provide guidance on this issue by either creating a position statement or adding language to a current position statement to reflect the Board's goal of ensuring patient safety. Staff discussed with the Committee the prevalence of restrictive covenants in the medical employment context and the relatively established caselaw in North Carolina regarding restrictive covenants. The Committee ultimately determined that the information and discussions should be accepted as information by the Committee.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

Licensing Committee Report

Members present were: Varnell D. McDonald-Fletcher, PA-C, Chairperson; Jerri L. Patterson, NP; W. Howard Hall, MD; Devdutta G. Sangvai and Joshua D. Malcolm

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney-client privilege.

The License Committee reviewed two 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.

A motion passed to return to open session.

License Interview Report

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney-client privilege.

Four 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.

Advanced Practice Providers and Allied Health Committee Report

Members present were: Jerri L. Patterson, NP, Chairperson, Anuradha Rao-Pate, MD, Varnell McDonald-Fletcher, PA-C and William M. Brawley

Old Business:

- a. Update regarding Request for the Board Web Site to Reflect Current Certification Status of Physician Assistants. Changes to PA renewal form have been made to request current certification status, the response to which will be reflected on the PA’s Licensing Information page. – Marcus Jimison, Sr. Board Attorney.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accepted as information.

- b. Supervision of Physician Assistants providing Medication Assisted Treatment – Sara B. McEwen, MD, Governors Institute and Ashwin A. Patkar, MD.

Committee Recommendation: Approve a one year pilot program with periodic reports to the Committee allowing supervision of physician assistants providing Medication Assisted Treatment by physicians who possess Schedule III privileges and have completed the eight hours of DATA waiver training but have not formally obtained a DEAX registration.

Board Action: Accept Committee recommendation. Approve a one year pilot program with periodic reports to the Committee allowing supervision of physician assistants providing Medication Assisted Treatment by physicians who possess Schedule III privileges and have completed the eight hours of DATA waiver training but have not formally obtained a DEAX registration.

New Business:

- a. Office of Emergency Medical Service requests basic Emergency Medical Technicians (EMTs) be allowed to administer COVID-19 vaccinations in conjunction with local health departments – James (Tripp) Winslow, MD, Medical Director NC Office of Emergency Medical Services.
Committee Recommendation: Approve request and allow Basic EMTs to administer Covid-19 vaccinations under the supervision of a physician during the declared State of Emergency.

Board Action: Accept Committee recommendation. Approve request and allow basic EMTs to administer Covid-19 vaccinations under the supervision of a physician during the declared State of Emergency.

- b. NP prescription rule changes – 21 NCAC 32M .0109 – Jimison.

Committee recommendation – Approve amendments to rule without further changes.

Board Action: Accept Committee recommendation. Approve amendments to rule without further changes.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney-client privilege.

The Advanced Practice Providers and Allied Health Committee received as information a report from the Perfusionists Advisory Committee (PAC). The PAC's written report was presented for the Board's review, where it was also received as information. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

Nurse Practitioners

The Joint Sub Committee (JSC) approved all recommendations from the November 2020 JSC Panel meetings.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accepted as information.

Disciplinary (Complaints) Committee Report

Members present were: Shawn P. Parker, JD, Chairperson; W. Howard Hall, MD; Christine M. Khandelwal, DO; Joshua D. Malcolm, JD; Jerri L. Patterson, NP and Devdutta G. Sangvai, MD

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney-client privilege.

The Disciplinary (Complaints) Committee reviewed 22 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.

A motion passed to return to open session.

Disciplinary (Malpractice) Committee Report

Members present were: Shawn P. Parker, JD, Chairperson; W. Howard Hall, MD; Christine M. Khandelwal, DO; Joshua D. Malcolm, JD; Jerri L. Patterson, NP and Devdutta G. Sangvai, MD

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney-client privilege.

The Disciplinary (Malpractice) Committee reviewed 27 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 (Department of Health and Human Services (DHHS) Committee Report

Members present were: Shawn P. Parker, JD, Chairperson; W. Howard Hall, MD; Christine M. Khandelwal, DO; Joshua D. Malcolm, JD; Jerri L. Patterson, NP and Devdutta G. Sangvai, MD

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney-client privilege.

The Disciplinary (DHHS) Committee reported on one case. 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 (Investigative) Committee Report

Members present were: Shawn P. Parker, JD, Chairperson; W. Howard Hall, MD; Christine M. Khandelwal, DO; Joshua D. Malcolm, JD; Jerri L. Patterson, NP and Devdutta G. Sangvai, MD

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-

16, 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 and/or to preserve attorney-client privilege.

The Disciplinary (Investigative) Committee reviewed 34 investigative cases. A written report was presented for the Board's review. The Board adopted the recommendations and approved 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 (Compliance) Committee Report

Members present were: Shawn P. Parker, JD, Chairperson; W. Howard Hall, MD; Christine M. Khandelwal, DO; Joshua D. Malcolm, JD; Jerri L. Patterson, NP and Devdutta G. Sangvai, MD

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney-client privilege.

The Disciplinary (Compliance) Committee reviewed eight investigative cases. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

Investigative Interview Report

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney-client privilege.

Eight interviews were conducted. A written report was presented for the Board's review. The Board adopted the recommendations and approved 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.

Diversity and Incusion Workgroup Report

Members present were: John W. Rusher, MD, Chair; and Michaux R. Kilpatrick, MD.

Old Business:

Dr. Rusher provided an update from the November 2020 Board Actions:

- Expand the Workgroup to include staff recommended by Mr. Henderson. Status: Completed
- Identify/share relevant publications with the Workgroup. Status: Completed

- Distribute the Healthy NC 2030 report to the Workgroup and identify potential health indicators relevant to the Board's work. Status: Completed
- Distribute the Oregon and Ohio cultural competency documents to the Workgroup. Status: Completed
- Ask Mr. Pauling, NCMB Human Resources manager, to identify training opportunities for Board members and staff to occur, if possible, in the second quarter of 2021 and every year thereafter. Status: Ongoing

Workgroup Recommendation: Accept as information.

Board Action: Accept the Workgroup recommendation. Accept as information.

New Business

a. Education/Training

Mr. Pauling provided an update regarding his efforts to identify training opportunities for Board members and staff.

Workgroup Recommendation: Commit to holding at least one diversity, equity, and inclusion training session each year in May. Schedule the 2021 training during the May Board meeting.

Board Action: Accept the Workgroup recommendation. Commit to holding at least one diversity, equity, and inclusion training session each year in May. Schedule the 2021 training during the May Board meeting

b. Implicit Bias

- Redaction Workgroups. Mr. Henderson provided an update. Staff workgroups have been formed to investigate whether we can redact information from applications and reports reviewed by the Board that might introduce implicit bias. Common examples include name, race/ethnicity, age, gender, and schools attended. The staff workgroups will submit their findings and recommendations to the Workgroup in July or September.
- Cultural Competency Guidelines. Ms. Contre provided an overview of the Oregon and Ohio cultural competency guidelines which are intended to raise licensee awareness of implicit biases that might negatively impact clinical care.

Workgroup Recommendation: Staff to identify different ways to raise licensee awareness of implicit bias and how it can negatively impact patient care. Staff to provide the pros and cons of each pathway and report back in March.

Board Action: Accept the Workgroup recommendation. Staff to identify different ways to raise licensee awareness of implicit bias and how it can negatively impact patient care. Staff to provide the pros and cons of each pathway and report back in March.

c. Health Equity and Medical Regulation

- Healthy NC 2030. On January 21, 2021, Dr. Rusher, Ms. Meredith, and Mr. Henderson met via videoconference with Ms. Brieanne Lyda-McDonald, Project Manager, Healthy NC 2030, to discuss health indicators that might be relevant to the Medical Board's work.

As a result of that discussion, and the memorandum prepared by Ms. Meredith, Dr. Rusher suggested the Board focus on ways it can (1) increase access to care, and (2) support licensees' efforts to promote healthy behaviors with their patients.

- The Workgroup debriefed the January 26 FSMB Webinar: "Health Equity and Medical Regulation: How Disparities are Impacting U.S. Health Care Quality and Delivery – and Why it Matters." The webinar confirmed the Workgroup is on the right track regarding education/training, implicit bias, and health equity.

Workgroup Recommendation: Staff to identify HNC 2030 health indicators that are relevant to increased access to care and promoting healthy behaviors and report back to the Workgroup in March.

Board Action: Accept the Workgroup recommendation. Staff to identify HNC 2030 health indicators that are relevant to increased access to care and promoting healthy behaviors and report back to the Workgroup in March.

Outreach Committee Report

Members present were: Damian F. McHugh, MD, Chairperson; Joshua D. Malcolm, JD; Shawn P. Parker, JD and William M. Brawley

Old Business:

The Chief Communications Officer provided an update on professional and public outreach efforts. NCMB is pursuing multiple leads provided by Board Members. Thus far, NCMB is off to a good start, presenting at a rate of about once a week. Staff would appreciate suggestions and introductions that might help NCMB reach medical professionals or patients in rural and underserved areas. It was noted that the current preference for virtual presentations makes it somewhat easier for Board Members and staff to present, since there is no need for travel. NCMB is also continuing to pursue public outreach opportunities and has secured a radio appearance on a Triangle-area radio program aimed at senior citizens, and has applied to participate in two virtual health fairs.

Committee recommendation: Accept as information.

Board action: Accept Committee recommendation. Accept as information.

New Business

- a. Possible vaccine outreach campaign
 - i. Public campaign

ii. License campaign

The Committee discussed ways NCMB can assist the NC Department of Health and Human Services (NC DHHS) with its efforts to encourage state residents and healthcare workers to get the COVID-19 vaccination. The Committee Chair, Chief Communications Officer and Communications Director met with a senior NC DHHS official working on the vaccine rollout to discuss communication needs and possible ways NCMB can help. NCMB is already actively promoting NC DHHS content on social media and pushing out NC DHHS messages through its own channels. The Committee agreed NCMB should continue working with NC DHHS to identify opportunities to assist. Two of NC DHHS's communication priorities are: 1. Reducing confusion among both patients and medical professionals about the COVID-19 vaccine and the rollout and 2. Ensuring that historically underserved populations, including African Americans, Hispanics and Native American Indians, receive vaccinations. Committee members agreed to tap into their personal networks to identify possible contacts to help reach underserved communities. The Communications Department will continue to work with NC DHHS.

Committee recommendation: Accept as information.

Board action: Accept Committee recommendation. Accept as information.

b. Discussion of communication needs on the requirements of reporting suspected cases of child abuse and neglect

The Committee discussed potential needs for increased education and communications to licensees on the topic of reporting requirements related to abuse and neglect. It was noted by the Committee Chair that, although child abuse and neglect is the topic that brought this subject to the Committee's attention, the discussion should also consider potential need to address reporting requirements for intimate partner violence and elder abuse and neglect. There was general consensus that most licensees would benefit from greater understanding of reporting requirements as well as guidance on recognizing red flags and signs of abuse or neglect. The Chief Medical Officer noted the importance of consulting with subject matter experts in the field. The Committee agreed that more research is needed to determine if NCMB should create resources or if it should partner with other organizations to promote existing resources or create new ones. The Communications Department will gather information on existing resources and needs and report back to the Committee in future.

Committee recommendation: Accept as information.

Board action: Accept Committee recommendation. Accept as information.

c. Annual report preview

The Communications Director gave an update on the 2020 Annual Report. The Communications Department is on track to have the report completed for review at the March 2021 Board Meeting.

Committee recommendation: Accept as information.

Board action: Accept Committee recommendation. Accept as information.

d. Misc other outreach initiatives

The Committee received a brief update on NCMB's podcast, MedBoard Matters, which recently posted its 6th episode. To date, most listeners access the podcast through Apple podcasts and Buzzsprout. The next episode of the podcast, to be posted in February, will discuss ways medical professionals can support the state's COVID-19 vaccination efforts.

Committee recommendation: Accept as information.

Board action: Accept Committee recommendation. Accept as information.

ADJOURNMENT

The Medical Board adjourned at 1:11 p.m. on Friday, January 29, 2021.

The next meeting of the Medical Board is scheduled for March 17-19, 2021.

Michaux R. Kilpatrick, MD

Michaux R. Kilpatrick, MD; Secretary/Treasure

1 21 NCAC 32B .1708 is proposed for adoption as follows:

2

3 **21 NCAC 32B .1708 COVID-19 DRUG PRESERVATION RULE**

4 (a) The following drugs are "Restricted Drugs" as that term is used in this Rule:

- 5 (1) Hydroxychloroquine;
- 6 (2) Chloroquine;
- 7 (3) Lopinavir-ritonavir;
- 8 (4) Ribavirin; and
- 9 (5) Darunavir, Oseltamivir;
- 10 ~~(6) Darunavir; and~~
- 11 ~~(7) Azithromycin.~~

12 (b) A physician or physician assistant shall prescribe a Restricted Drug only if that prescription bears a written
13 diagnosis from the prescriber consistent with the evidence for its use.

14 (c) When a patient has been diagnosed with COVID-19, any prescription of a Restricted Drug for the treatment of
15 COVID-19 shall:

- 16 (1) Indicate on the prescription that the patient has been diagnosed with COVID-19;
- 17 (2) Be limited to no more than a 14-day supply; and
- 18 (3) Not be refilled, unless a new prescription is issued in conformance with this Rule, including not
19 being refilled through an emergency prescription refill.

20 (d) A physician or physician assistant shall not prescribe a Restricted Drug for the prevention of, or in anticipation
21 of, the contraction of COVID-19 by someone who has not yet been diagnosed.

22 (e) A prescription for a Restricted Drug may be transmitted orally only if all information required by this Rule is
23 provided to the pharmacy by the ~~physician or the physician's~~ physician, physician assistant, or either of their agent,
24 and that information is recorded in writing in accordance with 21 NCAC 46 .1819(e).

25 (f) This Rule does not affect orders for administration to inpatients of health care facilities.

26 (g) This Rule does not apply to prescriptions for a Restricted Drug for a patient previously established on that
27 particular Restricted Drug on or before March 10, 2020.

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29 *History Note: Authority G.S. 90-5.1(a)(3);*

30 *Emergency Adoption Eff. April 6, 2020;*

31 *Temporary Adoption Eff. June 26, 2020.*

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1 21 NCAC 32M .0119 is proposed for adoption as follows:

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3 **21 NCAC 32M .0119 COVID-19 DRUG PRESERVATION RULE**

4 (a) The following drugs are "Restricted Drugs" as that term is used in this Rule:

5 (1) Hydroxychloroquine;

6 (2) Chloroquine;

7 (3) Lopinavir-ritonavir;

8 (4) Ribavirin; and

9 (5) Darunavir, Oseltamivir;

10 ~~(6) Darunavir; and~~

11 ~~(7) Azithromycin.~~

12 (b) A nurse practitioner shall prescribe a Restricted Drug only if that prescription bears a written diagnosis from the
13 prescriber consistent with the evidence for its use.

14 (c) When a patient has been diagnosed with COVID-19, any prescription of a Restricted Drug for the treatment of
15 COVID-19 shall:

16 (1) Indicate on the prescription that the patient has been diagnosed with COVID-19;

17 (2) Be limited to no more than a 14-day supply; and

18 (3) Not be refilled, unless a new prescription is issued in conformance with this Rule, including not
19 being refilled through an emergency prescription refill.

20 (d) A nurse practitioner shall not prescribe a Restricted Drug for the prevention of, or in anticipation of, the contraction
21 of COVID-19 by someone who has not yet been diagnosed.

22 (e) A prescription for a Restricted Drug may be transmitted orally only if all information required by this Rule is
23 provided to the pharmacy by the nurse practitioner or nurse practitioner's agent, and that information is recorded in
24 accordance with 21 NCAC 46 .1819(e).

25 (f) This Rule does not affect orders for administration to inpatients of health care facilities.

26 (g) This Rule does not apply to prescriptions for a Restricted Drug for a patient previously established on that
27 particular Restricted Drug on or before March 10, 2020.

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29 *History Note: Authority G.S. 90-5.1(a)(3); 90-18.2;*

30 *Emergency Adoption Eff. April 21, 2020;*

31 *Temporary Adoption Eff. June 26, 2020.*

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