



BOARD MEETING MINUTES

July 17 - 19, 2019

**1203 Front Street
Raleigh, North Carolina**

General Session Minutes of the North Carolina Medical Board (NCMB) Meeting held July 17-19, 2019.

The July 2019 meeting of the North Carolina Medical Board was held at 1203 Front Street, Raleigh, NC 27609. Barbara E. Walker, DO, President, called the meeting to order. Board members in attendance were: Barbara E. Walker, DO, President; Bryant A. Murphy, MD, President-Elect; Venkata R. Jonnalagadda, MD, Secretary/Treasurer; Timothy E. Lietz, MD; Mr. A. Wayne Holloman; Ralph A. Walker, JD; Shawn P. Parker, JD; Varnell D. McDonald-Fletcher, PA-C; John W. Rusher, MD; Michaux R. Kilpatrick, MD. and Christine M. Khandelwal, DO.; Jerri L. Patterson, NP; Debra A. Bolick, MD

Presidential Remarks

Dr. Walker 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.

Minutes Approval

A motion passed to approve the May 15 - 17, 2019 Board Meeting minutes, the June 4, 2019 Office Space Project Meeting minutes and the June 21, 2019 Hearing Meeting minutes.

Announcements

Dr. Jonnalagadda gave updates on the Federation of State Medical Boards (FSMB) Sexual Boundary Violations Symposium held June 6, 2019 and the 5th Annual Occupational Licensing Agencies Best Practices Seminar held May 30, 2019.

Mr. Parker gave an update on the FSMB Board of Directors meeting held, August 17, 2019

Dr. Murphy and PA McDonald-Fletcher gave an update on the FSMB Artificial Intelligence Taskforce meeting held, June 2019

Dr. Walker gave an update on the CLEAR Sixth International Congress on Professional & Occupational Regulation meeting held, June 27-28, 2019

NORTH CAROLINA PHYSICIAN HEALTH PROGRAM REPORTS (NCPHP)

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.

Joe Jordan, PhD, CEO, North Carolina Physicians Health Program (NCPHP), gave the PHP Compliance Committee report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

Dr. Joe Jordan, CEO, North Carolina Physicians Health Program (NCPHP), gave the Annual Office of State Auditor Recommendations Report.

Dr. Jordan presented the NCPHP Financial Statement Audit report

Dr. Debra Bolick, member of the North Carolina Medical Board, gave a report on NCPHP Board of Directors meeting.

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.

Mr. Brian L. Blankenship, Deputy General Counsel and Mr. Thomas W. Mansfield, Chief Legal Officer, gave the closed session portions of the Attorney's Report on Friday, July 19, 2019, providing information and advice regarding pending litigation and non-public actions executed by the Legal Department.

A motion passed to return to open session.

Mr. Blankenship and Mr. Mansfield presented the open session portions of the Attorney's Report regarding the schedule for upcoming hearings, rulemaking activity, and statistics regarding work performed by the Board's attorneys since the last Attorney's Report.

Executed Cases - Public Actions:

The following actions were executed since the Board's last regularly scheduled meeting. The Board voted to accept these as information.

Agha, Maher Salah MD

Relief of Consent Order Obligations executed 06/20/2019

Burkhead, Margaret Kelly MD

Consent Order executed 05/31/2019

Chan, Michael David MD
Public Letter of Concern executed 06/20/2019

Collins, Paul Dwayne MD
Non-Disciplinary Consent Order executed 06/10/2019

Fink, Gary Lee MD
Final Order executed 06/21/2019

Gettings, Justin Luke MD
Relief of Consent Order Obligations executed 05/29/2019

Gildersleeve, Elizabeth Owens PA
Consent Order executed 05/29/2019

Goossen, Maria Mathilda LP
Consent Order executed 05/16/2019

Jarosz, Todd Stephen MD
Consent Order executed 05/16/2019

Kundra, Arun MD
Public Letter of Concern executed 05/06/2019

Lee, David Wayne MD
Public Letter of Concern executed 05/30/2019

Llibre, Giovanni MD
Notice of Dissolution of Interim Non-Practice Agreement executed 04/08/2019

Long, James Randall MD
Order to Continue executed 06/11/2019

McKenzie Sr., Wayland Wilson MD
Consent Order executed 06/25/2019

Powlovich, Lauren Gilligan MD
Consent Order executed 05/21/2019

Quinn, Christopher Michael DO
Consent Order executed 5/15/2019

Ross, Travis Sanders PA
Relief of Consent Order Obligations executed 05/29/2019

Sappington, John Shannon MD
Consent Order executed 05/07/2019

Seitz, Kent MD
Consent Order executed 05/16/2019

Setzer, Howard Orson DO
Entry of Felony Revocation executed 06/11/2019

Sumrow, Bradley James MD
Relief of Consent Order Obligations executed 05/29/2019

Urban, Derek Kurt MD
Consent Order executed 6/19/2019

Wessel Jr., Richard Fredrick MD
Voluntary Surrender Form received 05/07/2019

Williams, Lisa Victoria PA
Consent Order executed 06/04/2019

Wilson, Richard Ian MD
Relief of Consent Order obligations executed 5/7/2019

Woosley, Fawne Melissa PA
Reentry Agreement executed 06/05/2019

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.

Information regarding pending outside litigation was presented by Mr. Mansfield.

A motion passed to return to open session.

Legislative Update

On Friday, July 19, 2019, the Board's Legislative Liaisons, Mr. Thomas W. Mansfield, Chief Legal Officer and Ms. Evelyn Contre, Chief Communications Officer, provided a legislative update to the Board.

The Board accepted the reports as information.

NCMB Committee Reports

EXECUTIVE COMMITTEE REPORT

Members present were: Barbara E. Walker, DO, Chairperson; Bryant A. Murphy, MD; Timothy E. Lietz, MD; Venkata R. Jonnalagadda, MD and A. Wayne Holloman.

Financial Update

a. Year-to-Date Financials

The Committee reviewed the following financial reports: 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.

Old Business

a. Office Space Project Report

The Committee received a report from Jessica Bossiere, HH Architecture, and Thom Mansfield, Phase Three Team Leader, regarding the design plan and construction timeline for the Board's new office building on Smoketree Court.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

b. Sale of 1203 Front Street

The Committee received a report from Mr. John Kerr, York Properties, regarding the sale of the Board's current office at 1203 Front Street.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

New Business

a. NCMB Appointment Update

The Committee received an update regarding the NCMB Review Panel process, including a list of physicians who have applied for appointment to the NCMB.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

b. Officer and At-Large Executive Committee Nominations

Every year, the Executive Committee must nominate to the Board a slate of officers and at-large Executive Committee members for the upcoming year.

Committee Recommendation:

President-Elect: Venkata R. Jonnalagadda, MD
Secretary/Treasurer: John W. Rusher, MD
Executive Committee Member-at-Large: Jerri L. Patterson, NP
Executive Committee Member-at Large: Shawn P. Parker, JD

Board Action: Accept Committee recommendation.

President-Elect: Venkata R. Jonnalagadda, MD
Secretary/Treasurer: John W. Rusher, MD
Executive Committee Member-at-Large: Jerri L. Patterson, NP
Executive Committee Member-at Large: Shawn P. Parker, JD

POLICY COMMITTEE REPORT

Members present were: Bryant A. Murphy MD, Chairperson; Debra A. Bolick, MD; Varnell D. McDonald-Fletcher, PA-C; Shawn P. Parker, JD; and John W. Rusher, MD.

Old Business:

a. Collaborative Care Within the Healthcare Team (Appendix A)

The Committee felt the revisions to the position statement appropriately addressed comments and concerns expressed by stakeholders and licensees. The Committee

briefly discussed the use of the word “blunt” in the last sentence of paragraph three and whether to use an alternative word. It was decided that “blunt” should remain.

Committee Recommendation: Accept the revised, proposed position statement.

Board Action: Accept Committee Recommendation. Accept the revised, proposed position statement.

b. Child Maltreatment

The Committee suggested that the position statement should be revised to include reference to the civil immunity language of the North Carolina General Statutes. It was believed that including the protection language may help licensees and any persons in North Carolina err on the side of overreporting versus underreporting. The Committee also felt it would be beneficial to reach out to the Medical Director of the Child Medical Evaluation Program at UNC Hospitals to ask for educational guidance the Board could provide to licensees and incorporate into the position statement.

Committee Recommendation: Assign Dr. Rusher and staff the task of revising the current position statement to address immunity language and educational guidance. Bring back for review at the September 2019 Board meeting.

Board Action: Accept Committee recommendation. Assign Dr. Rusher and staff the task of revising the current position statement to address immunity language and educational guidance. Bring back for review at the September 2019 Board meeting.

c. Physician Scope of Practice

The Committee expressed concern that the position statement did not incorporate language regarding advance practice providers (“APPs”), including but not limited to nurse practitioners and physician assistants. The Committee discussed whether the position statement should be further revised to include the Board’s expectation about practice drift for APPs and speciality practices of the supervising physician as it relates to APPs. Staff cited to the Board’s position statement titled “Physician Supervision of Other Licensed Healthcare Practitioners” and the rules for Physician Assistants and Nurse Practitioners. The Committee agreed this position statement should reference the supervising physician position statement and rules.

Committee Recommendation: Assign staff the task of further revising the current position statement to include reference to the Board’s position statement titled “Physician Supervision of Other Licensed Healthcare Practitioners,” Physician Assistant Rule 21 NCAC 32s. 0213 (c)(2), and Nurse Practitioner Rule 21 NCAC 32M .0101(10)(a). Bring back for approval at the September 2019 Board meeting.

Board Action: Accept Committee recommendation. Assign staff the task of further revising the current position statement to include reference to the Board's position statement titled "Physician Supervision of Other Licensed Healthcare Practitioners," Physician Assistant Rule 21 NCAC 32s. 0213 (c)(2), and Nurse Practitioner Rule 21 NCAC 32M .0101(10)(a). Bring back for approval at the September 2019 Board meeting.

d. Innovative Therapy

The Committee felt the revised, proposed position statement was well written and ready to be sent to licensees and stakeholders for comment. Staff stated that the position statement was drafted in such a way as to not stifle innovation, but to put innovators on alert that the Board expects certain protections to be made for patients. Staff also indicated they have reached out to a professional ethicist for comments on the proposed position statement and some additional changes may be made once that feedback was received.

Committee Recommendation: Submit position statement for review and comment by licensees and stakeholders and bring back at the September 2019 Board meeting.

Board Action: Accept Committee recommendation. Submit position statement for review and comment by licensees and stakeholders and bring back at the September 2019 Board meeting.

e. CBD Products

The Committee reviewed the FAQ favorably and discussed whether the FAQ should include some additional questions and answers. Staff advised that due to regulatory uncertainty, the Board should be careful about providing additional guidance. Mention was also made about the regulatory steps that the FDA appears to be taking regarding CBD products. The Committee agreed that we should publish the FAQ as written.

Committee Recommendation: Publish FAQ.

Board Action: Accept Committee recommendation. Publish FAQ.

New Business

a. Treatment of Obesity

During the meeting, the Committee received comments and asked questions of Dr. Nicholas Pennings, Director Campbell University Health Center and Associate

Professor and Chair of Family Medicine at Campbell University School of Osteopathic Medicine. Staff briefly discussed the genesis of this position statement and pondered whether the position statement was needed. The Committee requested that staff revise the current position statement to incorporate suggestions and information from Dr. Pennings and his colleagues.

Committee Recommendation: Assign staff the task of revising the current position statement to incorporate suggestions and information from Dr. Pennings and his colleagues. Bring back for review at the September 2019 Board meeting.

Board Action: Remove position statement.

Position Statement Review Tracking Chart:

The Committee discussed whether the position statement review chart should be reviewed to pare down the list of current position statements and delete those that may no longer serve a purpose. It was agreed that staff would create a survey for Committee members, in which the members would indicate whether a position statement should be kept, deleted, or modified. The survey results will be reviewed at the September 2019 Board meeting.

Committee Recommendation: Bring back survey results, "Child Maltreatment," "Physician Scope of Practice," "Innovative Therapy," and "The Treatment of Obesity" at the September 2019 Board meeting.

Board Action: Bring back survey results, "Child Maltreatment," "Physician Scope of Practice," and "Innovative Therapy" at the September 2019 Board meeting.

LICENSE COMMITTEE REPORT

Members present were: Michaux Kilpatrick, MD, Chairperson; Varnell McDonald-Fletcher, PA-C; Ralph A. Walker, JD; and Christine M. Khandelwal, DO; Debra A. Bolick, 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 License Committee reviewed four cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public.

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.

Five 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; Varnell D. McDonald-Fletcher, PA-C; John W. Rusher, MD; and Shawn P. Parker, JD.

New Business:

a. Physician Assistants

Report on Physician Assistant Meeting at FSMB

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

b. Perfusionist Advisory Committee

The PAC met on 7/2/2019. The March 2019 minutes were approved, there were no agenda items that required subsequent Board consideration.

Committee Recommendation: Accept as information.

Board Action: Accepted Committee recommendation. Accept as information.

c. NC Office of Emergency Medical Services

Report on Ketamine Pilot Program. The Committee reviewed a presentation from NC OEMS. Committee members approved the next pilot program update to be presented at the January 2020 APP & AHC meeting and for the pilot to be concluded in March 2020.

Committee Recommendation: Extend pilot program through March 2020.

Board Action: Board voted to approve extension of pilot program through March 2020.

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 Nurse Practitioner Joint Subcommittee Panel ("Panel"). The Panel'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.

DISCIPLINARY (COMPLAINTS) COMMITTEE REPORT

Members present were: John W. Rusher, MD, Chairperson; Venkata R. Jonnalagadda, MD; Michaux R. Kilpatrick, MD; Timothy E. Lietz, MD and Ralph A. Walker, JD. Member absent: Jerri L. Patterson, NP

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 29 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: John W. Rusher, MD, Chairperson; Venkata R. Jonnalagadda, MD; Michaux R. Kilpatrick, MD; Timothy E. Lietz, MD; and Ralph A. Walker, JD. Member absent: Jerri L. Patterson, NP

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 40 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 (INVESTIGATIVE) COMMITTEE REPORT

Members present were: John W. Rusher, MD, Chairperson; Venkata R. Jonnalagadda, MD; Michaux R. Kilpatrick, MD; Timothy E. Lietz, MD; and Ralph A. Walker, JD. Member absent: Jerri L. Patterson, NP

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 49 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 (DEPARTMENT OF HEALTH AND HUMAN SERVICES) COMMITTEE REPORT

A memorandum was written to update the committee on Safe Opioid Prescribing Cases Report A and Report B. Since inception in April 2016, the Board has investigated 119 cases. There have been no cases to report to the Board in November 2018, March or May 2019. There was one report B case in January 2019 that resulted in charges.

DHHS has been diligently working to improve data flow and accuracy of reports. We have received 2018 reports which are in process, but none are ready for Board review.

An overview of current cases:

After the “re-run” of Report B for 2016-2018 sent by DHHS after an issue with filtering, there were a total of 76 cases.

62 cases were opened and closed with a letter to licensee as they do not meet criteria for opening. There were **14 remaining cases** that were opened (and in progress) as they continue to meet current criteria.

Report A-Quarters 1 and 2 for 2018, received in March 2019-**twelve cases** meet criteria for investigation.

Report A-Quarters 3 and 4 for 2018, received in April 2019, **five cases** meet criteria for investigation.

Report A-Quarter 1 of 2019, received June 2019 had 27 licensees, and **three cases** meet criteria for investigation.

Many of the top 2% of prescribers are licensees who have had prior investigations and OMD and Investigations staff researches each case meticulously to assure licensees either meet criteria resulting in an investigation or are exempt from an investigation per the approved policy.

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.

Seven 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.

OUTREACH COMMITTEE

Members present were: Shawn P. Parker, JD, Chairperson; Venkata R. Jonnalagadda, MD; Christine M. Khandelwal, DO; Michaux R. Kilpatrick, MD. Member absent: Jerri L. Patterson, NP.

Old Business

- a. Update on presentations
 - 1) Professional presentations
 - 2) Consumer presentations

The Communications Director and Chief Communications Officer gave a brief overview of professional and public outreach activities. NCMB will do its first professional outreach presentation via webinar software on July 22, to a small private practice. The Communications staff is looking into expanding use of webinars to enable NCMB to reach small group audiences, depending on feedback from audience and presenter as to the efficacy of this method of delivering presentation content. The Committee discussed the need to ensure that Board Members have sufficient training and familiarity with the webinar program and other technology. The Communications staff has developed additional resources to enable NCMB to have a more impactful presence while participating in health fairs or other events where NCMB has the opportunity to provide information and engage with the public. Efforts so far include designing and purchasing display banners, acquiring a table runner with NCMB branding, compiling relevant Board literature and creating "Speaker request" cards that provide information on scheduling an NCMB presenter. NCMB staff are also in the process of identifying useful NCMB-branded "giveaway" items (e.g. a small first aid kit) to be handed out at public events.

Committee recommendation: Accept as information.

Board action: Accept Committee recommendation. Accept as information.

- b. President's Imitative Update

The Communications Director gave an update on the President's Initiative, which seeks to establish a program with Campbell University's School of Osteopathic Medicine (CUSOM) that will deepen medical students' understanding of the role of medical regulation. The Communications Director, Chief Communications Officer and current Board President met with the Dean at CUSOM on June 4. At that meeting, CUSOM agreed to work with NCMB on this project, and an associate dean at the school was identified to help NCMB find specific opportunities to engage with students. It was agreed that NCMB should present annually to medical students preparing to enter residency training (Board President Barbara Walker, DO, presented to this group on June 5). In addition, CUSOM suggested that NCMB seek to give a Grand Rounds presentation to CUSOM students and faculty; it has been determined that there are open spots on CUSOM's Grand Rounds calendar in 2019. The Communications Director is working on confirming a date. Additionally, CUSOM offered the opportunity for NCMB to present content to first and second year medical students through its Professional Core Competencies (PCC) curriculum. The Communications Staff and Board President have a meeting set for July 30, at which NCMB will suggest specific content for this curriculum.

Committee recommendation: Accept as information.

Board action: Accept Committee recommendation. Accept as information.

c. Presentation Training Program Discussion

The Communications Director presented suggestions for public speaking training to be provided to Board Members and, potentially, NCMB staff. NCMB asked Mr. Alan Hoffer, a speaking coach NCMB has had recent experience with, to suggest options for enhancing public speaking skills. He recommends beginning with a group training session for Board Members and staff before committing to more intensive training, which he also provides. Committee members noted that a group training session might be more impactful if scheduled for a date after Nov. 1, when NCMB will gain four new Board Members. Committee members expressed continued interest in providing intensive coaching to individual Board Members. Selection for coaching would be based on Board Member interest and availability to present on behalf of the Board. Ideally, coaching would focus on delivery of a specific Board presentation (e.g. Medical Board 101 or NCMB's Opioids Overview).

Committee recommendation: Consider scheduling a group public speaking training for Board Members and staff after Nov. 1 and continue to evaluate options for future one-on-one coaching opportunities for interested Board Members.

Board action: Accept Committee recommendation. Consider scheduling a group public speaking training for Board Members and staff after Nov. 1 and continue to evaluate options for future one-on-one coaching opportunities for interested Board Members.

d. Wellness Session Update

The Chief Medical Officer gave a brief update on efforts to schedule a wellness session with stakeholder organizations.

Committee recommendation: Accept as information.

Board action: Accept committee recommendation. Accept as information.

New Business

a. Duty to Report Campaign Discussion

The Chief Communications Officer gave an overview of plans to inform licensees of certain provisions contained in House Bill 228, which updates the Medical Practice Act. Upon enactment, the Communications Department will launch a campaign to notify licensees of the new Duty to Report requirement, which compels licensees to report any

incidents they *reasonably believe* have occurred related to sexual misconduct between a licensee and a patient as well as fraudulent prescribing, drug diversion, or theft of controlled substances. An information campaign would include: direct communication with licensees via website, newsletter, presentations, etc., as well as indirect communication by working with our 'partner network' to include language in their communication with licensees (NCMS, specialty societies, med mal carriers, etc.). Additionally, the Communications Department would work with relevant staff and vendors to create a Web portal and instructions for licensees and institutions reporting an incident. The Committee discussed how NCMB has communicated changes in law or policy to licensees in the past.

Committee recommendation: Accept as information.

Board action: Accept Committee recommendation. Accept as information.

b. E-prescribing Requirement Campaign

The Chief Communications Officer gave an overview of plans for informing licensees about the e-prescribing provision of the STOP Act, which goes into effect Jan. 1, 2020. The law mandates that prescribers use electronic prescribing for targeted controlled substances, with a handful of exceptions. The Communications Department plans to begin promoting and notifying licensees and other stakeholders of the new requirement in August. Communications will primarily be delivered through the *Forum* newsletter, NCMB website, professional presentations, and social media, as well as by providing information for stakeholder groups to use in their communications channels.

Committee recommendation: Accept as information.

Board action: Accept Committee recommendation. Accept as information.

DIVERSITY WORKGROUP

Members present were: Timothy E. Lietz, MD; Bryant A. Murphy, MD; and A. Wayne Holloman.

Old Business

a. Training and Presentations

The Human Resources (HR) Manager provided a summary update on the Unconscious Bias training that took place on Thursday, May 16, 2019. The presenter was Dr. Kinneil Coltman. The training included Board Members, NCMB Staff, NCPHP Staff and NC Medical Society Staff. FSMB Continuing Medical Education (CME) application was accepted. Ten CME certificates issued to physicians (eight MDs, two DOs). Four certificates of participation issued

New Business

a. Training and Presentations

The HR Manager provided an overview of the State Medical Board of Oregon's presentation on Encouraging Cultural Competence: Oregon's Approach. The discussion focused on developing a Cultural Competency – A practical Guide for Medical Professionals for the North Carolina Medical Board. The workgroup would like to have a formal presentation by Nicole Krishnaswami, Executive Director, Oregon Medical Board, during the September Board meeting. The workgroup discussed comparing the Cultural Competence information from Ohio and Oregon.

Staff Headcount

The current staff headcount is 55 employees.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

ADJOURNMENT

The Medical Board adjourned at 12:47 p.m. on Friday, July 19, 2019.

The next meeting of the Medical Board is scheduled for September 18 - 20, 2019.



Venkata R. Jonnalagadda, MD; Secretary/Treasurer

Professional Behavior Within the Healthcare Team

The North Carolina Medical Board (“the Board”) recognizes that the manner in which its licensees interact with others can significantly impact patient care.

The Board strongly urges its licensees to fulfill their obligations to maximize the safety of patient care by behaving in a manner that promotes both professional practice and a work environment that ensures high standards of care. Licensees should consider it their ethical duty to foster respect among all health care professionals as a means of ensuring good patient care.

Disruptive behavior is a style of interaction between licensees, hospital personnel, patients, family members, or others that interferes with patient care. Behaviors such as rude, loud, or offensive comments; sexual harassment or other inappropriate physical contact; and intimidation of staff, patients, and family members are commonly recognized as detrimental to patient care. The Board distinguishes disruptive behavior from: (1) constructive criticism that is offered in a professional manner with the aim of improving patient care; or (2) reasonably direct or blunt communication that may be appropriate to protect the health of a patient in urgent or emergency situations.

It has been the Board’s experience that disruptive behavior may be a marker for underlying concerns that can range from a lack of interpersonal skills to deeper problems, such as depression, work-related burnout, or substance use disorder. Licensees suffering such symptoms are encouraged to seek the support needed to help them regain their equilibrium.

Disruptive behavior by licensees may also constitute grounds for further inquiry by the Board to determine the potential underlying causes of such behavior. Additionally, such behavior may ultimately constitute grounds for Board discipline.

Finally, licensees, in their role as patient and peer advocates, are obligated to take appropriate action when observing disruptive behavior on the part of other licensees. The Board urges its licensees to support their hospital, practice, or other healthcare organization in their efforts to identify and manage disruptive behavior, by taking a role in the process of addressing behavior when appropriate.

Q: May a licensee sell products or supplements containing Cannabidiol (“CBD”) from their medical practice.

A. The Board has provided guidance on the ethical implications of selling practice-related items by licensees in its position statement on “Sale of Good from Physician Offices.” Subject to the ethical considerations provided in that position statement and any relevant legal restrictions, licensees are generally permitted to sell practice-related items to their patients. There are, however, dynamic legal considerations related to CBD-containing products with which licensees should be familiar before deciding to sell such products. Both the FDA and the NC Department of Agriculture have issued recent statements about the legality of CBD-containing products.

In December 2018, FDA Commissioner Scott Gottlieb issued a statement explaining that: “it’s unlawful under the FD&C Act to introduce food containing added CBD or THC into interstate commerce, or to market CBD or THC products as, or in, dietary supplements, regardless of whether the substances are hemp-derived. This is because both CBD and THC are active ingredients in FDA-approved drugs and were the subject of substantial clinical investigations before they were marketed as foods or dietary supplements. Under the FD&C Act, it’s illegal to introduce drug ingredients like these into the food supply, or to market them as dietary supplements.” The text of the FDA’s statement can be found here. **PDF LINK** In addition, the FDA has also provided questions and answers related to the regulation of cannabis-derived products on its website at <https://www.fda.gov/news-events/public-health-focus/fda-regulation-cannabis-and-cannabis-derived-products-questions-and-answers>.

Additionally, in February 2019, the NC Department of Agriculture indicated it planned to issue letters containing CBD Advisory Warnings. The Department of Agriculture warns that because the Federal Food, Drug and Cosmetics Act has been adopted and implemented in North Carolina: (1) it is illegal to sell any food containing CBD because CBD is the active ingredient in the FDA-approved drug product Epidiolex; (2) CBD is also excluded from being considered a dietary supplement because it is the active ingredient in Epidiolex; and (3) any product that contains CBD and claims to prevent, mitigate, diagnose, treat or cure diseases is considered a drug and must have prior approval from the FDA.