

BOARD MEETING MINUTES

July 16 - 18, 2025

**3127 Smoketree Court
Raleigh, North Carolina**

The July 16-18, 2025, meeting of the North Carolina Medical Board was held in person at 3127 Smoketree Court, Raleigh, NC 27604 and certain closed portions of the meeting were conducted virtually, including licensing and investigative interviews. Anuradha Rao-Patel, MD, President Elect, called the meeting to order. Board members in attendance were Robert L. Rich, Jr., MD, Secretary/Treasurer; Earic R. Bonner, MD, MBA; Candace A. Bradley, DO, MBA; J. Nelson Dollar, MA; W. Howard Hall, MD; Vickie A. Harry; Joshua D. Malcolm, JD; Mark A. Newell, MD, MMM; Miguel A. Pineiro, PA-C; Anthony R. Plunkett, MD.; Sharona Y. Johnson, PhD, FNP-BC Members absent: Devdutta G. Sangvai, MD, JD, MBA.

PRESIDENTIAL REMARKS

Dr. Anuradha Rao-Patel 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. Reported conflicts were included within individual committee reports.

ANNOUNCEMENTS and UPDATES

Dr. Rao-Patel recognized new staff as they were introduced by their perspective manager. She also recognized staff celebrating milestone anniversaries.

PRESENTATION(S)

Dr. Rao-Patel introduced Christopher Norman, MS, MBA, PA-C, DFAAPA, of the NC Association of Physician Assistants (NCAPA). PA Christopher Norman gave a presentation on the NCAPA.

Dr. Rao-Patel introduced John Meier, IV MD, of the NC Medical Society (NCMS). Dr. Meier gave a presentation on the NCMS.

Dr. Rao-Patel introduced Edwin Burkett, MD, of the Old North State Medical Society (ONSMS). Dr. Burkett gave a presentation on the ONSMS.

NORTH CAROLINA PHYSICIAN HEALTH PROGRAM REPORTS (NCPHP)

Dr. Hall gave the NCPHP Board of Directors report.

Dr. Joseph Jordan gave the NCPHP Audit 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 NCPHP 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 LEGAL DEPARTMENT REPORT

Mr. Brian Blankenship, Chief Legal Officer, gave the Legal Department Report on Friday, July 18, 2025.

Open Session:

Mr. Blankenship updated the Board on the schedule of the October 2025 hearings and hearing assignments. Mr. Blankenship also reviewed the recent rule 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, and/or 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.

Closed Session:

Mr. Blankenship provided information within the attorney-client privilege regarding outside litigation matters. Additionally, Mr. Blankenship provided information within the attorney-client privilege regarding work product occurring since the last Legal Department Report was presented.

The Legal Department Report was concluded.

The Board accepted the report as information.

NCMB COMMITTEE REPORTS

Executive Committee Report

Members present were: Members present were Anuradha Rao-Patel, MD, President- Elect; Sharona Y. Johnson, PhD, FNP-BC; Mark A. Newell, MD, MMM; Robert L. Rich, MD. Absent: Devdutta G. Sangvai, MD, JD, MBA.

Financial Update

a. Year-To-Date Financials

The Committee reviewed the following financial reports through May 31, 2025: Balance Sheet, Profit & Loss versus Budget, and the Profit & Loss Comparison with the Board Controller.

Committee Recommendation: Accept the financial information as reported.

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

b. Investment Account Update

The Committee reviewed the investment statements for May and June 2025 with the Board Controller.

Committee Recommendation: Accept the investment statements as reported.

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

c. Simi-annual Report from Investment Advisor

Mr. Len Lopez, Fifth Third Bank, provided an update on the stock and bond markets and the Board's investment account.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

Old Business:

a. 2025 Board Retreat Update

The 2025 NCMB Retreat is set for August 8 – 10. The retreat will be held at the Aloft Hotel in downtown Wilmington, NC. Mr. Thomas Mansfield, NCMB CEO, reviewed the agenda topics and speakers. Ms. Loney Johnson, NCMB Special Projects Manager/Board Liaison, informed the Board Members, that she has received everyone's hotel confirmations, and they will be sent out soon, along with additional logistical information.

Committee Recommendation: Accept the update as information.

Board Action: Accept Committee recommendation. Accept the update as information.

New Business:

a. NCMB Review Panel

Mr. Mansfield stated that there are four physician seats to be appointed by the Governor this year via the NCMB Review Panel. They are:

- Devdutta G. Sangvai, MD, JD, MBA (not eligible for reappointment)
- W. Howard Hall, MD (not eligible for reappointment)
- Robert L. Rich, Jr., MD (eligible for reappointment; seeking reappointment)
- Candace A. Bradley, DO, MBA (resigning July 31, 2025)

The Review Panel will meet on August 2-3 to conduct interviews, discuss the candidates, and decide whom to nominate. (The Review Panel is required to submit two names for each open seat). We should know in early September which names have been submitted to the Governor's Board and Commissions Office. We anticipate having notification of the Governor's appointments by late September or early October. The new terms will start on November 1.

There is one public member seat to be appointed by the Governor outside of the Review Panel

process:

- Joshua Malcolm (not eligible for reappointment)

Committee Recommendation: Accept the NC Review Panel report as information.

Board Action: Accept Committee recommendation. Accept the NC Review Panel report as information.

b. Legislative Update

Mr. Brian Blankenship, NCMB Chief Legal Officer, and Ms. Elizabeth Meredith, NCMB Board Attorney, presented the legislative update to the Committee.

Committee Recommendation: Accept the legislative update as information.

Board Action: Accept Committee recommendation. Accept the legislative update as information.

c. 10-Year Rule Discussion

Mr. Marcus Jimison, NCMB Deputy General Counsel, advised the Committee that every ten years state agencies are obligated to review all of their rules. It's now the Board's turn to review its rules. At this stage, the Board is only being asked to do one of two things: designate a rule as necessary or designate a rule as unnecessary.

Below are the subchapters the Committee was asked to review. These same subchapters were reviewed by staff, and the staff opined that all rules contained therein are necessary.

21 NCAC 32A (Organization)

21 NCAC 32C (Professional Corporations) 21

NCAC 32P (Limited Liability Companies) 21

NCAC 32R (Continuing Education)

21 NCAC 32X (Practitioner Information)

Committee Recommendation: Approve the motion deeming all the rules as being necessary.

Board Action: Accept Committee Recommendation. Approve the motion deeming all the rules as being necessary.

Miscellaneous:

- a Meeting with Other Members of the Board to Solicit Nominations for Officers and At-Large Executive Committee Members

A motion passed to go into closed session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to consider the qualifications, competence, performance, character, fitness, conditions of appointment, or conditions of initial employment of an individual public officer or employee or prospective public officer or employee.

Closed Session:

As provided in the Bylaws, the Executive Committee met with other members of the Board to solicit recommendations for the open positions: President-Elect, Secretary/Treasurer and two Members-at-Large.

As per Article V, Section 2 of the NCMB Bylaws, the Executive Committee retired to discuss a slate of candidates for President-Elect, Secretary/Treasurer and two At-Large Executive Committee members.

A motion passed to return to open session.

a. Meeting Announcement of Nominees

The Executive Committee nominates the following members for the following positions:

President-Elect: Robert L. Rich, Jr., MD

Secretary/Treasurer: Mark A. Newell, MD, MMM

Member at Large: J. Nelson Dollar, MA

Committee Recommendation: Approve the slate of nominees as presented, to be voted on by the full Board during committee reports on July 18, 2025.

Board Action: Accept Committee recommendation. Approve the slate of nominees as presented, to be voted on by the full Board during committee reports on July 18, 2025.

Policy Committee Report

Members present were: Mark A. Newell, MD, MMM, Chair; J. Nelson Dollar, MA; Sharona Y. Johnson, PhD, FNP-BC; Miguel A. Pineiro, PA-C, MHPE; Anthony R. Plunkett, MD; Anuradha Rao-Patel, MD

Old Business:

a. 2.2.3: Self-Treatment and Treatment of Family Members (Appendix A)

The Committee considered and discussed the comments received from stakeholders. After discussion, the Committee agreed not to make any further changes, and staff were directed to adopt and publish the revised position statement.

Committee recommendation: Adopt and publish the revised position statement.

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

b. 9.1.1: Physician Supervision of Other Licensed Health Care Professionals (Appendix B)

The Committee favorably reviewed the additional changes made after the May 2025 meeting. Staff were directed to adopt and publish the revised position statement.

Committee recommendation: Adopt and publish the revised position statement.

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

c. 10.1.2: Corporate Practice of Medicine

Based on topics being addressed at the upcoming Board member retreat and the potential impact of those conversations on the need for revisions to this position statement, the Committee agreed to table further discussion until a later Board meeting, with an anticipated date of September 2025.

Committee recommendation: Table further discussion until a later meeting, with an anticipated date of September 2025.

Board Action: Accept Committee recommendation. Table further discussion until a later meeting, with an anticipated date of September 2025.

New Business:

a. 4.1.2: Writing of Prescriptions

The Committee reviewed and discussed the Committee member comments received prior to the meeting and, based on those comments, requested staff make one revision to the position statement. Staff shall then adopt and publish the revised position statement.

Committee recommendation: Adopt and publish the revised position statement with the additional revision.

Board Action: Accept Committee recommendation. Adopt and publish the revised position statement with the additional revision.

b. 8.4.1. Unethical Agreements in Complaint Settlements

The Committee reviewed and discussed the proposed Committee member revisions received prior to the meeting. The Committee directed staff to work with Committee members to further revise the position statement, circulate the changes to Committee members prior to the next meeting, and bring back any comments for further discussion at a later meeting, with the anticipated date of September 2025.

Committee recommendation: Staff to work with Committee members to further revise the position statement, circulate the changes to Committee members prior to the next meeting, and bring back any comments for further discussion at a later meeting, with the anticipated date of September 2025.

Board Action: Accept Committee recommendation. Staff to work with Committee members to further revise the position statement, circulate the changes to Committee members prior to the next meeting, and bring back any comments for further discussion at a later meeting, with the anticipated date of September 2025.

Miscellaneous:

a. Position Statement Review Chart

The Committee reviewed the position statement review chart and determined that, in addition to bringing back 8.4.1: Unethical Agreements in Complaint Settlement and 10.1.2: Corporate Practice of Medicine for further discussion, should time allow, the Committee will discuss 1.1.1:

What Are the Position Statements of the Board and to Whom Do They Apply?; 3.1.2: Policy for the Use of Audio or Visual Recordings in Patient Care; 8.3.2: Sale of Goods from Licensee's Offices; and 8.4.2: Medical Testimony at the September 2025 meeting.

Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

Licensing Committee Report

Members present were: Anuradha Rao-Patel, MD, Chair; Candace A. Bradley, DO, MBA; Earic R. Bonner, MD, MBA; Vickie A. Harry; Miguel A. Pineiro, PA-C, MHPE.

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 information.

A motion passed to return to open session.

a. Licensing Dashboard Update

The Committee received a presentation on the data in the Licensing Dashboard. The Chief Licensing and Registration Officer presented data on seven metrics developed for the Committee. The data presented was broken down into three areas: current status, workload, and licenses issued.

Current staffing: There are currently 13 full-time staff, including a seasonal contractor, one part-time staff, and one open position in the department.

The number of applications in the system is approximately nearly 2,600 applications. New 2025 applications are already exceeding the same timeframe as the prior year. At this trajectory, the board may receive over 8,000 applications by the end of FY 2025. This data demonstrates the high volume of applications in the system.

For the current fiscal year, more than 2,900 licenses have been issued. Approximately 15% of those applications were complex and required additional rounds of review. The time to license is an average of 93 days for the reporting period. While this is below the stated timeframe of 4 – 5 months, there was a discussion of opportunities to work on reducing this timeframe in the future. The department was expanded in 2024, which should help with reducing the exceedingly high workloads and reducing time to license once the staff is fully trained. Review of internal processes and adding additional staff will be in discussion for FY 2026.

Board members discussed the report and inquired about reasonable workloads for staff and plans to address that concern.

Committee recommendation: accept as information.

Board Action: Accept Committee recommendation. Accept as information.

b. Discontinuing Reference Form Requirement

The Committee received a recommendation to discontinue the reference form requirement on license application.

As part of an ongoing effort to make the licensure process more efficient and potentially reduce the administrative burden associated with processing license applications, a staff workgroup examined the utility of the current licensure requirement for physicians, physician assistants, anesthesiology assistants, and perfusionists to provide reference forms during the application process.

The workgroup looked at two years of data and determined that there was a relatively miniscule amount of concerning information gathered from reference forms that had not already been disclosed in other parts of the application process. Additionally, the staff learned that a majority of states no longer require reference forms.

The staff workgroup took the information gathered and presented to the Senior Staff Review Committee, who then agreed with the recommendation to eliminate reference forms and to pursue a change to the applicable administrative rules related to reference forms.

The Committee clarified some information through discussion about the reference forms and the administrative burden they have on both the applicant and the staff.

Committee Recommendation: Authorize staff to: (1) discontinue the reference form requirement on applications moving forward; and (2) begin the process of removing the applicable reference requirements from the Board's administrative rules.

Board Action: Accept Committee recommendation. Authorize staff to: (1) discontinue the reference form requirement on applications moving forward; and (2) begin the process of removing the applicable reference requirements from the Board's administrative rules.

c. Periodic Rules Review Licensing

The Committee received a request to review rules relevant for Licensing as part of the ten year review cycle that requires state agencies to review all of their rules.

The relevant rules were presented to the Board members. After a staff-level review of the rules, the staff noted to the Committee that all the rules were relevant, except for Rule 21 NCAC 32B .1705. Rule .1705 was deemed unnecessary because the substance of Rule .1705 is similar to the substantive requirements and provisions in Rule .1706(b)(2).

Committee Recommendation: Approve the proposed rules as written.

Board Action: Accept Committee recommendation. Approve the proposed rules as written

Rules Reviewed:

21 NCAC 32B (Licensing)

21 NCAC 32F (Annual Registration)

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.

Eight licensure interviews were conducted virtually. 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: Robert L. Rich, MD, Chair; Candace A. Bradley, DO, MBA; J. Nelson Dollar, MA; Sharona Y. Johnson, PhD, FNP-BC; Mark A. Newell, MD, MMM; Anthony R. Plunkett, MD; Anuradha Rao-Patel, 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 51 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 (Complaints) Committee Report

Members present were: Robert L. Rich, MD, Chair; Candace A. Bradley, DO, MBA; J. Nelson Dollar, MA; Sharona Y. Johnson, PhD, FNP-BC; Mark A. Newell, MD, MMM; Anthony R. Plunkett, MD; Anuradha Rao-Patel, MD.

Open Session:

- a. Final Approval for Periodic Rule Review Process

Every ten years state agencies are obligated to review all of their rules. It's now the Board's turn to review its rules. At this stage the Board is only being asked to do one of two things: designate a rule as necessary or designate a rule as unnecessary.

You are tasked to review the rules relevant to your committee. You are not being tasked to improve the rules, tweak the rules, add to the rules, or make any changes to the rules whatsoever. The time to make changes to the rules, if at all, will come later.

Below are the subchapters you are being asked to review. These same subchapters were reviewed by staff and the staff opined that all rules contained therein are necessary.

These rules are now before you for your consideration.

Rules Reviewed:

21 NCAC 32K (Physicians Health Program)

21 NCAC 32N (Formal and Informal Proceedings)

21 NCAC 32Y (Controlled Substances Reporting)

Recommendation: Defer to Committee

Committee Recommendation: Adopt all the proposed designated rules contained therein, as necessary.

Board Action: Accept Committee recommendation. Adopt all the proposed designated rules contained therein, as necessary.

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 39 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 (Compliance) Committee Report

Members present were: Robert L. Rich, MD, Chair; Candace A. Bradley, DO, MBA; J. Nelson Dollar, MA; Sharona Y. Johnson, PhD, FNP-BC; Mark A. Newell, MD, MMM; Anthony R. Plunkett, MD; Anuradha Rao-Patel, 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 two 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 (Malpractice) Committee Report

Members present were: Robert L. Rich, MD, Chair; Candace A. Bradley, DO, MBA; J. Nelson Dollar, MA; Sharona Y. Johnson, PhD, FNP-BC; Mark A. Newell, MD, MMM; Anthony R. Plunkett, MD; Anuradha Rao-Patel, 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 54 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 (DHHS) Committee Report

Members present were: Robert L. Rich, MD, Chair; Candace A. Bradley, DO, MBA; J. Nelson Dollar, MA; Sharona Y. Johnson, PhD, FNP-BC; Mark A. Newell, MD, MMM; Anthony R. Plunkett, MD; Anuradha Rao-Patel, 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 reviewed nine 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.

A motion passed to return to open session.

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.

Eleven investigative interviews were conducted virtually. 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.

Advanced Practice Providers & Allied Health Committee Report

Members present were: Earic R. Bonner, MD, MBA; Vicki A. Harry; Joshua Malcolm, JD.; Miguel Pineiro, PA-C, MHPE. Member absent: Howard Hall, MD.

Old Business:

a. Review of Immunizing Pharmacists' Protocols

Staff reviewed the current Immunizing Pharmacists' Protocols which include: Nicotine Replacement Therapy, Hormonal Contraception, Prenatal Vitamins, Glucagon, and HIV Post-Exposure Prophylaxis. The Committee considered and discussed proposed changes to the existing protocols. Staff was directed to wordsmith the Committee's recommended changes to the other protocols and present the proposed changes to the Board of Pharmacy.

Committee recommendation: Direct staff to communicate suggested changes to the Immunizing Pharmacists' Protocols to the Board of Pharmacy.

Board Action: Accept Committee recommendation. Direct staff to communicate suggested changes to the Immunizing Pharmacists' Protocols to the Board of Pharmacy.

New Business:

a. HIV Post-exposure Prophylactic ("HIV PEP") Protocol Update

The committee considered and discussed proposed changes to the statewide protocol that allows immunizing pharmacists to administer hormonal contraceptives to patients. Edits were proposed to the patient questionnaire and treatment pathways attachments to reflect updates to patient eligibility criteria as set out in the 2024 Medical Eligibility Criteria for Contraceptive Use. Changes to the protocol were reviewed and approved by the State Health Director. Staff recommended that the Committee approve the changes.

Committee recommendation: Approve changes to the Statewide Hormonal Contraceptive Protocol.

Board Action: Accept Committee recommendation. Approve changes to the Statewide Hormonal Contraceptive Protocol.

b. Ten-Year Periodic Rule Review

Staff presented the ten-year periodic rule review for the rules relevant to the Committee. The Committee was tasked with designating the rules as necessary or unnecessary. The Committee determined all rules were necessary. The rules include: 21 NCAC 32M (Nurse Practitioners), 21 NCAC 32S (Physician Assistants), 21 NCAC 32T (Clinical Pharmacist Practitioners), 21 NCAC 32U (Immunizing Pharmacists), 21 NCAC 32V (Perfusionists), and 21 NCAC 32W (Anesthesiologist Assistants).

Committee recommendation: Deem all rules necessary.

Board Action: Accept Committee recommendation. Deem all rules necessary.

c. Perfusionist Advisory Committee (PAC) Reappointment and Appointment Updates

Staff discussed the PAC's current seats in need of attention. The current PAC chairperson's seat is held by Julie Walker, L.P. and her term ends on October 31, 2025. Ms. Walker is eligible for reappointment and has agreed to seek a second term and request reappointment. The seat held by the physician member of the PAC is currently held by Dr. Elliott Fennell Williams. Dr. Williams is serving his second term, which expires on October 31, 2025. Dr. Williams is not eligible for reappointment. Board staff is currently soliciting applications for the soon to be open seat.

Committee Recommendation: Reappoint Ms. Walker to a second term.

Board Action: Accept the Committee recommendation. Reappoint Ms. Walker to a second term.

Outreach Committee Report

Members present were: Sharona Y. Johnson, PhD, FNP-BC, Chair; W. Howard Hall, MD; Robert L. Rich, Jr., MD. Absent were: Joshua D. Malcolm, JD.

Old Business:

- a. Update on presentations and Committee discussion on Outreach assessments
 - i. Professional and public presentations
 - ii. Regulatory Immersion Series events
 - iii. Update on professional outreach progress
 - iv. Opportunities for assessments

The Communications Director and Chief Administrative and Communications Officer led a discussion of NCMB outreach activities. The Communications Director highlighted progress to date in reaching parts of the state previously untouched by Board presentations and other outreach. Since fall 2024, the Communications Department has initiated contact with 11 new organizations outside the greater Triangle area, including nine county/regional medical societies. Many of these contacts have resulted in meetings which, in turn have led to invitations to present or contribute content to newsletters. The Committee then discussed NCMB's efforts to measure the efficacy of its outreach programs. The Regulatory Immersion Series mock disciplinary session is NCMB's most evaluated program. Staff shared cumulative post-test results and open-ended responses from students who participated in a RIMS session. Analysis of the open-ended responses suggest that students' biggest takeaway from the program is the understanding that NCMB is a resource and support for licensees, not just a disciplinary body. Staff indicated that surveys have been developed for future public and professional presentations and will be deployed soon. NCMB also used Google Analytics to assess website traffic and user behavior and will explore expanding its use of this tool to better assess the performance of outreach programs. Finally, the Committee discussed strategies for getting NCMB information in front of hospital Medical Executive Committees, potentially by seeking to present when these bodies hold retreats.

Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

New Business:

a. Update on Licensee Wellness Projects

The Committee received an update on recent Communications staff work in the area of clinician wellness. Staff recently launched a new webinar on maintaining wellness during residency or fellowship training. Additionally, after receiving feedback that many licensees mistakenly believe they would be required to disclose to NCMB if they initiative treatment for depression or other mental health issues, staff wrote an article explaining that this is not the case. This article was distributed by multiple medical societies in North Carolina during May, which is Mental Health Awareness month. The committee suggested considering CME if possible, for this webinar, if a series is developed.

Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

Miscellaneous:

- a. Western North Carolina Podcast Series: Reflecting on Hurricane Helene
- b. PA retention data

The Communications Director noted that staff are working on a two-part series reflecting on the impact of Hurricane Helene. The first installment was released in July and focuses on the Western Carolina Medical Society's response during and after Helene. The second part, which will be released later this summer, shares stories from licensees in Western NC, focusing on the often extraordinary measures these clinicians took to continue caring for their patients in very difficult circumstances.

The Chief Administrative and Communications Officer presented a recent analysis initiated to determine how well North Carolina retains physician assistants who train at a NC PA training program. While staff are still gathering data, preliminary results suggest that approximately 75 percent of PAs who graduate from a NC training program obtain licensure in our state. Staff have discussed retention with several PA programs to date and have discovered that some programs observe retention rates of up to 85 percent among their students. This is likely because some programs specifically target students who are from NC or who plan to establish in practice in the state. Program administrators confirmed that NC is a good place for PAs to practice, there are jobs available for new PAs, and that the regulatory environment allows PAs to practice with a high degree of autonomy. Several programs noted the positive working relationship the Board has established with the NC Academy of Physician Assistants and that licensure is not an issue for PAs.

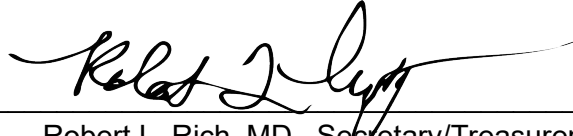
Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

ADJOURNMENT

The Medical Board officially adjourned at 12:26 p.m. on Friday, July 18, 2025.

The next meeting of the Medical Board will be in-person, September 17-19, 2025.



Robert L. Rich, MD, Secretary/Treasurer

2.2.3: Self-Treatment and Treatment of Family Members

Treating oneself or a family member presents unique and significant challenges, including risks to professional objectivity, concerns about patient autonomy, and difficulties ensuring informed consent. These factors can lead to ethical and practical dilemmas that compromise the quality of care.

Pursuant to Rules 21 NCAC32B.1001, 32S.0212, and 32M.0109, licensees are prohibited from prescribing controlled substances to themselves or to their immediate family members under any circumstance.

In addition, it is the position of the Board that licensees should not manage chronic conditions (including providing ongoing prescriptions for non-controlled medications) for themselves, their immediate family members, or those with significant emotional ties. In these situations, professional objectivity is at risk, and personal feelings may unduly influence clinical judgment, thereby interfering with the delivery of optimal care. Family members may also feel uncomfortable declining treatment or seeking care elsewhere, potentially affecting the transparency and effectiveness of care.

The Board acknowledges specific exceptions may exist in which the provision of care by a licensee to themselves or a family member may be acceptable. These are limited to :

1. **Emergency Conditions.** In an emergency, when no other qualified licensee is available, it is acceptable for licensees to treat themselves or their family members until such time as another qualified provider can assume responsibility.
2. **Urgent Situations.** In limited circumstances where a licensee or immediate family member lacks access to prescribed medications or a qualified provider, it may be appropriate for the licensee to issue a short-term prescription to bridge care.
3. **Acute Minor Illnesses Within Clinical Competence.** While licensees should not serve as primary or regular care providers for themselves or their family members, there are certain situations in which care may be acceptable. Examples would be treatment of antibiotic-induced fungal infections or prescribing ear drops for a family member with external otitis. It is the expectation of the Board that licensees will not treat recurrent acute problems.
4. **Over-the-Counter Medication.** This Position Statement is not intended to prevent licensees from suggesting over-the-counter medications or other non-prescriptive modalities for themselves or family members, as a lay person might.

Licensees who provide care to themselves or individuals with whom they have a personal relationship are expected to adhere to the same standards of care that govern all clinical encounters. Licensees must not diagnose or treat conditions that fall outside the bounds of their professional training or clinical competence.

The Board expects licensees to maintain appropriate medical record documentation for any care that is rendered. It is also prudent for the licensee to provide a copy of the medical record to the patient's provider.

Licensees who inappropriately treat themselves, their family members, or others with whom they have a significant emotional relationship should be aware that they may be subject to investigation and disciplinary action by the Board.

9.1.1: Physician Supervision of Other Licensed Health Care Professionals

The physician who provides medical supervision of other licensed healthcare professionals is expected to provide adequate oversight. The physician must always maintain the ultimate responsibility to assure that high quality care is provided to every patient. In discharging that responsibility, the physician should exercise the appropriate amount of supervision over a licensed healthcare professional which will ensure the maintenance of quality medical care and patient safety in accord with existing state and federal law and the rules and regulations of the Board. What constitutes an “appropriate amount of supervision” will depend on a variety of factors. Those factors include, but are not limited to:

- The number of supervisees under a physician’s supervision;
- The geographical distance between the supervising physician and the supervisee;
- The supervisee’s practice setting;
- The medical specialty of the supervising physician and the supervisee;
- The level of training of the supervisee;
- The experience of the supervisee;
- The frequency, quality, and type of ongoing education of the supervisee;
- The amount of time the supervising physician and the supervisee have worked together; and
- The supervisee’s scope of practice consistent with the supervisee’s education, national certification and/or collaborative practice agreement.

The above factors outlining the supervisory relationship should be outlined in a written collaborative practice agreement, supervisory arrangement, protocol, or other written guidelines.

Physicians should only supervise another professional for the diagnosis, treatment, and overall care (including procedures) for which the physician has an appropriate level of education, training, experience, and/or certification. Physicians should also be cognizant of maintaining appropriate boundaries with their supervisees, including refraining from requesting medical treatment by the physician’s supervisee.*

Advanced Practice Providers

There are additional requirements and considerations for supervisory arrangements between physicians and physician assistants and nurse practitioners, collectively referred to herein as advanced practice providers (“APPs”). They include:

- Written agreements and supervisory arrangements between APPs and their supervising physicians should comply with the regulatory requirements provided in 21 NCAC 32S .0213 (physician assistants) and 21 NCAC 32S .0213 (nurse practitioners);

- APPs are specifically prohibited from prescribing controlled substances for the use of their supervising physician;
- APP-owned practices cannot employ or contract with physicians to provide medical services on behalf of the practice. However, an APP may enter into a contract with a physician solely to meet legal supervision requirements for APPs; and
- Physicians should exercise caution if using a private company to pair them with an APP-owned practice. The Board has found that many of these arrangements are correlated with poor and inadequate supervision as well as rule violations.

*See also the Board's position statement on "[Self-treatment and Treatment of Family Members](#)."

9.1.1: Writing of Prescriptions

The writing of prescriptions should follow these general guidelines.

- No prescription should be issued for a patient in the absence of a documented and established licensee-patient relationship. A licensee-patient relationship should be based on an appropriate history and physical examination in addition to overall care that is consistent with the standards of acceptable and prevailing medical practice. Limited exceptions for prescribing outside an established licensee-patient relationship are specified in the Board's Position Statement titled "[Contact with Patients Before Prescribing](#)."
- Prescriptions written by licensees for their personal or family use should comply with the Board's position statement on "[Self-Treatment and Treatment of Family Members](#)."
- The practice of pre-signing prescriptions, either written or electronic, is unacceptable.
- It is the responsibility of licensees who prescribe controlled substances to be aware of and fully comply with applicable federal and state laws and regulations, including evolving standards and regulations regarding e-prescribing.
- The prescriber should document each medication prescribed in the patient's medical record.
- Physicians who supervise other providers (physician assistants and nurse practitioners) who prescribe controlled substances must possess a valid DEA registration that includes the same schedule(s) of controlled substances as the supervised health professional.
- Licensees should not write prescriptions for professional colleagues or other coworkers in the absence of a documented and established licensee-patient relationship. In addition, advance practice providers are prohibited from writing prescriptions for controlled substances for supervising physicians pursuant to Rules [21 NCAC 32S .0212](#) and [32M .0109](#).

A frequent source of complaints to the Board regarding prescribing involves miscommunication or misunderstandings between pharmacists and prescribers. It should be recognized that the pharmacist has a corresponding responsibility with the prescriber for assuring the medication is dispensed properly. When appropriate, licensees are encouraged to discuss prescribing issues or problems with the pharmacist.