BOARD MEETING MINUTES

July 15-17, 2026

3127 Smoketree Court
Raleigh, North Carolina

General Session Minutes of the North Carolina Medical Board (NCMB) Meeting held July 15-17, 2026.

The July 15-17, 2026 meeting of the North Carolina Medical Board was held in person. 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, called the meeting to order. Board members in attendance were Robert L. Rich, Jr., MD, President-Elect; Mark A. Newell, MD, MMM; Secretary/Treasurer; Earic R. Bonner, MD, MBA; J. Nelson Dollar, MA; Lisa Ehrler, DO; Vickie A. Harry; Sharona Y. Johnson, PhD, FNP-BC; Shannon R. Joseph; Gregory S. McCarty, MD; Anthony R. Plunkett, MD; Members absent: Miguel A. Pineiro, PA-C, MHPE; 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. Staff promotions were also recognized by their perspective manager.

NORTH CAROLINA PROFESSIONALS HEALTH PROGRAM REPORTS (NCPHP)

Dr. Sharona Johnson gave the NCPHP Board of Directors report.

Dr. Joseph Jordan, CEO, NCPHP gave the NCPHP Financial 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. Joseph 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 17, 2026.

Mr. Blankenship updated the Board on the schedule of October 2026 and December 2026 hearings and hearing assignments.

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.

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

The Board accepted the report as information.

NCMB COMMITTEE REPORTS

Executive Committee Report

Members present were: Anuradha Rao-Patel, MD, Chair; J. Nelson Dollar, MA; Mark A. Newell, MD, MMM; Robert L. Rich, MD. Member absent: Devdutta G. Sangvai, MD, JD, MBA

Financial Update

a. Year-To-Date Financials

The Committee reviewed the following financial reports through May 31, 2026: Balance Sheet, Profit & Loss Comparison, and the Profit & Loss – Budget vs. Actuals with the accounting team.

Committee Recommendation: Accept the financial information as reported.

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

b. Investment Account Update

The Committee reviewed the investment statements for May and June 2026 with the accounting team.

Committee Recommendation: Accept the financial information as reported.

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

Old Business:

a. 2026 Retreat Update
The 2026 NCMB Retreat is set for August 7-9. The retreat will be held at the Chetola Resort in Blowing Rock, NC. Staff have been working on the details for the retreat.

Committee Recommendation: Accept the 2026 Retreat update as information.

Board Action: Accept the Committee recommendation. Accept the 2026 Retreat update as information.

New Business:

a. NC Review Panel Appointments 2026

There are four seats to be appointed by the Governor this year via the NCMB Review Panel:

- Anuradha Rao-Patel, MD (not eligible for reappointment)
- Devdutta G. Sangvai, MD, JD, MBA (not eligible for reappointment)
- Mark A. Newell, MD, MMM (eligible for reappointment; seeking reappointment)
- Lisa Ehrler, DO (eligible for reappointment; seeking reappointment)

The Review Panel will meet on August 2 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 Boards and Commissions Office. We anticipate having notification of the Governor's appointments by late September or early October. The new terms will start November 1.

Committee Recommendation: Accept the NC Review Panel Appointments update as information.

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

b. Legislative Update

Staff provided a legislative update on Section 9L.1 of Session Law 2026-41, which increases licensee application and renewal fees.

Committee Recommendation: Accept the legislative update as information.

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

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

As provided in the Bylaws and in open session, 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.

Closed Session:

A motion passed to go into closed session pursuant to as per Article V, Section 2 of the NCMB Bylaws, the Executive Committee moved to go into closed session pursuant to N.C. Gen. Stat. § 143-318.11(a) 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.

Announcement of Nominees

The Executive Committee nominates the following members for the following positions:
President-Elect: Mark A. Newell, MD, MMM
Secretary/Treasurer: J. Nelson Dollar, MA
Member-at-Large: Earic R. Bonner, MD, MBA and Sharona Y. Johnson, PhD, FNP-BC

Committee Recommendation: Approve the slate of nominees as presented, to be voted on by the full Board during committee reports on July 17, 2026.

Board Action: Accept Committee Recommendation. Approved the slate of nominees as presented, voted on by the full Board during committee reports on July 17, 2026.

Licensing Committee Report

Members present were Earic R. Bonner, MD, MBA, Chair; Vickie A. Harry; Mark A. Newell, MD, MMM; Robert L. Rich, MD; 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.

Six applications were submitted to the License Committee members for review. No Applications were extracted for discussion and there was one recusal for Dr. Bonner. Mr. Miguel Pineiro, PA-C, MHPE was absent and excused.

The License Committee recommendations are included at the end of this report.

Committee recommendations: Accept as Information.

Board action: Accept License Committee recommendation. Accept as information.

A motion passed to return to open session.

a. Licensing Dashboard Review

Becky Powers, Chief of Licensing and Registration presented the Licensing Dashboard to the License Committee members. The dashboard presentation provided information on staffing, employee workload, initial time to review, applications received, time to license, IMLC and renewal registration.
Current staffing: updates to staffing include the promotion of a Senior Coordinator, the promotion of a Coordinator to Licensing Investigator and the addition of a Licensing Ambassador. Current number of Coordinators is 8, and we are recruiting to fill two positions.

The number of applications pending is approximately 2,003. The board received 5,950 applications which include IMLC ending in May.

For the current fiscal year, over 3500 licenses have been issued. 13% of those licenses required Board Member review. The average time to licenses was 86 days. The Initial time to review a license was 2.91 days.

IMLC incoming applications were 1740 and 1604 out of the incoming were issued.
Outgoing applications were 443 and 327 of those were issued. Incoming applications are being approved within 9.31 days and outgoing applications approved within 35.22 days

It was proposed to the License Committee members to recommend changes they would like to see for the dashboard in the future or suggestions to streamline the information. Dr. Newell suggested adding data regarding why certain applications are taking longer than others.

Dr. Newell had questions regarding IMLC cost and the impact of those fees on the Board. Staff provided detailed information for the fee structure noting that the fee the NCMB receives depends on if applicants are incoming or outgoing. Incoming applicants pay the same application fee as traditional applicants and the entirety of that fee goes to the NCMB. The application fee will increase in October 2026. Outgoing applicants, requesting a letter of qualification to apply for licenses in other states, pay a $700 fee to the IMLC and a portion of that fee is provided to the NCMB. This fee will not change in October 2026.

Dr. Anthony Plunket, who was an attendee at the license committee meeting, had questions regarding responses to other applicants requesting status updates.

Committee recommendations: Accept as information.

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

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.

Three 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.

Disciplinary (Investigative) Committee Report

The Disciplinary Committee did not convene as there were no extractions of the 53 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 pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes.

Disciplinary (Complaints) Committee Report

The Disciplinary Committee did not convene as there were no extractions of the 40 complaint 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 pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes.

Disciplinary (Compliance) Committee Report

The Disciplinary Committee did not convene as there were no extractions of the 9 compliance 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 pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes.

Disciplinary (Malpractice) Committee Report

The Disciplinary Committee did not convene as there were no extractions of the 45 malpractice 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 pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes.

Disciplinary (Department of Health and Human Services or DHHS) Committee Report

The Disciplinary Committee did not convene as there were no extractions of the two DHHS 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 pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes.

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.

Six 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: Anthony R. Plunkett, MD, Vice-Chair; Earic R. Bonner, MD, MBA; Lisa Erhler, DO; Vicki A. Harry; Gregory S. McCarty, MD. Member absent: Miguel Pineiro, PA-C, MHPE

Old Business:

a. Update on Proposed Rule 21 NCAC 32S .0227 – Physician Assistant Team-Based Practice

Staff provided an update on physician assistant team-based practice. As of June 30, 2026, a physician assistant can register with the Board, complete an attestation, and begin practice as a team-based assistant.

Board rule 21 NCAC 32S .0227 is before the Rules Review Commission ("RRC") and is being reviewed by RRC counsel. The rule is tentatively set to be considered by the RRC at its July 30, 2026, meeting.

At the time of the Committee's meeting, approximately 17 physician assistants have registered with the Board to practice in a team-based setting.

Committee members had questions regarding the Team-Based Registration form that is now available on the Board's website. Suggestions were made by Committee members to modify or expand upon certain language in the registration and the attestation that is part of the registration form.

Staff referred Committee members to the Frequently Asked Questions section of the PA Team-Based Practice resource page on the website where questions such as "Will I still need a supervising physician if I practice in a team-based setting?" are addressed.

Staff agreed to update language in the attestation to clarify that the 1,000 hours of clinical practice experience within a medical specialty must be within the specialty that the physician assistant is currently practicing.

Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

New Business:

a. Midwifery Joint Committee Vacancy Update

Staff discussed the vacancy on the Midwifery Joint Committee created by Dr. Carolyn Harraway-Smith's resignation of her seat due to her relocation and acceptance of an out-of-state position. Dr. Tanya S. Pratt has applied for the vacant seat. Dr. Pratt's *curriculum vitae* was provided to the Committee for review.

Committee recommendation: Approve appointment of Dr. Pratt to the Midwifery Joint Committee.

Board Action: Accept Committee recommendation. Approve appointment of Dr. Pratt to the Midwifery Joint Committee.

Policy Committee Report

Members present were: Robert L. Rich, Jr., M.D., Chair; J. Nelson Dollar, M.A.; Shannon R. Joseph; Gregory S. McCarty, M.D.; and Anthony R. Plunkett, M.D. Member absent: Devdutta G. Sangvai, M.D., J.D., MBA.

Old Business:

a. 8.3.1: Advertising and Publicity (Appendix A)

The Committee reviewed the revisions incorporated following the March meeting, along with additional proposed revisions and comments. After discussion, the Committee agreed to make the additional revisions identified during the meeting and then approved the proposed revisions for publication. Because the revisions are not substantive and are intended only to provide clarification and improve the overall readability of the position statement, the revised position statement does not need to be circulated to stakeholders for comment.

Committee recommendation: Adopt and publish the revised position statement.

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

New Business:

b. 9.1.3: Licensee Employment

The Committee discussed a proposed language revision and directed staff to further review the suggested change to evaluate its potential implications, including consulting with relevant stakeholders. Staff will present any recommended revisions and stakeholder feedback to the Committee for consideration at a future meeting, with review anticipated in September 2026.

Committee recommendation: Staff to review the proposed language, discuss with relevant stakeholders, and bring back any revisions and comments for review at a later meeting, with an anticipated date of September 2026.

Board Action: Accept Committee recommendation. Staff to review the proposed language, discuss with relevant stakeholders, and bring back any revisions and comments for review at a later meeting, with an anticipated date of September 2026.

Miscellaneous: Position Statement Review Chart

The Committee reviewed the position statement review chart and determined that, in addition to bringing back any comments and revisions to position statement 9.1.3: Licensee Employment, the Committee will review position statements 7.1.1: Child Maltreatment and 6.1.4: Clinician Obligation to Complete a Certificate of Death at the September 2026 meeting. Further, staff has identified language within position statement 3.2.1: MEDICAL RECORDS – Documentation, Electronic Health Records, Access, and Retention that was previously removed from the statute. As this position statement was just reviewed in January 2026, the Committee will review the one revision related to the statutory language change but not conduct a substantive review of the position statement. Staff will circulate position statements to the Committee members for consideration and comment prior to the September 2026 meeting.

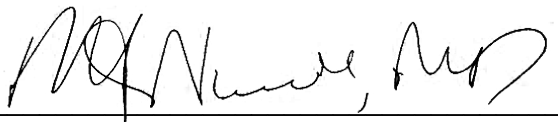
Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

ADJOURNMENT

The Medical Board officially adjourned at 10:16 a.m. on Friday, July 17, 2026.

The next meeting of the Medical Board will be in person, September 16-18, 2026



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

8.3.1: Advertising and Publicity*

It is the position of the Board that advertising or publicity that is deceptive, false, or misleading constitutes unprofessional conduct under the Medical Practice Act.*

The term “advertising” includes oral, written, digital/on-line, and other types of communication disseminated by, or at the direction of, a licensee for the purpose of encouraging or soliciting the use of the licensee’s services or products. At issue is whether a member of the general public would likely be confused or deceived by the advertising in question. The following general principles are intended to assist licensees in meeting the Board’s expectations: (1) advertisements should not contain false claims or misrepresentations of fact, either expressly or by implication; (2) advertisements should not omit material facts; and (3) licensees should be prepared to substantiate claims made in advertisements.

Licensees should avoid advertising and publicity that is likely to create unjustified medical expectations, that are accompanied by deceptive claims, or that imply exclusive or unique skills or remedies. Similarly, a statement that a licensee has cured or successfully treated a large number of patients suffering a particular ailment is deceptive if it implies a certainty of results and/or creates unjustified or misleading expectations. When using patient photographs, they should be of the licensee’s own patients and demonstrate realistic outcomes. Likewise, when a change of circumstances renders advertising inaccurate or misleading, the licensee is expected to make reasonable efforts to correct the advertising within a reasonable time frame.

As a result of the proliferation of websites and digital forums purporting to “rate” healthcare providers, licensees cannot always control information about themselves in the public domain. However, a licensee is expected to exercise reasonable efforts to bring about the correction or elimination of false or misleading information when he or she becomes aware of it. Licensees should not post false patient testimonials supporting their own promotional aims.

Physicians Advertising Board Certification

The term “board certified” is publicly regarded as evidence of the skill and training of a physician carrying this designation. Accordingly, in order to avoid misleading or deceptive advertising concerning board certification, physicians are expected to meet the following guidelines.

No physician should advertise or otherwise hold himself or herself out to the public as being “board certified” without proof of current certification by a specialty board approved by the (1) American Board of Medical Specialties (ABMS); (2) the Bureau of Osteopathic Specialists of the American Osteopathic Association (AOA-BOS); (3) the Royal College of Physicians and Surgeons of Canada (RCPSC); or (4) a board that meets the following requirements:

1. The organization requires satisfactory completion of a training program with training, documentation and clinical requirements similar in scope and complexity to ACGME- or AOA-approved programs, in the specialty or subspecialty field of medicine in which the physician seeks certification. Solely experiential or on-the-job training is not sufficient;

2. The organization requires all physicians seeking certification to successfully pass a written or oral examination or both, which tests the applicant's knowledge and skill in the specialty or subspecialty area of medicine. All examinations require a psychometric evaluation for validation;
3. The organization requires diplomates to participate in an ongoing maintenance of certification process and remain current with all certification requirements;
4. The organization prohibits all certification and recertification candidates from attempting more than three times in three years to pass the examination;
5. The organization has written by-laws and a code of ethics to guide the practice of its members and an internal review and control process including budgetary practices to ensure effective utilization of resources;
6. The organization has written proof of a determination by the Internal Revenue Service that the certifying organization is tax-exempt under Section 501(c) of the Internal Revenue Code; and
7. The organization has a permanent headquarters and staff sufficient to respond to consumer and regulatory inquiries.

The Board expects any licensee who advertises or otherwise holds himself or herself out to the public as "board certified" to disclose in the advertisement the specialty board by which the licensee is certified. A licensee is expected to maintain and, upon request, provide the Board with evidence of current board certification. Licensees certified by non-ABMS, non-AOA and non-RCPSC boards are also expected to maintain and, upon request, provide the Board with evidence that the certifying board meets the criteria listed above.

The above limitations are only intended to apply to licensees who advertise or otherwise hold themselves out to the public as being "board certified." The above criteria are not applicable in other instances, such as employment determinations, privileging or credentialing decisions, membership on insurance panels, or setting reimbursement rates.

*Business letterheads, envelopes, cards, and similar materials are understood to be forms of advertising and publicity for the purpose of this Position Statement.