# MINUTES

## North Carolina Medical Board

**June 21 & 22, 2000**

**1201 Front Street, Suite 100**
**Raleigh, North Carolina**

Minutes of the Open Sessions of the North Carolina Medical Board Meeting June 21 & 22, 2000.

The June 21 and 22, 2000, meeting of the North Carolina Medical Board was held at the Board's Office, 1201 Front Street, Suite 100, Raleigh, NC 27609. The meeting was called to order at 5:17 p.m., Wednesday, June 21, 2000, by Wayne W. VonSeggen, PA-C, President. Board members in attendance were: Elizabeth P. Kanof, MD, Vice President; Walter J. Pories, MD, Secretary/Treasurer; Kenneth H. Chambers, MD (June 22 only); John T. Dees, MD; John W. Foust, MD; Hector H. Henry, II, MD (June 22 only); Stephen M. Herring, MD; Mr. Paul Saperstein; Mr. Aloysius P. Walsh; and Ms. Martha K. Walston. Absent was George C. Barrett, MD.

Staff members present were: Mr. Andrew W. Watry, Executive Director; Ms. Helen Diane Meelheim, Assistant Executive Director; Mr. James A. Wilson, Board Attorney; Mr. R. David Henderson, Board Attorney; Mr. William H. Breeze, Jr., Board Attorney; Ms. Wanda Long, Legal Assistant; Lynne Edwards, Legal Assistant; Mr. John W. Jargstorf, Investigative Director; Mr. Don R. Pittman, Investigative Field Supervisor; Mr. Edmond Kirby-Smith, Investigator; Mr. Dale E. Lear, Investigator; Ms. Donna Mahony, Investigator; Mr. Fred Tucker, Investigator; Mrs. Therese Dembroski, Investigator; Ms. Barbara Brame, Investigator; Ms. Edith Moore, Investigator; Mr. Jason Ward, Investigator; Mrs. Jenny Olmstead, Senior Investigative Coordinator; Ms. Michelle Lee, Investigative Coordinator/Malpractice Coordinator; Ms. Myriam Hopson, Investigative Coordinator; Mr. Dale Breaden, Director of Communications and Public Affairs; Ms. Shannon Kingston, Public Affairs Assistant; Mrs. Joy D. Cooke, Licensing Director; Mr. Jeff A. Peake, Licensing Assistant; Ms. Erin Gough, PA/NP Coordinator; Mr. James Campbell, Licensing Assistant; Tammy O'Hare, Licensing Assistant; Mrs. Janice Fowler, Operations Assistant; Ms. Wendy Barden, Receptionist; Mr. Peter Celentano, Controller; Ms. Sonya Darnell, Operations Assistant; Ms. Ann Z. Norris, Verification Secretary; Ms. Judie Clark, Complaint Department Director; Mrs. Sharon Squibb-Denslow, Complaint Department Assistant; Ms. Sherry Hyder, Complaint Department Assistant; Mr. Jeffery T. Denton, Administrative Assistant/Board Secretary; Mr. Scott A. Clark, Operations Assistant; Ms. Deborah Aycock, Operations Assistant (Temp.) and Ms. Rebecca L. Manning, Information Specialist.

# MISCELLANEOUS

**MINUTE APPROVAL**

**A MEETING TO DISCUSS OPTOMETRIC CPT CODES**

This open meeting was called to order at 4:10 p.m., Wednesday, June 7, 2000, at the office of the Board. Present were Elizabeth Kanof, MD, Vice President, North Carolina Medical Board – Chair; Wayne VonSeggen, PA-C, President, North Carolina Medical Board; Stephen Herring, MD, North Carolina Medical Board; Johnny Loper, JD, Womble, Carlyle, Sandridge & Rice; Michael Clark, OD, President, North Carolina State Optometric Society; M. Scott Edwards, OD, North Carolina State Optometric Society; James Fanelli, OD, North Carolina State Optometric Society; Robert Sullivan, OD, North Carolina State Optometric Society; Eric Schmidt, OD, North Carolina State Optometric Society; Cindy Hampton, MD, North Carolina Society of Eye Physicians & Surgeons; John Robinson, OD, North Carolina Board of Optometry; Barry Kavanaugh, OD, Seven Lakes Eye Care; Sue Durham, OD, North Carolina Board of Optometry; William Breeze, JD, Board Attorney, Medical Board; and Jeffery Denton, Recorder, Medical Board.

Following a welcome and introductions, Dr. Kanof thanked the representatives for coming. She indicated that due to conflicts and short notice only some of the Board Members would be present. She then announced that no decision would be made by the Medical Board this date and that the plan is to present the discussion(s) from this meeting to the Full Board at the Medical Board meeting scheduled for June 2000, and as soon as possible after that to make a recommendation regarding the six CPT codes that will be discussed today.

Dr. Kanof emphasized that throughout these discussions a recurring theme would be "patient safety is paramount." She stated that "when remarks are made remember that the Board's major concern is patient safety." She continued that there is a need to understand both physicians' and optometrists' training, proctoring, monitoring, etc.

Dr. Clark provided background information about the "misunderstanding of the (consent) agreement" ("which was an agreement to disagree"). He stated they (the optometrists) were here today to try to resolve that disagreement. He distributed copies of the *Optometry Laws of North Carolina* to attendees. He believes that the ability to do injections comes under their statute.

Dr. Edwards stated that previous meetings were informal and he would like to keep this as informal as possible. As follow-up, he indicated there was a reason to ask to add the CPT codes the first time; when legislation was pending in 1995 there were several people in the North Carolina Medical Society that felt several CPT codes should be in agreement and that is the reason they followed-up with that initial request. The Medical Society said it was no problem, "let's do that." Then there was an optometry statute change and by that he feels it allows them to do the codes.

Mr. Breeze recalled that part of their statute change was the deletion of collaborative prescribing language and that no collaboration is required now. Mr. Loper added that it also reenacted 90-118e (the board shall not license anyone beyond their scope of education as determined by the board.)

Dr. Kanof then commenced the CPT code discussion:

**CPT Code 11900**

Dr. Fanelli: stated he practices in Raleigh and the issue of lesional injections are mostly part of the day-to-day eye care practice. He talked of benign lesions and stated that the most common practice today is chalazion injections. The most common being steroid injections. He stated the risk and complications are relatively minor but can occur and that significant reactions are rare. He thinks this particular code will have the most frequent usage. Training: since 1997 license renewals optometrist are required to take the lecture for this and that many have gone through subsequent workshops with hands on experience. The requirement was a two-hour lecture. Many optometrist graduating now have this included in the curriculum which is much longer than two hours. Workshops were a minimum of three hours. Mr. VonSeggen asked what the Board of Optometry requires now and was told that if the Medical Board agrees (to this CPT code) they (the Board of Optometry) will go back and set some stringent criteria.

Dr. Sullivan: stated he graduated from Optometry School in 1990 and was exposed to these procedures. He then did a one-year residency (hospital/university based setting).

Dr. Schmidt: stated that when talking about any therapeutic procedure the whole key is the correct diagnosis. As optometrist they have diagnosed these things from day one. The next

logical step is treatment for the diagnosis. His residency was alongside ophthalmologists. He stated that CPT Code 11900 is a common primary care condition. He stated "before any of us wield a needle on the public we are well versed in the care of patients and the recognition of potential problems that could be caused."

Dr. Hampton: stated she wanted to present her view as a general ophthalmologist. She practices very low tech ophthalmology. She learned injections during medical school where they did supervised self sticks starting with finger sticks and progressed to clinical training on patients under very strict supervision through medical school into residency. Speaking to the code – She questions the injection of steroids into chalazion. The treatment of choice is to incise and drain it. She does not inject steroids anymore. The injection of steroids into these lesions is not the treatment of choice. Her patients were really unhappy with this type of procedure.

Dr. Clark: interjected that it was not relevant how many times this procedure is done but we are here to discuss the statute, training and what is within the scope of practice of optometry. "Our profession is not defined by a formulary of CPT codes!" Today's purpose is to address if an injection is surgery. It is not relevant what is best for what illness.

**CPT Code 68200**
Dr. Sullivan: stated that the primary reason for this code would be injections of steroid antiinflammatory agents for possibly non-compliant patients.

Dr. Fanelli: stated he did not think that in any of these codes is there an attempt to go beyond the statutes. He stated "we can debate the usefulness of these procedures but these are viable options and CPT codes."

Dr. Hampton: thinks that it is important in her discussion about the safety of patients. She is puzzled in that the amount of patients she uses these procedures on is less than a tenth percent and that how skills are maintained becomes critically important. She uses this procedure code mostly in preparation for surgery.

**CPT Code 90782**
Dr. Sullivan: sees this for the administration of some type of anesthetic agent.

Dr. Clark: a lot of crossovers in these codes.

Dr. Robinson: relayed a case where an optometrist legitimately prescribed Zovirax for a patient.

**CPT Code 67515**
Dr. Sullivan: main difference here is this is used when topical therapy is not effective; complications would be with improper positioning of the needle – interocular or global.

Dr. Fanelli: for the most part used for placement of medicine.

Dr. Hampton: with regard to difficulty in perpetrating the globe; in third year of residency she penetrated a globe; very easy to do so; subtenons injections is one of the most difficult ones in ophthalmology; in her general practice she has probably done less than five subtenon injections; she has been in practice for 12 years.

**CPT Code 92230**
Dr. Schmidt: his practice is different in that 75% relates to treatment of eye disease but considers his a primary care setting; he looks at this as a therapeutic solution; the incidences of anaphylactic shock is very rare; more likely adverse reactions are local (irritation of skin, hypersensitivity, etc.); the great performance of these injections is not being done by the physician; in his practice he uses this 6-12 times a day.

Dr. Hampton: fluorescein angiogram is not used as diagnostic; she does about five florazine's a month; interpretation of these is a really tricky business; only time she does venepuncture in her office.

**CPT Codes 92235 & 92240**
Dr. Schmidt: agrees that ICG's are tertiary.

**CPT Codes 92499 & 99025**
Dr. Hampton: has no problem with optometrists doing these two codes.

**Neuro-Optometric Codes**
Although not on the agenda for this meeting, Dr. Kanof allowed Dr. Kavanaugh and Dr. Durham to give an overview of neuro-Optometric Rehabilitation and Developmental Optometry codes they would like to request approval of. These two areas specialize in (1) visual efficiency including accommodation, binocular vision, and eye movements, and (2) visual information processing including identification and discrimination, spatial awareness, memory, and integration with other senses. He explained that the 99000 and 92000 series codes do not really describe what they do. 96110, 96111 and 96115 are the codes they need to do their job and 96530, 96535 and 96770 would also be helpful.

The meeting adjourned at 6:15, Wednesday, June 7, 2000.

**OPTOMETRY CODE DISCUSSION**

Mr. VonSeggen announced that the purpose of the discussion today, June 21, 2000, was to present the optometric code open meeting held June 7th and to attempt to come to some resolution. He then turned the meeting over to Dr. Kanof who chaired the June 7th meeting.

Dr. Kanof reviewed the chronology of events with the Optometry Board: In 1994 the Medical Board issued Declaratory Rulings that 50 of the 154 Optometrist CPT Codes would constitute the unlawful practice of medicine. Then the Optometry Board issued Declaratory Rulings that these 50 CPT Codes "are" within the scope of practice of optometry. By agreement dated June 8, 1994 the parties resolved the dispute that lead to the litigation. In 1997 ten additional CPT codes were agreed upon and the agreement modified. In 1998 legislature passed statutes which ruled that optometrist would no longer need to collaborate with physicians before prescribing drugs. Two months ago the optometric society wanted to meet and reopen dialogue on administration of injections by optometrist. They want the Medical Board to declare that injections are not surgery and within the scope of practice of optometry. On June 7, 2000, the Medical Board met with the optometrists and the ophthalmologists to discuss injection CPT codes (minutes of the June 7th meeting were distributed).

The CPT codes in question are 11900, 68200, 90782, 67515, 92230, 92235, and 92240. The optometrist point to optometry law – specifically, that many procedures are learned after formal training is complete. Training was discussed and their statute was reviewed and discussed. Mr VonSeggen stated that it appeared that their statute says they can do these things already; the Optometry Board decides their own scope of practice. Dr. Foust asked

what the complication rate was with optometrist doing these types of injections – no figures were available. He wondered out loud "how much negative reaction was turf battle between optometrist and ophthalmologist?"

The Board asked Christopher Fleming, MD, President-Elect, North Carolina Society of Eye Physicians & Surgeons, (who mas a spectator at this open meeting) how many times he does subtenon injections? He indicated it had been at least a year since he had done one.

Dr. Kanof was concerned that since the optometrists did not have representation at this open meeting that the Board was only hearing one side of the issue (the ophthalmologist). She thinks the optometrist are professionals and reminded the Board that it is our duty and obligation to fulfill the agreement to relate to them in good faith with good dialogue.

After further discussion with Board Members that attended the June 7th meeting the following motions were made:

**Motion:** A motion passed that the North Carolina Medical Board endorses modification of the February 25, 1997 agreement between the parties to the Optometry Settlement Agreement by removing the following CPT Code numbers from paragraph 4D:

11900 (Injection, intralesional; up to and including seven lesions)
68200 (Subconjunctival Injection)
92235 (Fluorescein angiography [includes multiframe imaging] with interpretation and report).

**Motion:** A motion passed that the North Carolina Medical Board endorses modification of the February 25, 1997 agreement between the parties to the Optometry Settlement Agreement by including the following CPT Code numbers into paragraph 4B:

11900 (Injection, intralesional; up to and including seven lesions)
68200 (Subconjunctival Injection)
92235 (Fluorescein angiography [includes multiframe imaging] with interpretation and report)
92230 (Fluorescein angioscopy with interpretation and report)
92240 (Indocyanine-green angiography [includes multiframe imaging] with interpretation and report).

**Motion:** A motion passed that the North Carolina Medical Board not endorse any modification of the February 25, 1997, agreement between the parties to the Optometry Settlement Agreement which would change the status of the following CPT Code numbers:

90782 (Therapeutic or diagnostic injection [specify material injected]; subcutaneous or intramuscular)
67515 (Injection of therapeutic agent into Tenon's capsule).

A future meeting will be arranged to discuss CPT Codes 96110, 96111, 96115, 96350, 96535, and 96770.

**CLINICAL PHARMACIST PRACTITIONER RULES – An Update**

The Clinical Pharmacist Practitioner (CPP) rules as proposed by the CPP Task Force were reviewed in detail. Dr. Foust gave an update indicating the Board of Pharmacy had approved the below rules for presentation at a Public Hearing.

**Motion:** A motion passed to approve the CPP proposed rules and to hold a joint Public Hearing at 3:00 p.m., Tuesday, September 19, 2000.

TITLE 21. OCCUPATIONAL LICENSING BOARDS

32 T

.0101 CLINICAL PHARMACIST PRACTITIONER

(1) Definitions:

(a) 'Medical Board' means the North Carolina Medical Board.

(b) 'Pharmacy Board' means the North Carolina Board of Pharmacy.

(c) 'Joint Subcommittee' means the subcommittee composed of four members of the Pharmacy Board and four members of the Medical Board to whom responsibility is given by G.S. 90-6(c) to develop rules to govern the provision of drug therapy management by the Clinical Pharmacist Practitioner in North Carolina.

(d) 'Clinical Pharmacist Practitioner or CPP' means a licensed pharmacist in good standing who is approved to provide drug therapy management under the direction of, or under the supervision of a licensed physician who has provided written instructions for a patient and disease specific drug therapy which may include ordering, changing, substituting therapies or ordering tests. Only a pharmacist approved by the Medical Board and the Pharmacy Board may legally identify oneself as a CPP.

(e) 'Supervising Physician' means a licensed physician who, by signing the CPP agreement, is held accountable for the on-going supervision and evaluation of the drug therapy management performed by the CPP as defined in the physician, patient, pharmacist and disease specific written agreement. Only a physician approved by the Medical Board may legally identify himself or herself as a supervising physician.

(f) 'Approval' means authorization by the Medical Board and the Pharmacy Board for a pharmacist to practice as a CPP in accordance with this Rule.

(g) 'Drug therapy management' means the implementation of a predetermined drug therapy which shall include:

(i) diagnosis and product selection by the patient's physician;

(ii) allowances for modification of prescribed drug dosages, dosage forms, dosage schedules, and tests which may be ordered; and

(iii) shall be pursuant to an agreement on a standard form approved by the Boards that is physician, pharmacist, patient and disease specific.

(h) Continuing Education or CE is defined as courses or materials which have been approved for credit by the American Council on Pharmaceutical Education.

(2) CPP application for approval.

(a) The requirements for application for CPP approval include that the pharmacist:

(i) has an unrestricted and current license to practice as a pharmacist in North Carolina,

(ii) meets one of the following qualifications:

(A) has earned Certification from the Board of Pharmaceutical Specialties, is a Certified Geriatric Practitioner, or has completed an American Society of Health System Pharmacists (ASHP) accredited residency program, which includes two years of clinical experience approved by the Boards,

(B) has successfully completed the course of study and holds the academic degree of Doctor of Pharmacy and has three years of clinical experience approved by the Boards and has completed a North Carolina Center for Pharmaceutical Care (NCCPC) or American Council on Pharmaceutical Education (ACPE) approved certificate program in the area of practice covered by the CPP agreement,

(C) has successfully completed the course of study and holds the academic degree of Bachelor of Science in Pharmacy and has five years of clinical experience approved by the Boards and has completed two NCCPC or ACPE approved certificate programs with at least one program in the area of practice covered by the CPP agreement;

(iii) submits the required application and fee to the Medical Board

(iv) submits any information deemed necessary by the Medical Board in order to evaluate the application; and

(v) has a signed supervising physician agreement.

If for any reason a CPP discontinues working in the approved physician arrangement, both Boards shall be notified in writing within ten days and the CPP's approval shall automatically terminate or be placed on an inactive status until such time as a new application is approved in accordance with this Subchapter.

(b) all certificate programs referred to in paragraph (2)(a)(ii) of the rule must contain a core curriculum including at a minimum the following components:

(A) communicating with healthcare professionals and patients regarding drug therapy, wellness, and health promotion,

(B) designing, implementing, monitoring, evaluating, and modifying or recommending modifications in drug therapy to insure effective, safe, and economical patient care,

(C) identifying, assessing and solving medication-related problems and providing a clinical judgment as to the continuing effectiveness of individualized therapeutic plans and intended therapeutic outcomes,

(D) conducting physical assessments, evaluating patient problems, ordering and monitoring medications and /or laboratory tests in accordance with established standards of practice,

(E) referring patients to other health professionals as appropriate,

(F) administering medications,

(G) monitoring patients and patient populations regarding the purposes, uses, effects and pharmacoeconomics of their medication and related therapy,

(H) counseling patients regarding the purposes, uses, and effects of their medication and related therapy,

(I) integrating relevant diet, nutritional and non-drug therapy with pharmaceutical care,

(J) recommending, counseling, and monitoring patient use of non-prescription drugs, herbal remedies and alternative medicine practices,

(K) devices, and durable medical equipment,

(L) providing emergency first care,

(M) retrieving, evaluating, utilizing, and managing data and professional resources,

(N) using clinical date to optimize therapeutic drug regimens,

(O) collaborating with other health professionals,

(P) documenting interventions and evaluating pharmaceutical care outcomes,

(Q) integrating pharmacy practice within healthcare environments,

(R) integrating national standards for the quality of healthcare, and

(S) conducting outcomes and other research.

(c) The completed application for approval to practice as a CPP will be reviewed by the Medical Board upon verification of a full and unrestricted license to practice as a pharmacist in North Carolina.

(i)The application shall be approved and at the time of approval the Medical Board shall issue a number which shall be printed on each prescription written by the CPP, or

(ii)the application shall be denied, or

(iii)the application shall be approved with restrictions.

(3) Annual Renewal.

(a)Each CPP will register annually on the anniversary of his or her birth date by:

(i) verifying a current Pharmacist license;

(ii) submitting the renewal fee as specified in (10)(b)of this subchapter;

(iii) completing the Medical Board's renewal form; and

(iv) reporting continuing education credits as specified by the Medical Board.

(b) If the CPP has not renewed within 30 days of the anniversary of the CPP's birth date, the approval to practice as a CPP shall lapse.

(4) Continuing Education.

a. Each CPP shall earn 35 hours of approved practice relevant CE each year approved by the Pharmacy Board.

b. Documentation of these hours shall be kept at the CPP practice site and made available for inspection by agents of the Medical Board or Pharmacy Board.

(5) The supervising physician who has a signed agreement with the CPP shall be readily available for consultation with the CPP; and will review and countersign each order written by the CPP within seven days.

(6) The written CPP agreement shall:

(a) be approved and signed by both the supervising physician and the CPP and a copy shall be maintained in each practice site for inspection by agents of either Board upon request;

(b) be specific in regards to the physician, the pharmacist, the patient and the disease;

(c) specify the predetermined drug therapy which shall include the diagnosis and product selection by the patient's physician; any modifications which may be permitted, dosage forms, dosage schedules and tests which may be ordered;

(d) prohibit the substitution of a chemically dissimilar drug product by the CPP for the product prescribed by the physician without first obtaining written consent of the physician;

(e) include a pre-determined plan for emergency services;

(f) include a plan and schedule for weekly quality control, review and countersignature of all orders written by the CPP in a face-to-face conference between the physician and CPP;

(g) require that the patient be notified of the collaborative relationship; and

(h) be terminated when patient care is transferred to another physician and new orders shall be written by the succeeding physician.

(7) The supervising physician of the CPP shall:

a. be fully licensed, engaged in clinical practice, and in good standing with the Medical Board;

b. not be serving in a postgraduate medical training program;

c. be approved in accordance with this Subchapter before the CPP supervision occurs; and

d. supervise no more than three pharmacists.

(8) The CPP shall wear an appropriate name tag spelling out the words 'Clinical Pharmacist Practitioner'.

(9) The approval of a CPP may be restricted, denied or terminated by the Medical Board and the pharmacist's license may be restricted, denied, or terminated by the Pharmacy Board, in accordance with provisions of N.C.G.S. 150B if the appropriate Board finds one or more of the following:

a. the CPP has held himself or herself out or permitted another to represent the CPP as a licensed physician;

b. the CPP has engaged or attempted to engage in the provision of drug therapy management other than at the direction of, or under the supervision of, a physician licensed and approved by the Medical Board to be that CPP's supervising physician;

c. the CPP has performed or attempted to provide medical management outside the approved drug therapy agreement or for which the CPP is not qualified by education and training to perform;

d. the CPP is adjudicated mentally incompetent;

e. the CPP's mental or physical condition renders the CPP unable to safely function as a CPP; or

f. the CPP has failed to comply with any of the provisions of this Rule.

(10) Any modification of treatment for financial gain on the part of the supervising physician or CPP shall be grounds for denial of Board approval of the agreement.

(11)Fees:

a. An application fee of one hundred dollars ($100.00) shall be paid at the time of initial application for approval and each subsequent application for approval to practice.
b. The fee for annual renewal of approval, due on the CPP's anniversary of birth date is fifty dollars ($50.00).
c. No portion of any fee in this Rule is refundable.

## ATTORNEY'S REPORT

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and to preserve attorney/client privilege.

The Legal Department reported on 4 cases. A written report was presented for the Board's review. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

## POLICY COMMITTEE REPORT(s)

John Foust, MD, Chair; Elizabeth Kanof, MD; Hector Henry, MD; Paul Saperstein; Stephen Herring, MD; George Barrett, MD

The Policy Committee was called to order at 3:00 pm, Wednesday, June 21, 2000, at the office of the Board. Present were John W. Foust, MD, Chair; Stephen M. Herring, MD; Elizabeth P. Kanof, MD, Board Vice President; Paul Saperstein; Wayne W. VonSeggen, PAC, Board President; John T. Dees, MD, Board Member; Aloysius P. Walsh, Board Member; Walter J. Pories, MD, Board Secretary/Treasurer; Andrew W. Watry, Executive Director; Diane Meelheim, Assistant Executive Director; Dale G Breaden, Director, Public Affairs (PC Staff); Jeffery T. Denton, Board Recorder (PC Staff); Wayne Meredith, MD, North Carolina Medical Care Commission; David Jones, North Carolina Medical Care Commission; Benjamin W. Brown, DDS, North Carolina Board of Dental Examiners; William H. Potter, Jr., JD, North Carolina Dental Society; Bob Fitzgerald, Division of Facility Services; Linda McDaniel, Division of Facility Services; Stephen W. Keene, North Carolina Medical Society; Roger B. Russell, MD, Plastic Surgeon; Sharon Pearce, North Carolina Association of Nurse Anesthetists; Cindy Black, North Carolina Association of Nurse Anesthetists; Linda Thompson, North Carolina Board of Nursing; and Dan Gottovi, MD, North Carolina Medical Care Commission. Absent were George C. Barrett, MD and Hector H. Henry, II, MD

NB: ***Recommendation to Board***=Committee's request for Board consideration of item.
***Action***=Item related to the Committee's own work or deliberations.

**Review of Minutes**

The minutes of the May 24, Policy Committee were reviewed and accepted.

**Office Based Surgery; A Meeting with the Medical Care Commission**

The Policy Committee has been researching, reviewing material, and discussing office-based surgery and anesthesia for some time now, with a view to preparing a position statement and possibly proposing rules or legislation. At the same time, the Medical Care Commission has been trying to write changes to the Ambulatory Surgical Facilities rules, with a specific interest in defining an "ambulatory surgical facility." Neither the Medical Board nor the Medical Care Commission has posted anything publicly. This meeting was called in order to share information between the two and to assist each in the development of policy/positions.

Dr Meredith stated "this meeting comes at a good time." He emphasized that the Commission has to define what an ambulatory surgical facility is, not what procedures can be done there. They can license the facility but would have to rely on the Board to set guidelines on what constitutes sound medical practice and define proper medical judgment. He stated that the Commission does not want to affect physician and dentist offices. That is why they have come to get advice on how to write the rule so this does not happen.

Dr Foust said that, depending on physician skills, some can perform certain procedures in their offices while others would need to perform the same procedures in a hospital setting.

Dr Brown stated that dentists have no specified limit on how long procedures can be and that there is a vast difference in operators – general dentist doing anti-anxiety treatments, oral sedation, conscious sedation, etc, to oral surgeons doing general anesthesia requiring a special permit. Oral surgeons generally have relationships with hospitals and ambulatory surgical centers. They have had no deaths since starting the program in 1984. They do have a system for reporting and reviewing mishaps and have recently taken new initiatives due to the reports of dental deaths in California. Starting August 2000, dentists doing general anesthesia will be required to recertify ACLS every two years. All dentists will have to be certified in BLS.

Mr Potter said that when he first saw the draft regulations from the Medical Care Commission he immediately looked at the statutory authority section. He believes the statute does not give the Medical Care Commission the authority to regulate activities in dental offices. Within the last ten years, the General Assembly has authorized the Dental Board to enact these rules. He emphasized that anesthesia has always been a part of dental practice. To the Medical Care Commission he said: "Please, if you intend to go forward with these proposed rules you should meet with the Dental Board and fully explore these statutes that give the Dental Board their responsibilities." Especially, rules regarding time constraints and relationships with hospitals. Mr Potter stated that there is a Catch-22 in the proposed rules: if the draft rules pass, they would prohibit certain things from happening in dental offices because they are not licensed as ambulatory surgical facilities. He suggested this would be a legislative responsibility. He believes another element needs to be added. He said the problem in California appeared not to be the amount of drugs or the choice of drugs but the credentialing. California allowed incompetent dentists to practice and that is what has gotten them in trouble.

Mr Fitzgerald said it is clear that there was no intent on the part of the Commission staff or any members of the Commission to affect physician or dentist offices, only ambulatory surgical facilities. The main thing he feels is ambiguous is that the statute says that no one shall operate a facility without a license and then specifically excludes "limited and incidental surgery not part of an ambulatory program." All the proposed rule is intended to do is define an ambulatory surgical facility.

Ms McDaniel said she would like to know what “limited and incidental” includes. She stated that whatever the outcome of today’s meeting, when the MCC staff and members leave here today they will still be faced with the difficult task of defining what an ambulatory surgical facility is.

Mr Keene commented that the Medical Society’s view point is that the proposed rule is not ready to go forward yet. They believe some aspects are not controversial but the items that affect office-based surgery are very controversial. He urges the Commission not to offer these draft rules publicly at this time. They are concerned with some significant overlaps or crossovers. They believe that the Medical Board has the authority to regulate all medical acts in any facility. They want to see patient care and patient safety the driving force rather than economics. They are concerned that the draft rules would have a very profound affect on office-based surgery.

Dr Meredith stated that this draft is the first crack at trying to figure out how to define the difference between an ambulatory surgical facility and an elaborate doctor’s office. He asked if the Commission could get a definition from the Medical Society and the Medical Board defining this difference?

Dr Russell said this definition is of the utmost importance. He proposes that the Commission consider what other states have done. California uses other organizations to do the office checks (American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF), Accreditation Association for Ambulatory Health Care (AAAHC), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), etc.). He suggests allowing the definition to be determined by these other agencies, relieving the burden on the Commission. He emphasized that the current draft proposal would cost offices hundreds of thousands of dollars and would make it very difficult to meet the standards. He does not feel that most offices practice at that level. He is also concerned about putting a cap on the length of procedures that can be done. Often a six-hour procedure is no more risky than some procedures that take only one hour. He noted that obviously when physicians do office-based surgery it is not “limited and incidental,” but on the other hand he does not feel they should be required to maintain standards of a multi-specialty center.

Sharon Pearce and Cindy Black represent the North Carolina Association of Nurse Anesthetists. They offered any assistance they can provide. Ms Pearce stated that nurse anesthetists have done the bulk of office anesthesia. They work in collaboration with the physician “but may not diagnose.” Technically, the physician does not have to have any certification in anesthesia. Their rules come under the Nursing Practice Act.

Ms Thompson stated that the Nursing Practice Act specifically defines the collaborative agreement between physicians and nurse anesthetists.

Dr Brown stated that dentists must have the same type of training as the anesthetists.

Dr Gottovi suggested the Policy Committee Chair and Dr Meredith work jointly with others to shed some light in this area and not proceed with the publication of draft rules until this is done.

Dr Meredith and Mr VonSeggen agreed with this concept.

In discussing timing for discussions, Ms McDaniel noted that the Commission meets quarterly and that the next meeting is in September, but it will not be in Raleigh. The next meeting in the Raleigh will be in December.

Mr Saperstein briefly explained what the Medical Board could and could not do.

**Consensus Items:**

☐ Need to define:
- the difference between an "ambulatory surgical facility" and a doctor's office in which office-based surgery is performed;
- "limited and incidental" surgery.

☐ The need to meet in a smaller group setting to discuss these issues.

There being no further business, the meeting adjourned at 4:40 p.m., Wednesday, June 21, 2000.

**Motion:** (SH, JF) A motion passed that the Medical Board proceed with drafting of a position statement addressing office based surgery and anesthesia, and also to work towards rules and/or regulations to promote safety in office based surgery and anesthesia.

# OPERATIONS COMMITTEE REPORT

Paul Saperstein; Wayne VonSeggen, PAC Elizabeth Kanof, MD; Walter Pories, MD;

Mr. Paul Saperstein, Chairman of the Operations Committee, called the Operations Committee to order at 10:30 am on June 21, 2000. Present were Paul Saperstein, Chair; Wayne VonSeggen, President; Elizabeth Kanof, Vice President; Walter Pories, MD, Secretary/Treasurer; Andy Watry, Executive Director; Peter Celentano, Controller; and Diane Meelheim, Deputy Director.

The committee reviewed, in detail, the financial statement for the month of May. Investment instruments and the investment philosophy of the Board were also reviewed. The committee will propose to the Board that the same investment plan continue, which is to invest in CD's with BB&T. This exposes the Board to minimal risk of loss and a stable interest income. Mr. David Weaver, Vice President of Commercial Banking, Branch Banking and Trust Co. met with the committee to discuss the investments.

Staff presented a revised quote on the renovations proposed to improve the security of the Boardroom and to protect sensitive nonpublic materials. The committee voted to accept the bid.

Staff reported to the committee the following personnel action: Mr. Jason Ward has begun working with Mr. Dale Lear.

On line registration of licensees will begin with the September registration.

There being no further business Mr. Saperstein adjourned the meeting.

**Motion:** A motion passed to accept the Operations Committee Report as presented

# EMERGENCY MEDICAL SERVICES (EMS) COMMITTEE REPORT

Wayne VonSeggen, PAC; Walter Pories, MD; John Foust, MD; Aloysius Walsh

The Emergency Medical Services (EMS) Committee convened at 8:30 a.m., Wednesday, June 21, 2000. Present were Wayne VonSeggen, PA-C, Chair, President, Medical Board; Walter Pories, MD, Secretary/Treasurer, Medical Board; John Foust, MD, Member, Medical Board; Al Walsh, Member, Medical Board; Greg Mears, MD, Medical Advisor, Office of Emergency Medical Services (OEMS); Ed Browning, Office of Emergency Medical Services (OEMS); Diane Meelheim, Assistant Executive Director, Medical Board; Erin Gough, Licensing Assistant, Medical Board; and Shannon Kingston, Public Affairs Coordinator, Medical Board. Dr. Mears presented the agenda.

Discussion followed regarding the issue of EMS professionals working in positions outside of the pre-hospital environment. Dr. Mears presented a document titled "The role of EMS in Injury Prevention, Community and Public Health." The committee discussed this issue in some depth and determined that it was a distinct change in the philosophy of EMS and voted to refer it to the Policy Committee for study.

Discussion regarding how EMS personnel who are employed in positions requiring the EMT paramedic to work or act as an EMT-Intermediate ambulance provider, and how that individual should sign their name. Staff was asked to prepare information for the committee's review and for discussion at the July 2000 meeting.

OEMS personnel will participate in the Informal Interviews scheduled for the July 2000 meeting.

Dr. Mears asked for guidance on whether the Board continues to believe that the EMT oral interview panel should continue to the same requirement of a physician, and a nurse to examine the applicants. The Committee endorsed the current requirements. No rule change is proposed at this time.

Criminal background checks have created a bottleneck in processing applications. EMS staff and Medical Board staff will find a solution and implement it. The Committee voted to continue the checks.

The Committee will refer to the Policy Committee the issue of a position statement on unlicensed care of patients requiring physician supervision.

There being no further business, the meeting adjourned Wednesday, June 21, 2000.

**Motion:** A motion passed to approve the report as presented.

# PHYSICIAN ASSISTANT COMMITTEE REPORT

Wayne VonSeggen, PAC; John Foust, MD; Walter Pories, MD; Aloysius Walsh

**PA License Applications -**

(***Indicates PA has not submitted Intent to Practice Forms)

Board Action: Issue full licenses

| PHYSICIAN ASSISTANT | PRIMARY SUPERVISOR | PRACTICE CITY |
|---|---|---|
| **Delmont Jr**., Daniel Michael | **Medley**, Mark F. | Wilmington |
| **Erkert**, Jerry Dennis | *** | |
| **Fields**, Robert J. | *** | |
| **Fox**, Jeffery Burket | **Jones**, Robert H. | Durham |
| **Gregory**, Richard Blaine | *** | |
| **Hermick**, Sean Morgan | *** | |
| **Kirk**, Laura Alley | *** | |
| **Palm**, L. Cherie | *** | |
| **Riley**, Bonnie Jean | *** | |
| **Schuster**, Rikki Rose | *** | |
| **Scoggins**, Aaron Lewis | **Lownes**, Robert L. | Fayetteville |

**PA Temporary License Applications -**

(***Indicates PA has not submitted Intent to Practice Forms)

Board Action: Issue temporary licenses

| PHYSICIAN ASSISTANT | PRIMARY SUPERVISOR | PRACTICE CITY |
|---|---|---|
| **Caputo**, Shawne Colleen | *** | |
| **Pepper**, Jeremy Seth | **Taylor**, Edward | Lumberton |

**Reactivation of Full PA License-**

Board Action: Reinstate full license

**DeBarth**, Kenneth A. *******

**The following physician assistants hold a temporary license and are requesting a full license by submitting passing NCCPA results -**

**Brennan**, Saundra Denise, PA-C
**Campbell**, Theadora Devone, PA-C
**Clancy**, Kerry Lee, PA-C
**Holly**, Aaron Scott, PA-C
**Larsen**, Steven Cole, PA-C
**Morley**, Julie Love, PA-C
**Nicholson**, Todd Richard, PA-C
**Reece**, Michealle Ann, PA-C
**Shepherd**, Jennifer Lynn, PA-C
**Streahle**, Michael Yvan, PA-C
**Todd**, Christy Anne, PA-C

**PA License Application for Committee Review –**

A motion passed to close the session to investigate, examine, or determine the character and other qualifications of applicants for professional licenses or certificates while meeting with respect to individual applicants for such licenses or certificates.

The Board reviewed one licensure application. 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 as these actions are not public information.

A motion passed to return to open session.

**PA Intent to Practice Forms acknowledged –**

| PHYSICIAN ASSISTANT | PRIMARY SUPERVISOR | PRACTICE CITY |
|---|---|---|
| **Antoine** , Radcliffe Anthony | **Richardson** , David Lee | St. Pauls |
| **Antoine** , Radcliffe Anthony | **Trimpey** , Amanda | Lumberton |
| **Arriaga** , Paula Winifred Cram | **Kelly** , John Jay | Swannanoa |
| **Bauman** , Karol K. | **White** , Thomas Rhyne | Cherryville |
| **Blelloch** , Lawrence Andrew | **Lucey** , Donald Truesdell | Raleigh |
| **Caruso** , Frank | **Pugh Jr**., Raeford T. | Winston-Salem |
| **Caruso** , Frank | **Carroll** , Mark Blanchard | Winston-Salem |
| **Chavis** , Anthony Darnell | **Melio** , Frantz Raymond | Raleigh |
| **Chavis** , Anthony Darnell | **Lucey** , Donald Truesdell | Raleigh |
| **Cochran** , Teresa Jean | **Pate** , Chris Anthony | Goldsboro |
| **Cone** , Catherine Mary | **Bastian** , Lori Anne | Durham |
| **Cook** , Ashly Leonard | **Melio** , Frantz Raymond | Raleigh |
| **Cook** , Ashly Leonard | **Lucey** , Donald Truesdell | Raleigh |
| **Culler** , Michael Dean | **Darling-Williams**, Melinda | Mt. Airy |
| **Dale Jr**., Henry Sebron | **Hayes** , Paul Gregory | Greensboro |
| **Dancer** , Margaret Cook | **Walker** , Michael William | Rockingham |
| **Dees** , Rebecca Lynn | **Rosner** , Michael John | Hendersonville |
| **DuCharme Jr**., Robert C. | **Gunn** , Robert Bruce | Rutherfordton |
| **Elam** , Bonnie Yarbrough | **Perren** , Richard Stephen | Henderson |
| **Faribault Jr**., Walter Wilson | **Vimmerstedt** , Margaret Beth | Chapel Hill |
| **Finch** , Lorri Draughn | **Louk** , Douglas Keith | High Point |
| **Fulford** , David William | **Locklear** , Ferriss Yarnell | Wilson |
| **Ganesh** , Joytiben | **Hauch** , Thomas Wray | Charlotte |
| **Haworth** , Mary Spencer | **Applegate** , William Brown | Winston-Salem |
| **Henzler** , Martha Claire | **Link Jr**., Arthur Stanley | Winston-Salem |
| **Hiester** , Anne Marie | **Snyder** , James William | Wilmington |
| **Hoard** , John Thomas | **Anderson** , Jeffery Stuart | Havelock |
| **Hodges** , Ernest Sidney | **Fina** , Michael Francis | Winston-Salem |
| **Hood** , Rachel Bonita | **Risk** , Gregory Conway | New Bern |
| **James** , Craig Douglas | **Samiy** , Nasrollah | Charlotte |
| **Jamieson** , Mark Stephen | **Wilkinson** , John Joseph | Gastonia |
| **Jones** , Maurice Anthony | **Mead** , Robert J. | Louisburg |
| **Katz** , Marc Steven | **Harrill** , Willard Cardwell | Hickory |
| **Killian** , Phillip Andrew | **Howard III**, Willard Howe | Rutherfordton |
| **Leshock** , Richard Paul | **Curl** , Walton Wright | Winston-Salem |
| **Lloyd** , John Charles | **Regan** , John David | Winston-Salem |
| **Mahiquez** , Jose Felipe | **Ryan** , Regina Murphy | Smithfield |
| **Mahiquez** , Jose Felipe | **Pittard** , Jesse Calvin | Smithfield |
| **Mahiquez** , Jose Felipe | **Liverman Jr**., Joseph Thomas | Smithfield |
| **Mahiquez** , Jose Felipe | **Davis** , Rhonda Hardee | Smithfield |
| **Mahiquez** , Jose Felipe | **Ryan** , Regina Murphy | Smithfield |

| | | |
|---|---|---|
| **McAninley** , Marc Anthony | **Monds** , Alvah Price | Elizabeth City |
| **McCormack** , Meg | **Oddone** , Eugene Zaverio | Durham |
| **McCoy** , Abraham | **Melio** , Frantz Raymond | Raleigh |
| **McGinnis** , James Patrick | **Zotti** , Robert David | Laurinburg |
| **McQuigg** , Bogan Manuel | **Zotti** , Robert David | Laurinburg |
| **Moye** , William Stewart | **Wyatt III**, James Odis | Greensboro |
| **Muolo** , Charlotte Ann | **Garrett** , Dana LeAnn | Sanford |
| **Nicholson** , Todd Richard | **Hall** , Daniel Crawford | Rockingham |
| **Nuckols** , Angela Marie | **Williams** , Juli Denise | Concord |
| **Osterer** , Raymond Henry | **Van Noy** , Timothy Quinn | Wilkesboro |
| **Peterson** , Joy Mauney | **Jarrett** , Thomas Edward | High Point |
| **Powell** , Debra Diane | **Murray** , John Patrick | Albemarle |
| **Sepka** , Richard Stephen | **Davis** , Cara Lee | Raleigh |
| **Short** , Jeffery Preston | **Richardson** , David Lee | St. Pauls |
| **Shuping** , Jennifer Hendrix | **Osbahr** , Albert James | Clyde |
| **Starr** , Karin Maria | **Fink Jr**., James Thomas | Winston-Salem |
| **Struve** , Adona Simms | **Weiner** , Richard David | Durham |
| **Talbert** , Karen Agnes | **Kutob** , Rabi Dean | Asheville |
| **Thompson** , Joel Wesley | **Jemsek** , Joseph Gregory | Huntersville |
| **Trevor** , Lawrence Grant | **Gunn** , Robert Bruce | Rutherfordton |
| **Wallace** , Connie Sue | **Murray** , John Patrick | Albemarle |
| **Walpole** , Julia | **Glass** , Gregory Lee | Stanley |
| **Welch** , Wendy Katherine | **Aluisio** , Frank Victor | Greensboro |

**Non Public Agenda Items For Committee Discussion -**

A motion passed to close the session to investigate, examine, or determine the character and other qualifications of applicants for professional licenses or certificates while meeting with respect to individual applicants for such licenses or certificates.

> The Board reviewed one licensure application. 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 as these actions are not public information.

A motion passed to return to open session.

**Public Agenda Items for Committee Discussion-**

(1) Direct scores from the NCCPA
Make "NCCPA Request and Authorization for Release of Information" form part of the PA application package

(2) Instruct staff to accept list provided by Program Directors so that processing of PA temporary (application) licenses can be approved upon receipt of proof of graduation.

**Motion:** A motion passed to approve the PA Report as amended.

# NURSE PRACTITIONER COMMITTEE REPORT

Wayne VonSeggen, PAC; John Foust, MD; Walter Pories, MD; Aloysius Walsh

**NP initial applications recommended for approval after staff review -**

Board Action: Approve

| NURSE PRACTITIONER | PRIMARY SUPERVISOR | PRACTICE CITY |
|---|---|---|
| **Andrews**, Elizabeth Jenkins | **Shugoll**, Richard A. | Charlotte |
| **Britt**, Joan Davin | **MacKinnon**, Christopher | Benson |
| **Clarke**, Susan Winstead | **Detterbeck**, Frank C. | Chapel Hill |
| **Davies**, Affivia Amy | **Allgood**, Sara E. | Charlotte |
| **Davis**, Leslie Louise | **Sueta**, Carla A. | Chapel Hill |
| **Dryland**, Caroline Henrietta | **Gottovi**, Daniel | Wilmington |
| **Finn-Kue**, Donna Marie | **Wyatt III**, James O. | Greensboro |
| **Gibson**, Carla Annette | **Bradner**, Richard L. | Charlotte |
| **Gibson**, Carla Annette | **Berman**, Larry F. | Charlotte |
| **Jacobs**, Tina Harris | **Thomas-Montilus**, Sandhya | Lumberton |
| **Johnson**, Jodie Ann | **McLear**, Ronald K. | Durham |
| **Jordan**, Stephanie Gould | **Green III**, Arthur G. | Greensboro |
| **Manning**, Monica Ann | **Reed**, John | Greenville |
| **Martines**, Rosemary Elizabeth | **Hundley**, Jeanea | Charlotte |
| **McBarron**, Regina Grace | **Barri Jr**., Michael J. | Wilmington |
| **McDonald**, Sarah Allen | **Oswalt**, Kenneth E. | Fayetteville |
| **Norris**, Leslie Watkins | **Franks**, David A. | Franklin |
| **Phelps**, Shannon Renee B. | **Langston**, Bernard L. | Shallote |
| **Swain**, Sharon E. | **Richardson**, Daniel D. | Highlands |
| **Taylor**, Kristina Lee | **Willard**, Ellen | Pinehurst |
| **Trivett**, Ella Lynn | **Becherer**, Paul | Raleigh |
| **Vawter**, Jean Ann | **Echterling**, Susan C. | Charlotte |
| **Welden**, Brett Lindsey-Michael | **Thomas**, Ricky A. | Jacksonville |
| **Williams**, Shauna Marlene | **Bookert**, Lisa M. | Clayton |

***K. Moser will be practicing at the Charlotte office, the home office is in Lancaster, SC.
S. Shaw will be practicing on base in Ft. Carson, CO.

**NP Subsequent Applications administratively approved -**

Board Action: Approve

| NURSE PRACTITIONER | PRIMARY SUPERVISOR | PRACTICE CITY |
|---|---|---|
| **Allen**, Deborah Hutchinson | **Friedman**, Henry S. | Durham |
| **Baxley**, Sharon Grimes | **Rich Jr**., Robert Lee | Dublin |
| **Benware**, Susan Nolette | **Kieffer**, Robert W. | Asheville |
| **Britt**, Arlene Davis | **Howie**, Eugenia Brooks | Fairmont |
| **Britt**, Arlene Davis | **Trimpey**, Amanda C. | Lumberton |
| **Brown**, Tonya Britton | **Alston**, Michael C. | Murfreesboro |
| **Browning**, Mary Ann | **Rucker**, William Lee | Greenville |
| **Bush**, Charles Tommy | **Kelley**, Scott S. | Chapel Hill |
| **Byrne**, Roberta Craig | **Sommer**, Michael S. | Arden |

| | | |
|---|---|---|
| **Congdon**, Melissa Cheree | **McBryde**, John P. | Charlotte |
| **Curran**, Mary Alyce | **Gaskin**, Steve M. | Concord |
| **Eguakun**, Kehinde Amen | **Stratton**, Ida Janice | Durham |
| **Enevold**, Gina Lee | **Shaw**, Edward G. | Winston-Salem |
| **Folan**, Michael Damien | **Seal**, Edna F. | Andrews |
| **Fussell**, Connie Rose | **Snow**, Jeffrey | Raleigh |
| **Gennett**, Elaine Gayle L. | **Russell**, Jeffrey K. | Asheville |
| **Hathaway**, Regina Lynn | **Risk**, Gregory C. | New Bern |
| **Heasty**, Patricia Lee | **Williams**, Randall W. | Raleigh |
| **Hernandez**, Jesus Antonia | **Chan**, Ruben | Charlotte |
| **Hobbs**, Lisa Ann | **Adcock**, Jimmie W. | Charlotte |
| **Hopkins**, Mary Ann T. | **Thomas**, James J. | Morganton |
| **Jerrell**, Sarah Drusilla | **Clements**, Thad | Charlotte |
| **Lambeth**, Rebecca Cheek | **Robbins**, Robert A. | Asheboro |
| **Lawrence**, Elizabeth Jane | **Abraham**, Anisha | Ft. Bragg |
| **Lee**, Belinda Temple | **Boyette**, Charles O. | Belhaven |
| **Moser**, Kathleen M. | **Blicharski**, Christopher | Lancaster, SC |
| **Mullins**, Margaret Mozingo | **Rothenberg**, Stuart | Boone |
| **Patterson**, Marlyn L. | **Pugh Jr**., Raeford T. | Winston-Salem |
| **Rayford**, Kelli Edwards | **Tayloe**, David T. | Goldsboro |
| **Royce**, Rosemary Thomas | **Wright**, Patricia | Jackson |
| **Shaw**, Sonya Colleen | **Reasoner Jr**., John P. | Ft. Carson, CO |
| **Taylor**, Anne Marie D. | **Fleishman**, Malcolm | Fayetteville |
| **Trotter**, Kathryn Jane | **Helton**, Margaret Rose | Chapel Hill |
| **Walker**, Shirley Margaret | **Schlegel**, Mary Elizabeth | Chapel Hill |
| **Werner**, Margaret Kaveny | **White**, Anne L. | Winston-Salem |
| **Wright**, Frances Hiatt | **Redding-Lallinger**, Rupa | Chapel Hill |
| **Yuhasz**, Beverly Anne | **Schlegel**, Mary E. | Chapel Hill |

**Non Public Agenda Items For Committee Discussion –**

A motion passed to close the session to investigate, examine, or determine the character and other qualifications of applicants for professional licenses or certificates while meeting with respect to individual applicants for such licenses or certificates.

> The Board reviewed one licensure application. 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 as these actions are not public information.

A motion passed to return to open session.

# LICENSING COMMITTEE REPORT

Kenneth Chambers, MD; Hector Henry, MD; John Foust, MD; George Barrett, MD; Martha Walston

**FCVS**

CATCHLINE: Discussion regarding adoption of FCVS as part of the application process for license by endorsement.

BOARD ACTION: Tabled until July

**Change in schedule for issuing license numbers**

CATCHLINE: It has been suggested the Board vote monthly (during scheduled committee meetings) to approve applications for full license. Target date is the committee meetings, August 17. This information will be passed on to applicants as well as can be, to avoid issuing unnecessary temporary licenses.

BOARD ACTION: Accept proposed change in schedule for issuing license numbers, effective in September with implementation at the October meeting.

**Releasing License numbers**

CATCHLINE: We have been having an unusually large volume of phone calls the week following the Board Meeting from applicants wanting their license number. Please emphasize to applicants during their interview that license numbers are not available that week and they will be sent a letter.

BOARD ACTION: Emphasize to applicants during their interview that license numbers are not available that week and they will be sent a letter.

A motion passed to close the session to investigate, examine, or determine the character and other qualifications of applicants for professional licenses or certificates while meeting with respect to individual applicants for such licenses or certificates.

The Board reviewed 3 licensure applications. A written report was presented for the Board's review. The Board adopted the committee's recommendation to approve the written report. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

## COMPLAINT COMMITTEE REPORT

Walter Pories, MD; Elizabeth Kanof, MD; John Dees; Stephen Herring, MD; Martha Walston; Aloysius Walsh

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes.

The Board reviewed and approved the complaint committee report noted below. It is reflected here that in regards to the complaint against Stephen Herring, MD it was reviewed extensively by a complaint committee member and again by the full complaint committee. Dr Herring excused himself from any and all deliberations regarding this complaint

The Complaint Committee reported on 28 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 as these actions are not public information.

A motion passed to return to open session.

## INVESTIGATIVE COMMITTEE REPORT

Hector Henry, MD; Paul Saperstein; Elizabeth Kanof, MD; Wayne VonSeggen, PA-C; Stephen Herring, MD; George Barrett, MD

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes.

The Investigative Committee reported on 40 investigative cases. A written report was presented for the Board's review. The Board adopted the committee's recommendation to approve the written report. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

## ADJOURNMENT

This meeting was adjourned on June 22, 2000.

Walter J. Pories, MD
Secretary/Treasurer