

BOARD MEETING MINUTES

March 19 - 21, 2025

**3127 Smoketree Court
Raleigh, North Carolina**

General Session Minutes of the North Carolina Medical Board (NCMB) Meeting held March 19-21, 2025.

The March 19-21, 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. Devdutta G. Sangvai, MD, JD, MBA, President, called the meeting to order. Board members in attendance were Anuradha Rao-Patel, MD, President-Elect; 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; Anthony R. Plunkett, MD. Members absent: Miguel A. Pineiro, PA-C; Sharona Y. Johnson, PhD, FNP-BC.

PRESIDENTIAL REMARKS

Dr. Devdutta G. Sangvai 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. Sangvai recognized new staff as they were introduced by their perspective manager. He also recognized staff with five and ten year milestone anniversaries.

PRESENTATION(S)

Mr. Brian Blankenship, Board Chief Legal Officer, led the Recusal training and Code of Conduct training.

NORTH CAROLINA PHYSICIAN HEALTH PROGRAM REPORTS (NCPHP)

Dr. Howard Hall gave the NCPHP Board of Directors report.

Dr. Joseph Jordan gave the NCPHP Annual 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, March 21, 2025.

The report began in closed 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 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.

A motion was passed to return to open session.

Mr. Blankenship updated the Board on the schedule of the upcoming hearings and hearing assignments.

The Legal Department Report was concluded.

The Board accepted the report as information.

NCMB COMMITTEE REPORTS

Executive Committee Report

Members present were: Devdutta G. Sangvai, MD, JD, MBA, Chair; Mark A. Newell, MD; MMM; Anu Rao-Patel, MD; and Robert L. Rich, MD. Member absent: Sharona Y Johnson, PhD, FNP-BC

Financial Update

a. Year-To-Date Financials

The Committee reviewed the following financial reports through January 30, 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 January and February 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. FY25 Budget to Actuals

The Committee reviewed the Budget to Actuals Report, which compares actual income and

expenses to budgeted income and expenses for the fiscal year ending October 31, 2024, with the Board Controller.

Committee Recommendation: Accept the financial information as reported.

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

Old Business:

a. 2025 Board Retreat Update

The 2025 NCMB Retreat is set for August 8 – 10. Staff are working on gathering information to present to the Executive Committee regarding possible locations. At this time, there are four (4) locations being considered that have comparable costs and amenities. The cities being considered are Beaufort, Wrightsville Beach, and Duck (north of Nags Head).

After discussions about possible topics for the Board retreat, the Committee agreed with the draft agenda which includes topics on understanding third-party assessments in the areas of professional sexual misconduct, substance use disorder and competence; insights from members of the health committees of the NC General Assembly; and quasi-judicial training on making difficult decisions in enforcement and licensing cases.

Committee Recommendation: Accept the report as information.

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

b. FSMB Board of Directors Election Update/Annual Meeting

Planning is underway for the upcoming Board of Directors election at the FSMB Annual Meeting in which NCMB Immediate Past President, Christine Khandelwal, DO, is a candidate. Ms. Sylvia French-Hodges from Communications and Mr. Thomas Mansfield, CEO, have met with Dr. Khandelwal and assisted in preparing for the election. Dr. Khandelwal spoke to the Executive Committee via a recorded message sharing her campaign platform and thanking Board members and staff for their support. Ms. French-Hodges and Mr. Mansfield shared some details regarding the campaign and the election process in order to help the Board Members prepare for questions from Annual Meeting attendees.

Also, Ms. Loney Johnson provided an update on NCMB logistics and activities during the Annual Meeting, including plans for the NC delegation dinner being held on Friday night of the Annual Meeting.

Committee Recommendation: Accept the report as information.

Board Action: Accept Committee Recommendation. Accept the report as information.

New Business:

a. Legislative Update

The Committee reviewed the legislative update. The Committee was briefed on Rep. Campbell's request that the Board support the Act to Establish the Genetic Counselors Licensure Board and to Regulate the Practice of Genetic Counseling.

Committee Recommendation: The Committee recommended approval of Dr. Campbell's request and accepted as information the remainder of the legislative update.

Board Action: Accept Committee Recommendation. The Committee recommended approval of Dr. Campbell's request and accepted as information the remainder of the legislative update.

b. Board Member Reimbursement Policy for FSMB workgroup/committee participation

The current Board Member Reimbursement Policy focuses on compensating members for time spent preparing for and attending Board meetings.

Over time, the Medical Board has encouraged Board members to participate in FSMB committees and workgroups in addition to attending Annual Meetings.

Mr. Mansfield proposed that the Medical Board modify the current reimbursement policy to clarify that time spent by Board members preparing for and participating in FSMB workgroup and committee meetings between FSMB Annual Meetings be reimbursed according to the pre-established formula arising from the statutory per diem and that the following procedures be implemented:

- NCMB CEO and/or departmental chiefs assign one or more specific staff, including Board Attorneys from the Legal Department, to provide substantive support to each NCMB member serving on any FSMB committee or workgroup.
- Board members share agendas and materials provided to them by FSMB for their workgroup or committee with assigned staff.
- Board Attorneys provide advice and counsel to the Board members after reviewing the agendas and materials.
- Board Attorneys and other NCMB staff communicate with FSMB staff as needed.
- Board members report on the work of the committee or workgroup at the next NCMB meeting or as soon thereafter as practicable.

The purpose of this process is to ensure that each Board member is supported and provided with resources to:

- Help the workgroups and committees create the best work product,
- Derive the greatest benefit to NCMB,

- Manage risk, and
- Ensure visibility by the Board as a whole as to matters affecting the regulation of medicine in North Carolina.

Mr. Mansfield, along with Mr. Blankenship, discussed the proposed changes to the reimbursement policy with the Executive Committee.

Committee Recommendation: Approve the staff recommendations.

Board Action: Accept Committee Recommendation. Approve the staff recommendations.

Policy Committee Report

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

Old Business:

a. 2.2.3: Self-Treatment and Treatment of Family Members

The Committee considered and discussed the comments received. Staff recommended the position statement be further revised to provide clarification on the expectations of the Board regarding self-prescribing and prescribing to family members of non-controlled substances. Staff was directed to make the suggested revisions, send to the Committee members for approval, then re-circulate the revised position statement to the Board's stakeholders and bring back any comments at a later meeting, with the anticipated date of May 2025.

Committee recommendation: Staff to make the suggested revisions, send to the Committee members for approval, then re-circulate the revised position statement to the Board's stakeholders and bring back any comments at a later meeting, with the anticipated date of May 2025.

Board Action: Accept Committee recommendation. Staff to make the suggested revisions, send to the Committee members for approval, then re-circulate the revised position statement to the Board's stakeholders and bring back any comments at a later meeting, with the anticipated date of May 2025.

New Business:

a. 6.1.1: Advance Directives and Patient Autonomy

The Committee reviewed the comments provided prior to the meeting and discussed incorporating language to include considerations related to acute diagnoses after traumatic events. Staff was directed to work with Committee members to revise the position statement and bring back revisions for consideration at a later meeting, with the anticipated date of May 2025.

Committee recommendation: Staff and Committee members to make revisions to the current position statement and bring back for consideration at a later meeting, with the anticipated date of May 2025.

Board Action: Accept Committee recommendation. Staff and Committee members to make revisions to the current position statement and bring back for consideration at a later meeting, with the anticipated date of May 2025.

b. 6.1.2: Palliative Care and End-of-Life Responsibilities

The Committee reviewed the comments provided prior to the meeting and discussed incorporating language to include considerations related to acute diagnoses after traumatic events. Staff was directed to work with Committee members to revise the position statement and bring back revisions for consideration at a later meeting, with the anticipated date of May 2025.

Committee recommendation: Staff and Committee members to make revisions to the current position statement and bring back for consideration at a later meeting, with the anticipated date of May 2025.

Board Action: Accept Committee recommendation. Staff and Committee members to make revisions to the current position statement and bring back for consideration at a later meeting, with the anticipated date of May 2025.

c. 9.1.1: Physician Supervision of Other Licensed Health Care Professionals

The Committee reviewed the current position statement and requested staff have internal staff conversations regarding the need for possible revisions of the position statement and potentially referring the position statement to the Advanced Practice Providers and Allied Health Committee (“APP/AHC”) for further review and discussion.

Committee recommendation: Staff directed to have internal staff conversations regarding the need for possible revisions of the position statement. Staff to report back to the Committee on those conversations and any suggested revisions.

Board Action: Accept Committee recommendation. Staff directed to have internal staff conversations regarding the need for possible revisions of the position statement. Staff to report back to the Committee on those conversations and any suggested revisions.

d. 10.1.2: Corporate Practice of Medicine

The Committee reviewed the current position statement and did not have suggested edits at this time. Staff informed the Committee that there has been communication from a stakeholder’s group regarding this position statement and requested the Board table further discussion of this position statement until such time as staff could communicate with the stakeholder’s group.

Committee recommendation: Table further discussion until staff can communicate with stakeholder’s group.

Board Action: Accept Committee recommendation. Table further discussion until staff can communicate with stakeholder's group.

Miscellaneous

The Committee discussed pathways for the Committee to be made aware of and consider the need for revisions of position statements based on the current issues being seen by the Board.

Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information

Position Statement Review Chart Due to time constraints, the Committee was unable to review and identify position statements for review and discussion at the next available 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. Member absent: 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.

Open Session

I. Licensing Dashboard Update

The Committee received a presentation on the data in the Licensing Dashboard. The Chief Administrative and Communications 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 new Chief Licensing and Registration Officer, Becky Powers, was hired in January 2025.

The number of applications in the system in March is approximately the same as the peak last year in July, nearly 2,600 applications. New applications started in 2024 exceeded 2023 by about 550 applications. 2025 is already exceeding the same timeframe as the prior year. This data demonstrates the high volume of applications in the system.

For the current fiscal year, more than 1,500 licenses have been issued. Approximately 19% of those applications were complex and required additional rounds of review. The time to license is an average of 112 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. Additional changes to the department are possible in the next year as Ms. Powers implements her vision for the department.

Board members discussed the report and requested modifications to the data provided for the percentage of complex files processed each month, with a year-over-year comparison. The next report of the licensing dashboard will occur in July 2025.

Committee Recommendation: Accept as Information.

Board Action: Accept Committee recommendation. Accept as Information

II. Conversion of RTL to a Full License

The Committee received a recommendation to approve the submission of rules to Rules Review Commission that would allow a North Carolina resident training license holder to convert their resident training license (RTL) to a full license.

The proposed rule eliminates all duplicative application but retains the requirement to provide any information not included in the RTL application. In lieu of two references, the program director for the graduate medical education program will submit a letter regarding the applicant's status in the program.

The conversion application is limited to residents who have not had any malpractice claims or payments, regulatory investigations or actions, adverse actions taken by any health care institution, or adverse actions taken by federal agency, military or medical society during their residency.

After discussion, the Committee requested clarification to the rule language pertaining to the GME letter for individuals who have completed a residency program

Committee Recommendation: Approve submitting the rule to Rules Review Commission with revisions to the GME letter requirement.

Board Action: Accept Committee recommendation. Approve submitting the rule to Rules Review Commission with revisions to the GME letter requirement.

1 21 NCAC 32B .1403 is proposed for adoption as follows:

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SECTION .1300 - GENERAL

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21 NCAC 32B .1403 CONVERSION APPLICATION FOR PHYSICIAN LICENSE

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(a) A resident training licensee who meets the qualifications listed in this Rule may apply to convert their resident training license to a full, unrestricted physician license.

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(b) An applicant seeking to convert shall:

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(1) complete the Board's online application for conversion and attest under oath or affirmation that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;

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(2) submit documentation of a legal name change, if applicable;

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supply a certified copy of the applicant's birth certificate if the applicant was born in the United States (U.S.) or a certified copy of a valid and unexpired U.S. passport. If the applicant does not possess proof of their U.S. citizenship, the applicant must provide information about the applicant's immigration status. Applicants who are not present in the U.S. and who do not plan to practice physically in the U.S. shall submit a statement to that effect;

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(3) submit proof that the applicant has completed GME as required by G.S. 90-9.1 or 90-9.2, as follows:

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(A) A graduate of a medical school approved by LCME, CACMS, or COCA shall have completed at least one year of graduate medical education approved by ACGME, CFPC, RCPSC, or AOA;

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(B) A graduate of a medical school not approved by LCME shall have completed two years of graduate medical education approved by ACGME, CFPC, RCPSC, or AOA; or

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26

(C) An applicant may satisfy the graduate medical education requirements of Parts (A) or (B) of this subparagraph by showing proof of current certification by a specialty board recognized by the ABMS, CCFP, FRCP, FRCS, or AOA;

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(4) if the applicant applied for a resident training license on the basis of COMLEX or USMLE examination, he or she shall provide proof that that the applicant has taken and passed within three attempts:

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(A) the COMLEX Level 3; or

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(B) the USMLE Step 3.

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(5) create an AMA Physician Profile and, if the applicant is an osteopathic physician, also create an AOA Physician Profile;

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(6) submit a letter from the GME program director indicating the applicant's current status in the graduate medical education program and attesting that the applicant is in good standing with the program;

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- 1 (7) pay a non-refundable fee pursuant to G.S. 90-13.1(a).
2 (8) upon request, supply any additional information the Board deems necessary to evaluate
3 applicant's qualifications.

4 (c) A resident training licensee applying to convert to a full license must satisfy all of the following from the time
5 of
6 submitting an application for a resident's training license:

- 7 (1) no professional liability insurance claim(s) or payments(s);
8 (2) no regulatory board complaints, investigations, or actions, including the applicant's
9 withdrawal
10 of a license application;
11 (3) no adverse actions by a health care institution as described in G.S. 90-14.13(a);
12 (4) no adverse actions taken by a federal agency, the U.S. military, or medical societies;

13 If the applicant fails to satisfy all of the above, they may submit an application for a physician license under 21
14 NCAC
15 32B .1303.

16 (d) The Board must receive all of the following directly from the primary originating source before it
17 begins
18 processing an application:

- 19 (1) Proof of graduation medical education from the GME program director;
20 (2) Transcripts of examinations scores from the examining authority;
21 (3) Proof of board certification from the certifying body, if applicable;
22 (4) Physician profile from the AMA, and if applicable, the AOA;
23 (5) National Practitioner Data Bank report from the U.S. Department of Health and Human
24 Services;
25 and
26 (6) Practitioner profile from the Federation of State Medical Boards.

History Note: Authority G.S. 90-5.1(a)(3); 90-8.1; 90-9.1; 90-9.2; 90-13.1.

Eff. _____

III. Extension of the Limited Emergency Licenses expiration date

The Committee received information on the current expiration date of the 200 Limited Emergency Licenses issued in response to the devastating impact of Hurricane Helene. At the October 14, 2024 emergency meeting, the Board approved extending the expiration date of all of the Limited Emergency Licenses to expire at the end of the State of Emergency plus a 30-day winddown period.

The current State of Emergency expired on March 1, however, there is a bill moving through the NC General Assembly to extend the State of Emergency until June 30.

Committee Recommendation: Resume and continue issuing LELs through the end of any State of Emergency extension plus 30 days. No more LELs will be issued if the current expired State of Emergency is not extended.

IV. Military Relocation License Rules Update

21 NCAC 32B .1361 and 21 NCAC 32S .0226 were proposed for adoption in order to create a process that would allow military servicemembers and their spouses to obtain an expedited license.

The proposed rules were published in the North Carolina Register and a public hearing was convened on February 14, 2025, which no one from the public attended. The Board did not receive any written comments.

The proposed rules are now before the Board for final approval.

Committee Recommendation: Approve the proposed rules as written.

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

1 21 NCAC 32B .1361 is proposed for adoption as follows:

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3 **SECTION .1300 – GENERAL**

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5 **21 NCAC 32B .1361 MILITARY RELOCATION LICENSE FOR PHYSICIAN SERVICEMEMBERS**
6 **AND SPOUSES**

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8 (a) A physician who meets the qualifications listed in this Rule and G.S. § 90-12.02 may apply for a military relocation
9 license for physician servicemembers and spouses.

10 (b) An applicant for a military relocation license for physician servicemembers and spouses shall:

- 11 (1) complete the Board's application attesting under oath or affirmation that the information on the
12 application is true and complete, and authorizing the release to the Board of all information
13 pertaining to the application;
- 14 (2) submit documentation of a legal name change, if applicable;
- 15 (3) submit a photograph of the applicant that was taken in the last two years;
- 16 (4) supply a certified copy of applicant's birth certificate if the applicant was born in the U.S. or
17 certified copy of a valid and unexpired U.S. passport. If the applicant does not possess proof of
18 U.S. citizenship, the applicant must provide information about applicant's immigration status
19 that the Board will use to verify applicant's eligibility for this license;
- 20 (5) provide proof that applicant is a servicemember of the United States Armed Forces or a spouse
21 of a servicemember of the United States Armed Forces;
- 22 (6) provide a copy of military orders that indicates that the applicant is residing in this State
23 pursuant to such military orders for military service relating to applicant or applicant's spouse;
- 24 (7) provide proof that the applicant holds a current license in another jurisdiction that has licensing
25 requirements that are substantially equivalent or otherwise exceed the requirements for
26 licensure in this State;
- 27 (8) provide proof that the applicant is in good standing in the jurisdiction of licensure, has not been
28 disciplined in the last five years by any occupational licensing board, and has no pending
29 investigations by any occupational licensing board;
- 30 (9) provide proof that the applicant has actively practiced medicine an average of 20 hours per
31 week during the 2 years immediately preceding relocation to this State;
- 32 (10) if the applicant is a graduate of a medical school other than those approved by LCME, AOA,
33 COCA, or CACMS, the applicant shall furnish an original ECFMG certification status report
34 of a currently valid certification of the ECFMG. The ECFMG certification status report
35 requirement shall be waived if the applicant has passed the ECFMG examination and
36 successfully completed an approved Fifth Pathway program (original ECFMG score transcript
37 from the ECFMG required);

- 1 (11) submit two completed fingerprint record cards to the Board;
2 (12) submit a signed consent form allowing a search of local, state and national files to disclose any
3 criminal record;
4 (13) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal
5 background check; and upon request, supply any additional information the Board deems
6 necessary to evaluate the applicant's qualifications.

7 (c) A military relocation license shall remain active for the duration of the military orders for military service in this
8 State and upon which the application was submitted. A military relocation license shall become inactive at the time
9 the license holder relocates pursuant to military orders to reside in another state, when the military orders for military
10 service in this State expire, or when the applicable servicemember separates from military service. All licensees with
11 military relocation licenses shall notify the Board within 15 days of the issuance of new military orders requiring
12 relocation to another state, within 15 days of the expiration of military orders, or within 15 days of separation from
13 military service.

14 (d) The Board shall retain jurisdiction over the holder of an inactive military relocation license.

15 (e) A military relocation license may be converted to a full North Carolina license by applying for a full license with
16 the Board via a separate application. The Board shall waive the application fee for a full license application if the
17 application is submitted within one year of the issuance of the military relocation license. If an application is made to
18 convert a military relocation license to a full license when the military relocation license is active, the military
19 relocation license shall remain active during the full license application process and until the Board has made a
20 licensing decision on the full license application.

21 (f) When possible, all reports and Orders must be submitted directly to the Board from the primary source.

22 (g) All information required by this Rule shall be provided within one year of submitting the application.

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24 History Note: Authority G.S. 90-12.02; G.S. 90-13.1;

25 Eff. April 1, 2025.

1 21 NCAC 32S .0226 is proposed for adoption as follows:
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3 **SECTION .0200 – PHYSICIAN ASSISTANT REGISTRATION**
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5 **21 NCAC 32S .0226 MILITARY RELOCATION LICENSE FOR PHYSICIAN ASSISTANT**
6 **SERVICEMEMBERS AND SPOUSES**

7 (a) A physician assistant who meets the qualifications listed in this Rule and G.S. § 90-12.02 may apply for a military
8 relocation license for physician assistant servicemembers and spouses.

9 (b) An applicant for a military relocation license for physician assistant servicemembers and spouses shall:

- 10 (1) complete the Board's application attesting under oath or affirmation that the information on the
11 application is true and complete, and authorizing the release to the Board of all information
12 pertaining to the application;
- 13 (2) submit documentation of a legal name change, if applicable;
- 14 (3) submit a photograph of the applicant that was taken in the last two years;
- 15 (4) supply a certified copy of applicant's birth certificate if the applicant was born in the U.S. or a
16 certified copy of a valid and unexpired U.S. passport. If the applicant does not possess proof of
17 U.S. citizenship, the applicant must provide information about applicant's immigration status
18 that the Board will use to verify applicant's eligibility for this license;
- 19 (5) provide proof that applicant is a servicemember of the United States Armed Forces or a spouse
20 of a servicemember of the United States Armed Forces;
- 21 (6) provide a copy of military orders that indicates that the applicant is residing in this State
22 pursuant to such military orders for military service relating to applicant or applicant's spouse;
- 23 (7) provide proof that the applicant holds a current license in another jurisdiction that has licensing
24 requirements that are substantially equivalent or otherwise exceed the requirements for
25 licensure in this State;
- 26 (8) provide proof that the applicant is in good standing in the jurisdiction of licensure, has not been
27 disciplined in the last five years by any occupational licensing board, and has no pending
28 investigations by any occupational licensing board;
- 29 (9) provide proof that the applicant has actively practiced medicine an average of 20 hours per
30 week during the 2 years immediately preceding relocation to this State;
- 31 (10) submit two completed fingerprint record cards to the Board;
- 32 (11) submit a signed consent form allowing a search of local, state and national files to disclose any
33 criminal record;
- 34 (12) pay to the Board a non-refundable fee as required by 21 NCAC 32S .0202, plus the cost of a
35 criminal background check;
- 36 (13) upon request, supply any additional information the Board deems necessary to evaluate the
37 applicant's qualifications.

1 (c) A military relocation license shall remain active for the duration of the military orders for military service in this
2 State and upon which the application was submitted. A military relocation license shall become inactive at the time
3 the license holder relocates pursuant to military orders to reside in another state, when the military orders for military
4 service in this State expire, or when the applicable servicemember separates from military service. All licensees with
5 military relocation licenses shall notify the Board within 15 days of the issuance of new military orders requiring
6 relocation to another state, within 15 days of the expiration of military orders, or within 15 days of separation from
7 military service.

8 (d) The Board shall retain jurisdiction over the holder of an inactive military relocation license.

9 (e) A military relocation license may be converted to a full North Carolina license by applying for a full license with
10 the Board via a separate application. The Board shall waive the application fee for a full license application if the
11 application is submitted within one year of the issuance of the military relocation license. If an application is made to
12 convert a military relocation license to a full license when the military relocation license is active, the military
13 relocation license shall remain active during the full license application process and until the Board has made a
14 licensing decision on the full license application.

15 (f) When possible, all reports and Orders must be submitted directly to the Board from the primary source.

16 (g) All information required by this Rule shall be provided within one year of submitting the application.

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18 *History Note: Authority G.S. 90-12.02; 21 NCAC 32S .0202(5);*

19 *Eff. April 1, 2025.*

V. Update to license File Review Criteria

The Committee received an update on the criteria used to determine if a license file is complex. These files require review by the Legal Department, Office of the Medical Director, as well as a Board member. Approximately 15% - 20% of applications have some sort of complexity requiring this additional round of internal review.

The criteria used to determine what makes a file complex – malpractice cases, privileges, regulatory actions, issues in medical school or post graduate training, and issues that appear on reference forms – has been established by the staff over time. The volume of complex cases have ballooned in recent years with applications that have remote issues that do not impact the ability for the applicant to practice safely.

The three primary modifications include reducing the “look back” period for malpractice cases to within the last eight years, limiting the review of medical or mental health issues to within the last five years since post graduate training was completed, and expanding the approved leaves of absence from medical school. The goal of modifying the review criteria is to focus license file reviews of applicants that have had recent issues of concern.

Committee recommendation: Accept as information

The Committee adjourned at 1:46 p.m.

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.

Six 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; Mark A. Newell, MD, MMM; Anuradha Rao-Patel, MD and Anthony R. Plunkett, MD. Member absent: Sharona Y. Johnson, PhD, FNP-BC

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 81 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; Mark A. Newell, MD, MMM; Anuradha Rao-Patel, MD; and Anthony R. Plunkett, MD. Member absent: Sharona Y. Johnson, PhD, FNP-BC

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 78 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.

Rule Activity: Final Approval for 21 NCAC 32N .0107

Proposed rule amendment, 21 NCAC 32N .0107, defines when the six-month investigative period as set forth in G.S. 90-14(1) ends.

The proposed rule was published in the North Carolina Register and a public hearing was convened on February 14, 2025, which no one from the public attended. The Board did not receive any written comments.

The proposed amended rule is now before the Board for final approval.

Committee Recommendation: Adopt proposed rule amendments as written.

Board Action: Accept Committee recommendation. Adopt proposed rule amendments as written.

Disciplinary (Compliance) Committee Report

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

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 five 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.

Investigative Interview Report

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

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

Old Business:

Proposed rules changes for 21 NCAC 32S .0213 and 21 NCAC 32M .0110 — Marcus Jimison, Deputy General Counsel

Committee Recommendation: Adopt rule changes as written and ask the NCMB legal department to explore making statutory changes with the NC Legislature.

Board Action: Accepted Committee recommendation. Adopt rule changes as written and ask the NCMB legal department to explore making statutory changes with the NC Legislature.

Request to extend Hurricane Helene waivers – M. Jimison

Committee Recommendation: Extend all Hurricane Helene waivers through September 25, 2025.

Board Action: Extend all Hurricane Helene waivers through the end of the State of Emergency.

New Business:

Resolution recognizing contributions by the Custodian of Records and others – M. Jimison

Committee Recommendation: Accept as information.

Board Recommendation: Accept Committee recommendation. Accepted as information.

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.

JSC Panel Recommendations – March 2024, May 2024, July 2024, September 2024, November 2024 and January 2025 – M. Jimison

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accepted as information.

Outreach Committee Report

Members present were: Candace A. Bradley, DO, MBA; presiding; W. Howard Hall, MD; Robert L. Rich, Jr., MD; Joshua D. Malcolm, JD. Member absent: Sharona Y. Johnson, PhD, FNP-BC.

Old Business

- a. Update on presentations
 - i. Professional and public presentations
 - ii. Regulatory Immersion Series events
 - iii. Opportunities for assessment

The Communications Director gave an update on recent public and professional presentations and other outreach activities. The Communications team is making progress towards the goal of expanding the geographic reach of NCMB's outreach, with public and professional talks presented or scheduled in eastern North Carolina and the Piedmont. NCMB is busy throughout the spring with repeat visits to medical and PA schools hosting the Regulatory Immersion Series mock disciplinary course and is seeking meetings with some new PA programs to secure the opportunity to present RIMS to their first graduates. The Communications Director encourages

Committee Members to make introductions to help staff secure more speaking opportunities; Dr. Hall indicated that he has spoken to the president of the multi- county Medical Society of Western NC, which is interested in hearing from NCMB. The discussion on opportunities for assessment of outreach activities was deferred

Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

b. Update on new social media channels

The Communications Director informed the Committee that NCMB has established a profile on Instagram and is now posting content on the platform. The Communications team hopes to reach a younger audience of both public and professional Instagram users and has prepared content on timely, relevant topics including health literacy and clinician wellness, as well as informational posts about NCMB. Staff will monitor the response to NCMB's Instagram presence and report back to the Committee with any notable observations.

Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as Information.

c. New mobile website interface launch

The Communications Director noted that the new interface for users who access NCMB's website on a mobile phone was launched in February and encouraged Committee Members who have not yet used their phone to view the website to do so. Staff are exploring ways to capture audience response to the new interface and determine if it is helping to boost use of featured content, such as NCMB's position statements, the *Forum* newsletter, FAQs and other resources.

Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

New Business:

a. Board Member Recruitment

Committee Members received an update on NCMB efforts to raise awareness of the opportunity to serve as a clinician Board Member. The application period for three physician seats on NCMB opened in February, Although NCMB is not directly involved in the nomination or selection process for Board Members, the organization has an interest in ensuring a robust response from high-quality candidates to the call for applications. The Communications Director reviewed strategies in play to assist with recruitment of candidates, including social media posts and

newsletter articles, outreach to stakeholder groups and requesting that current and former Board Members identify and approach colleagues they think would be suited to Board service. Staff reminded Committee Members that the Communications team is asking Board Members to give short interviews talking about the value of Board service, which will be edited to create social media posts. Dr. Hall indicated that the current letter from NCMB CEO Thom Mansfield, while excellent, could be improved by including even more detail. Dr. Bradley issued a challenge to current Board Members to each speak to three colleagues three times about serving with NCMB. Board Member Anthony R. Plunkett, MD, speaking from the gallery, suggested NCMB plan a “bring a friend to work” day where Board Members could bring a colleague to observe Board business.

Committee recommendation: Discuss new ideas for Board Member recruitment with the full Board and direct staff accordingly.

Board Action: Accept Committee recommendation. Discuss new ideas for Board Member recruitment with the full Board and direct staff accordingly.

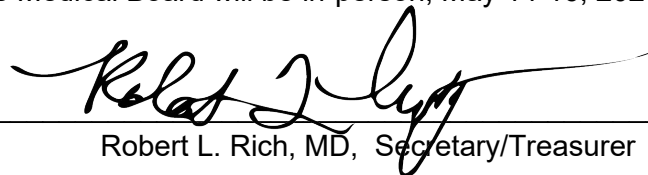
b. 2024 Annual Report Presentation

This agenda item was deferred until Friday, March 21, 2025, before the full Board.

ADJOURNMENT

The Medical Board officially adjourned at 11:58 a.m. on Friday, March 21, 2025.

The next meeting of the Medical Board will be in-person, May 14-16, 2025.



Robert L. Rich, MD, Secretary/Treasurer