

**MINUTES**

**The North Carolina Medical Board**

**September 13-16, 1995**

**1203 Front St.  
Raleigh, NC**

The September 1995 meeting of the North Carolina Medical Board was held at the Board's office, 1203 Front Street, Raleigh, NC 27609. The meeting was called to order at 5:00 pm, September 13, 1995, by Walter M. Roufail, MD, President. Board members in attendance were: Harold L. Godwin, MD, President Pro-Tempore; Ernest B. Spangler, MD, President Elect; George C. Barrett, MD, Secretary/Treasurer; Hector H. Henry, II, MD; Mr. David L. Howe; Mr. Paul Saperstein; Wayne W. VonSeggen, PA-C; Mrs. Martha K. Walston; F. Danford Burroughs, MD; George Johnson, Jr., MD, and Charles E. Trado, Jr., MD.

Staff members present were: Mr. Bryant D. Paris, Jr., Executive Director; Ms. Helen Diane Meelheim, Director of Finance Operations & Human Resources; Mr. James A. Wilson, Board Attorney; Mr. William H. Breeze, Jr. Staff Counsel; Mr. Don R. Pittman, Investigative Director; Mr. Edmond Kirby-Smith, Investigator; Mr. Dale E. Lear, Investigator; Mr. Alan M. Evans, Investigator; Mrs. Therese Dembroski, Investigator; Ms. Barbara Brame, Investigator; Mrs. Jenny Olmstead, Senior Investigative Secretary; Ms. Anne Goding, Investigative Secretary; Ms. Pearlina Dowling, Complaint Coordinator; Mr. Dale Breaden, Director of Communications and Public Affairs; Mrs. Wanda A. Long, Executive Staff Assistant; Mrs. Teresa Wrenn, PA/NP Coordinator; Ms. Tiajuana Jackson, Administrative Assistant; Mr. Jeff Denton, Operations Assistant; Mrs. Joy D. Cooke, Licensing Director; Ms. Michelle Lee, Asst. Director of Licensing; Mr. Jeff A. Peake, Licensing Assistant I; Mrs. Ann Z. Norris, Verification Secretary; and Mr. Peter Celentano, Controller.

#### **AGENDA - Public**

##### Board Members Assisting in Legal Actions

Dr. Johnson raised the question of whether or not Board members assisting lawyers or plaintiffs with legal actions would be a conflict of interests for Board members.

The Board adopted a motion presented by Mr. Howe, seconded by Dr. Godwin, to accept the following resolution:

Because such action might disqualify a Medical Board member from later participating in Board deliberation and action, it is inappropriate for any Board member to take part as advisor to either party in what might later become subject to Board review and action toward a person licensed by the Board.

##### James R. Winn, MD and Susan Spaulding, of FSMB

James R. Winn, MD, Executive Vice President and Susan Spaulding, Vice President, of the Federation of State Medical Boards, met with the Board and discussed the Federation goals, Ad-hoc Committee on Telemedicine, North American Free Trade Agreement (NAFTA), Self Assessment Instrument (SAI), and other topics brought up by the Board members.

##### Communication Department Update

Dale Breaden presented to the Board an update of the Communication Department entitled, "Notes for a Communication Program Focused on the Regulated Professions and the Public". The Board accepted this as information.

##### Podiatric Scope of Practice - Simple Soft Tissue Procedure

Dr. Spangler reported that he and Dr. Henry met twice with two members of the NC Board of Podiatry Examiners as part of the committee to define simple soft tissue procedures established by the passage Senate Bill 399. The next committee meeting will be September 25, 1995. The committee will complete its work by Sunday, October 1, 1995. The Board accepted this as information.

#### Minutes for approval

The Board adopted a motion presented by Dr. Johnson, seconded by Mr. Saperstein, to approve the minutes of the July 1995 Board meeting as presented.

#### Medical Schools - Ethics

Dr. Johnson discussed a fax he received from the UNC Dean of Education listing what is being taught to medical students regarding ethics. The Board accepted this as information.

#### Resolution re: Dr. Walter Roufail

The Board adopted a motion presented by Dr. Godwin, seconded by Mr. Saperstein, to accept the following resolution:

Whereas Walter Roufail, MD has been President of the NC Medical Board for the past year and whereas Dr. Roufail discharged the duties and responsibilities of this office in an exemplary manner, be it resolved that Dr. Roufail be made aware that the NC Medical Board gratefully acknowledges his services to the medical and lay population of the state of North Carolina.

#### Ad Hoc Committee on Telemedicine

Dr. W. Roufail appointed Dr. G. Barrett, Dr. H. Godwin, and Mr. P. Saperstein to serve as members of the AdHoc Committee on Telemedicine. This committee is to discuss the issue of telemedicine and present a report to the Board at the November meeting.

### **EXECUTIVE DIRECTOR'S REPORT**

The Executive Director, Bryant D. Paris, Jr., presented the following information in his Executive Director's report:

#### Executive Summary of The Ad Hoc Committee on Physician Impairment Report on Sexual Boundary Issues of the Federation of State Medical Boards (see appendix)

#### Physician-Patient Relationship

Since the distribution of the Board's statement on Physician Patient Relationship, the Board staff has received a number of positive responses and no negative responses to the position.

#### Report on Misadventures

Mr. Wilson has formally communicated with Dr. Butts, the Chief Medical Examiner, regarding medical misadventures. As a result of the request for information about misadventures, Dr. Butts' office supplied the Board staff with misadventures recorded in 1990. The staff has begun the process of investigating those matters. Reports for subsequent years will be supplied to the staff as the Medical Examiners Office compiles the materials.

#### Meeting with Dr. David Forsberg

On July 25, 1995, Mr. Paris met with Dr. David Forsberg, a radiologist in Durham, who is probably the first teleradiology practice in the state having contracts in twenty other states. Dr. Forsberg gave Mr. Paris a tour of his facility. The two exchanged their concerns about the need for him, and other physicians in the practice, to have licenses in twenty other states.

#### Interviews and Meetings

Since the last Board meeting, Mr. Paris has interviewed seven applicants for various medical licenses.

On July 26, 1995, Dale Breaden and Mr. Paris met with Professor Malcolm Forsyth from the University of Kent at Canterbury, UK. Dr. Forsyth was visiting North Carolina to inquire into the operation of the relationship of PHP with the Medical Board. An article regarding this matter is included in the current *Bulletin*.

On August 25th, Mr. Paris attended a Pharmacy Association meeting, at which time Dave Work, Executive Director of the Pharmacy Board, was presented the 1995 North Carolina Pharmacist-of-the-Year Award.

On August 30th, Mr. Paris attended a Wake AHEC (Adult Health Education Center) program entitled, Operational and Strategic Planning for Physicians in a Managed Care Era. The meeting was strictly a financial program to determine whether or not the introduction of new procedures are cost effective.

On August 31st, H. Diane Meelheim, James A. Wilson, and Bryant D. Paris, Jr. met with Dr. Robert Vanderberry to discuss the NCPHP Budget and the concern that the Board has regarding the release of information between organizations.

On September 5th, Mr. Paris was interviewed by television station WGHP, channel 8 in Greensboro. The thrust of the interview was the responsiveness of physicians to requests for release of patient records.

Considerable staff time has been devoted to the questions regarding podiatry soft tissue procedures.

Ms. Meelheim and Mr. Paris, have jointly responded to the Policy Committee regarding the offer for continued assistance from Dr. John Anderson.

#### Action Items

Items beginning with the May Board meeting were presented and the status of each item was discussed.

The Board accepted the Executive Director's Report as information.

#### **LEGISLATIVE UPDATE**

Bill Breeze presented a report on legislation (see appendix), which was ratified during the current session of legislature. The Board accepted this as information.

The following motion was made, seconded, and passed unanimously: MOVED: That the Board direct staff to draft for publication changes in the rules to provide for new corporate entities which can be formed as a result of the enactment of Chapter 351 and Chapter 382 of the Session Laws of 1995.

A motion was passed to close the session to preserve information confidential under the NC General Statute 90-21.22.

#### **ATTORNEY'S REPORT**

A motion was adopted to close the session to prevent disclosure of information made confidential by sections 90-8 and 90-16 of the General Statutes and not a public record within the meaning of Chapter 132 of the General Statutes.

Mr. Wilson sought clarification of the Board's intentions regarding the termination of three consent orders.

A motion was adopted to return to open session.

#### Letter Requesting Opinion on Administration of Drugs by Registered Radiologic Technicians

The Board received a letter from John E. Caldemeyer, M.D., Vice Chairman, Department of Radiology, Margaret R. Pardee Memorial Hospital, asking whether Registered Radiologic Technologists may administer medications to person undergoing certain procedures. Board Action: Dr. Roufail is to respond to Dr. Caldemeyer that the law permits physicians to "delegat[e] to a qualified person any acts, tasks or functions which are otherwise permitted by law or established by custom," but that the Board is unaware of any law that otherwise permits Registered Radiologic Technologists to administer medication and has insufficient information to satisfy itself whether such a practice has been established by custom.

#### Suspensions for failure to register

Mr. Wilson reported that those who were suspended as a result of registration checks being returned for insufficient funds or otherwise had been made good.

Board Action: For each affected physician, dismiss the Notice of Intention to Suspend License.

Mr. Wilson reported that there were a number of physicians who, at the July meeting, were suspended for failure to register but whom the Board has since learned received no actual notice of the Notice to Suspend. In most of these cases, it appears an institution signed the return receipt on behalf of the physician, realized the physician was no longer with the institution, and then returned the original envelope to the Board.

Board Action: For each affected physician, staff is to enter an order reflecting the lack of actual notice and rescinding the original suspension as of the date of that suspension.

Mr. Wilson reported that there were a number of physicians who, at the July meeting, were suspended for failure to register but who now claim to have notified the Board prior thereto that they intended to retire. In most of these cases, it appears the physician notified the Medical Society, not the Board.

Board Action: For each affected physician, enter an order reflecting the notice of retirement and rescinding the original suspension as of the date of that suspension.

Mr. Wilson reported that in excess of 500 physicians indicated, by checking the appropriate block on the registration form, their intention not to register.

Board Action: Give these physicians notice of the Board's intention to suspend their licenses for failure to register.

#### **FORMAL ACTION - 9/95 - PUBLIC**

#### **CHARGES EXECUTED**

McELLIGOTT, James Brendan, MD - Grimesland, NC

- a. 8/21/95 - Charges executed
- b. 8/23/95 - Charges served on MD

#### CONSENT ORDERS EXECUTED

NELSON, Mark Theodore, MD - Dunn, NC  
7/28/95 - Consent Order executed

FELDMAN, Rhonda Glen, PA - Roseboro, NC  
8/16/95 - Consent Order executed

#### HEARINGS - 9/95

CARROLL, Ray T., M.D. - Circleville, OH

9/14/95 PUBLIC HEARING  
Catchline: Notice of Charges and Notice of Hearing  
BOARD ACTION: REVOKE LICENSE

GORDON, Mark Anthony, P.A. - Wilmington, NC

9/14/95 PUBLIC HEARING  
Catchline: Order of Summary Suspension of License  
Notice of Charges and Notice of Hearing  
BOARD ACTION: Hearing rescheduled (witnesses unable to attend)

#### SPECIAL VOLUNTEER LICENSE

9/15/95 PUBLIC HEARING  
Catchline: Hearing Notice and Proposed Rules for a Special Volunteer License  
BOARD ACTION: The Board adopted a motion by Dr. Godwin and seconded by Mr. Saperstein to adopt the Volunteer License Rule as published August 15, 1995 in volume 10 - number 10 of the North Carolina Register at pages 831 and 832.

#### POLICY COMMITTEE REPORT

##### Symposium re: treatment of obesity

Dr. Burroughs has agreed to attend a symposium for Medical Board members re: the treatment of obesity. The meeting will be held on October 28, 1995, in Orlando, Florida. The meeting is to provide information and help develop guidelines regarding anorectics. The Board adopted a motion presented by Mrs. Walston, seconded by Mr. Saperstein, to authorize the Board to pay Dr. Burroughs' expenses to the meeting in Orlando.

##### By-Laws

The Board adopted a motion presented by Dr. Burroughs, seconded by Mr VonSeggen, to adopt the by-laws (see Appendix) with the following changes:

- Article III Section VI to be deleted.

Article VI, Section III to read ...".Except as otherwise provided herein or by applicable law, these bylaws may be amended or repealed and new bylaws may be adopted by a two-thirds (2/3) majority vote."

##### Education Evaluators

Dr. Johnson discussed the organization called "Education Evaluators". He discussed the way in which they instruct on clinical evaluations and examinations. The Board adopted a motion presented by Dr. Barrett, seconded by Dr. Henry, to invite the Education Evaluators to the November 1995 Board meeting.

#### OPERATIONS COMMITTEE

The following Operations Committee report was presented to the Board:

##### Operations Committee Minutes - September 1995

Present: Walter M. Roufail, MD, President; George C. Barrett, MD, Secretary/Treasurer; Ernest B. Spangler, MD, Chairman and President Elect; Bryant D. Paris, Jr., and H. Diane Meelheim

The meeting was called to order by Dr. Spangler at 10:00AM

#### Personnel

- Employee evaluations - the Consumer Price Index of 2.5% is to be used as the marker for salary increases. The Management Committee is to review salary recommendations.

#### Facilities

- Building - Leasehold improvements have been completed.  
- Security - the staff met with Officer Hagwood of the Raleigh Police Department on September 12, 1995, for a security briefing. The staff is to review protocols and implement changes regarding office security.

#### Equipment

- Mail equipment has been installed.  
- Datalink equipment has been ordered and is to be delivered by the beginning of October. Thirty-one thousand dollars have been received from Datalink subscribers.  
- The Fax machine for the licensing department and network has been approved at increased cost. Demonstration models are currently being tested (Panasonic and Sharp).  
- Telephones - Staff is to make sure that all telephone voice-mail message paths are ended with "dial O to return to the operator".

#### Financial

- BB&T - cashflow plan was reviewed. The staff is to revise cashflow plan with the assistance of Mr. Paul Saperstein.  
- Financial statements - March, April, May, and June financial statements were reviewed.  
- The budget was discussed and changes were recommended which will cause the Board to have about \$100,000 excess cash over expenditures.  
- The Medical Director position was discussed.  
- A retreat is to be budgeted under Board CME. Forty thousand dollars is to be budgeted in all for the Board continuing education/retreat activities.  
- A salary consultant should be considered for the Board and included in the Board consultant costs.  
- Auditor - The Board auditor engagement has run its three year course after the 1995 audit.  
- Staff is to alter the budget in conformance with the committee's directions to include an amount for Board Continuing Education, to delete the amount included for fixed assets "other", delete the amount included for monthly accounting, to determine how the question of the two aging autos should be handled and include that amount in a proposal to the committee who will then instruct the staff on the final arrangements. Salaries for two proposed positions are to be added under a category titled "proposed but not allocated". All other salary proposals are to be considered in Executive Session by the Operations/Salary Committee.

The Board adopted a motion presented by Mr VonSeggen, seconded by Dr. Godwin, to accept the Operations Committee report as presented.

### **THE EMERGENCY MEDICAL SERVICE COMMITTEE REPORT**

#### First Responder and Automated Defibrillation

The Alamance County EMS program has submitted a study proposal for EMS-First responders and Automated Defibrillation Responders. This proposal has been endorsed by the North Carolina state EMS Advisory Counsel. Approval of this study will assist the Office of EMS in developing guidelines for EMS-First Responders and Automated Defibrillation Responders. The Board adopted a motion presented by Dr. Johnson, seconded by Dr. Burroughs, to approve the Alamance Co. EMS First Responder and Automated Defibrillation study project proposal for a period of one year from the date of this approval in accordance with 21 NCAC 32H section .0900 of the Emergency Medical Services Advanced Life Support Rules.

A motion was passed to close the session to preserve information confidential under the NC General Statute 90-21.22.

A motion was passed to return to open session.

#### Communicating EMS Rulings

Dr. Johnson stated that it was not enough to send the OEMS a copy of the Board meeting minutes regarding OEMS. He requested that all motions passed be communicated in writing listing specifically what was passed regarding EMS. The Board adopted a motion by Dr. Johnson, seconded by Dr. Burroughs, to send to the OEMS written copies listing specifically all motions passed regarding OEMS.

#### EMS Certification Report

Prepared for the NC Medical Board - 7/01/95 - 7/31/95

<u>Certification Level</u>	<u>Initial</u>	<u>Recert</u>	<u>Total</u>
EMT-D	34	0	34
EMT-I	17	13	30
EMT-AI	0	0	0
EMT-P	14	0	14
MICN	18	0	18
Total	83	13	96
Epinephrine Certificate Totals		105	

Motion: The Board adopted a motion by Dr. Johnson, seconded by Dr. Burroughs, to accept the EMS Certification report as presented.

Motion: The Board adopted a motion by Dr. Johnson, seconded by Dr. Burroughs, to accept the EMS report as presented.

A motion was 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 of such licenses or certificates

#### **PHYSICIAN ASSISTANT COMMITTEE REPORT -**

W. VonSeggen, G. Johnson, D. Burroughs

- I. PA Full License Applications -  
provisional license approval issued between 6/28/95 - 8/23/95

Board Action: Approve

#### **PROVISIONAL APPROVAL FOR**

<b><u>PA NAME</u></b>	<b><u>INTENT TO PRACTICE ISSUED</u></b>
(* ***)Indicates PA has not submitted Intent to Practice Application)	
<b>BAUMER, David, PA-C</b>	<b>*****</b>
<b>CHAVIS, Robert, PA-C</b>	<b>HUDSON, Tonya, M.D.</b>
<b>CHIN, Marian, PA-C</b>	<b>*****</b>
<b>COE, Thomas, PA-C</b>	<b>*****</b>
<b>CURIALE, Anthony, PA-C</b>	<b>BRADLEY, Betty, M.D.</b>
<b>DAVE, Meena, PA-C</b>	<b>REID, William, M.D.</b>
<b>DEBARTH, Kenneth, PA-C</b>	<b>BLAIR, James, M.D.</b>
<b>FERTIG, Norman, PA-C</b>	<b>REDEKER, Charles, M.D.</b>
<b>GLENN, Robert, PA-C</b>	<b>BILBREY, George, M.D.</b>
<b>GOLD, Wayne E., PA-C</b>	<b>WILSON, Charles, M.D.</b>
<b>JANSEN, Ingram, PA-C</b>	<b>VERRETT, Charlotte, M.D.</b>
<b>MERRILL, Susan, PA-C</b>	<b>*****</b>
<b>RICH, Janet, PA-C</b>	<b>ALLEN, William, M.D.</b>
<b>SKOSKI, Myron, PA-C</b>	<b>LATHAM, Georgia, M.D.</b>
<b>SHANTON, Gregory, PA-C</b>	<b>WORTHEN, Mark, M.D.</b>
<b>STANFORD, Peter, PA-C</b>	<b>CHADHURI, Debi, M.D.</b>
<b>TAYHEY, James, PA-C</b>	<b>LANDWATER, Lance, M.D.</b>
<b>THIEBAUD, Eugene, PA-C</b>	<b>KELLY, David, M.D.</b>
<b>TROYON, Sharon, PA-C</b>	<b>SMITH, John B., M.D.</b>
<b>TRAUX, Dorothy, PA-C</b>	<b>HARR, Charles, M.D.</b>
<b>WELDEN, Jennifer, PA-C</b>	<b>JACKSON, Barney, M.D.</b>
<b>WILSON, Patricia, PA-C</b>	<b>MC ELVEEN, John, M.D.</b>
<b>WHITE, Peter, PA-C</b>	<b>MICHAEL, Richard, M.D.</b>

- II. PA Temporary License Applications -  
provisional license approval issued between 6/28/95 - 8/23/95

Board Action: Approve

#### **PROVISIONAL APPROVAL FOR**

<b><u>PA NAME</u></b>	<b><u>INTENT TO PRACTICE ISSUED</u></b>
<b>BOWMAN, Alicia, PA</b>	<b>MICHAEL, Douglas, M.D.</b>
<b>COLE, Katherine, PA</b>	<b>JACOBS, William R., M.D.</b>

**DILLARD**, Wilbert, PA  
**FARWELL**, Susan, PA  
**GORE**, William, PA  
**GRAY**, Lee A., PA  
**GREEN**, Timothy, PA  
**LARKIN-BRUNET**, Greta, PA  
**LAWRENCE**, Bradford, PA  
**MARTIN**, Tonya, PA  
**OBENRADER**, Douglas, PA  
**OXENDINE**, Lisa, PA  
**PETTIT**, Elvy, PA  
**SECREST**, Jon A., PA  
**SEELY**, Dennis, PA  
**SHUPING**, Jennifer, PA  
**SISSON**, Diane, PA  
**STEIN**, William, PA  
**SWARTZ**, Sharon, PA  
**WELDEN**, Jennifer, PA  
**WIGMAN**, Edith, PA  
**WIGMAN**, Edith, PA  
**YOUNG**, Grace, PA

**KENNEDY**, Charlie, M.D.  
**PRINCE**, George E., M.D.  
**COIN**, J. Thaddeus, M.D.  
**BARTLE**, Bryan, M.D.  
**SMITH**, Michael, M.D.  
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**CARLTON**, Richard, M.D.  
**SHULL**, Kenneth, M.D.  
**WOODS**, Edward, M.D.  
**LOCKLEAR**, Kenneth, M.D.  
**GENTRY**, Daniel, M.D.  
**EDWARDS**, Preston, M.D.  
**BALE**, Renu, M.D.  
**RICHARDSON**, Clay, M.D.  
**LANCE**, Edward, M.D.  
**BIANCHI**, Edgardo, M.D.  
**ROBERSON**, Lewis, M.D.  
**JACKSON**, Barney, M.D.  
**CASH**, Ted, M.D.  
**LOOMIS**, Rebecca, M.D.  
**GARDNER**, William, M.D.

(\*\*\*\*\*Indicates PA has not submitted Intent to Practice Application)



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

Board Action: Approve

**BROWN**, Lynn D., PA  
**EDWARDS**, R., Elizabeth, PA

IV. PA Intent to Practice applications provisionally approved -

Committee Recommendation: Approve

<b>AARON</b> , Charles, PA	<b>SMITH</b> , Douglas, M.D.
<b>BAKER</b> , Wanda, PA	<b>GAINOR</b> , Charles, M.D.
<b>BELL</b> , Elisabeth, PA	<b>EHTESHAMUL</b> , Haque, M.D.
<b>BURKEY</b> , Beth, PA	<b>MELIO</b> , Frantz, M.D.
<b>CEDERQUIST</b> , Clarence, PA	<b>WILLIS</b> , Robert, M.D.
<b>COOKE</b> , Eleanor, PA	<b>GLOWER</b> , Donald, M.D.
<b>CUTLER</b> , Robert, PA	<b>RHODES</b> , Charles, M.D.
<b>DAVIS</b> , Paul, PA	<b>MARLETTE</b> , Marine, M.D.
<b>DIXON</b> , Randall, PA	<b>CADER</b> , Cas, M.D.
<b>DONALD</b> , Karen, PA	<b>WHITE</b> , Mack, M.D.
<b>DONNELLY</b> , Margaret, PA	<b>HARRELSON</b> , John, M.D.
<b>EDENFIELD</b> , George, PA	<b>POWELL</b> , Ronald, M.D.
<b>ELLIOTT</b> , Lawrence, PA	<b>WOODYEAR</b> , John, M.D.
<b>FELTON</b> , Harold, PA	<b>ZAMMITT</b> , Joseph, M.D.
<b>GARBER</b> , Diane, PA	<b>PAGE</b> , Stephen, M.D.
<b>GEORGE</b> , Robert, PA	<b>O'BREIRNE</b> , Kenneth, M.D.
<b>GENTILE</b> , Elizabeth, PA	<b>FERGUSON</b> , Amy, M.D.
<b>GERMINO</b> , Victor, PA	<b>REECE</b> , Donald, M.D.
<b>GRAVATT</b> , Steven, PA	<b>ROBBINS</b> , Grover, M.D.
<b>GUY</b> , Thomas, PA	<b>KOVACICH</b> , John, M.D.
<b>HALL</b> , Robert, PA	<b>MURRAY</b> , Charles, M.D.
<b>HENDERSON</b> , David, PA	<b>BURKE</b> , Annette, M.D.
<b>HILL</b> , Jennie, PA	<b>BOLIN</b> , Lewis, M.D.
<b>JONES</b> , David, PA	<b>BARKER</b> , Joseph, M.D.
<b>KATZ</b> , Jeffrey, PA	<b>FAULKENBERRY</b> , Russell
<b>KRAPE</b> , Harvey, PA	<b>WILLIAMS</b> , Marcus, M.D.
<b>LAMM</b> , Greyard, PA	<b>TAKLA</b> , Medhat, M.D.
<b>LAREZ</b> , Guadalupe, PA	<b>BROWN</b> , Lucy, M.D.
<b>LISHCYNISKY</b> , Michael, PA	<b>MOORE</b> , Craig, M.D.
<b>LYONS-CLARKE</b> , Amie, PA	<b>MCBRIDE</b> , Jack, M.D.
<b>MCDOWELL</b> , Julie, PA	<b>LINZ</b> , Walter, M.D.
<b>MCHATTON</b> , Timothy, PA	<b>WHITE</b> , Lena, M.D.
<b>MELTON</b> , Claudia, PA	<b>BENJAMIN</b> , Brian, M.D.
<b>MERCER</b> , Minnie, PA	<b>SULLIVAN</b> , Raymond, M.D.
<b>MILLER</b> , Richard, PA	<b>JACUBOWITZ</b> , Sam, M.D.
<b>MITCHELL</b> , Charles, PA	<b>MACCORMACK</b> , John, M.D.
<b>MORRIS</b> , Robert, PA	<b>FLETCHER</b> , Robert, M.D.
<b>MOTSINGER</b> , Elisabeth, PA	<b>SOPER</b> , Herbert, M.D.
<b>NEWCOMB</b> , Christopher, PA	<b>JOHNSON</b> , Randall, M.D.
<b>OCHS</b> , Gary, PA	<b>ALMQUIST</b> , Robert, M.D.
<b>PEPPARD</b> , Diane, PA	<b>SCHAEN</b> , Michael, M.D.
<b>POWELL</b> , Debra, PA	<b>NORRIS</b> , Clarence, M.D.
<b>RINEHULS</b> , David, PA	<b>MOORE</b> , Donald, M.D.
<b>ROBINSON</b> , Peggy, PA	<b>DODDS</b> , George, M.D.
<b>SALIMBENI</b> , John, PA	<b>BURTON</b> , Harry, M.D.
<b>SCHRUM</b> , Wilbur, PA	<b>GASKINS</b> , Raymond, M.D.
<b>SEFFELS</b> , Allan, PA	<b>BRYAN</b> , J. Hugh, M.D.
<b>SLOAN</b> , Sheldon, PA	<b>WILLIAMS</b> , Ronald, M.D.
<b>SMITH</b> , Jeanna, PA	<b>GRANDIS</b> , Arnold, M.D.
<b>STONE</b> , Janice, PA	<b>HASHEMEE</b> , Sayed, M.D.
<b>STRATTON</b> , Suzonne, PA	<b>SAYERS</b> , Daniel, M.D.
<b>TAYLOR</b> , Allison, PA	<b>SMITH</b> , Jean, M.D.
<b>TRUTT</b> , Christine, PA	<b>ALMARIO</b> , Joselito, M.D.
<b>VAIL</b> , Cynthia, PA	<b>TIDLER</b> , James, M.D.

<b>VENTRILLA, James, PA</b>	<b>BENJAMIN, Brian, M.D.</b>
<b>WEEKS, Royce, PA</b>	<b>BOONE, Stephen, M.D.</b>
<b>WHITTEN, Robin, PA</b>	<b>HANSEN, Alfred, M.D.</b>
<b>WILLIAMS, Kyra, PA</b>	<b>MILLER, Daniel, M.D.</b>
<b>WILLIAMS, Sherril, PA</b>	<b>NEWMAN, Andrea, M.D.</b>
<b>WILLIAMS, Melvania, PA</b>	<b>REECE, Donald, M.D.</b>
<b>WOLPERT, Kenneth, PA</b>	<b>HATHORN, James, M.D.</b>
<b>WOOD, Roger, PA</b>	<b>SAMIA, Mark, M.D.</b>

A motion was passed to return to open session.

VI. Public Agenda Items For Committee Discussion -

A. Assessing Core Medical Knowledge of Inactive Licensees.

1. PA Regulations Subchapter 32O.0002 (3).

B. Assessing N.C. Medical Board support for amending Medical Practice Act pertaining to the limit of two Licensed Physician Assistants at any time for one Primary Supervising Physician.

C. Application Form Improvement.

Note: Staff will prepare suggested changes and additions of the following forms and present to the PA Advisory Committee at the January Meeting.

1. PA License Application.

2. Proposed application page to include with the PA License Application until the application has been revised.

3. PA Intent to Practice Application.

4. Physician Extender Annual Registration Application.

D. Discuss possible expansion of the staff midlevel personnel for licensing from one to two in the 1996 Budget.

Note: Staff will evaluate calls both quantity & topically by using a log sheet.

E. Please note that the PA Advisory Committee is scheduled to meet on November 15, 1995 from 11:00am-1:00pm at the Board's office. PA Advisory Committee meeting (8/28) summary.

A motion was 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 of such licenses or certificates

**NURSE PRACTITIONER COMMITTEE REPORT - Harold Godwin, Ernest Spangler**

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

**Board Action: Approve**

<b>ABBOTT, Linda, NP-applicant</b>	<b>PERRY, John C., M.D.</b>
<b>ARNOLD, Cheryl, NP-applicant</b>	<b>MONTES, Anita, M.D.</b>
<b>BEST, Sandra O., NP-applicant</b>	<b>OLDS, William, M.D.</b>
<b>BRADY, Deborah, NP-applicant</b>	<b>GILBERT, Richard., M.D.</b>
<b>BRITTON, Tonya, NP-applicant</b>	<b>FLEETWOOD, Joseph, M.D.</b>
<b>CLARK, Cynthia, NP-applicant</b>	<b>AYCOCK, Susan E., M.D.</b>
<b>COWIN, Johnna, NP-applicant</b>	<b>HALL, John, M.D.</b>
<b>ELESHA-ADAMS, Mary, NP-applicant</b>	<b>VERNON, Michael, M.D.</b>
<b>ERIKSON, Dawn, NP-applicant</b>	<b>TYLER, Michael, M.D.</b>
<b>EVANS, Roseanne, NP-applicant</b>	<b>VANORD, Russell, M.D.</b>
<b>GAINES, Rebecca, NP-applicant</b>	<b>JOHNSON, Janet, M.D.</b>
<b>GHOSH, Sian, NP-applicant</b>	<b>ALLEN, Cyril, M.D.</b>
<b>GROSKOPF, Elaine, NP-applicant</b>	<b>DORN, Robert, M.D.</b>
<b>JOSHSON, Kirsten, NP-applicant</b>	<b>BENTLEY, Ralph, M.D.</b>
<b>KING, Paula D., NP-applicant</b>	<b>SKARDA, Karen, M.D.</b>
<b>LANE, Barbara, NP-applicant</b>	<b>MCKINNEY, Ross, M.D.</b>
<b>LARSEN, Pamela, NP-applicant</b>	<b>NEWTON, Dale, M.D.</b>
<b>LEMANSKI, Joanne V., NP-applicant</b>	<b>BOREL, Cecil O., M.D.</b>
<b>MARRETT, Hanna, NP-applicant</b>	<b>BENDER, Neil, M.D.</b>
<b>MEHTA, Susan M., NP-applicant</b>	<b>MEHTA, Nalin C., M.D.</b>
<b>PADUCH, Cynthia, NP-applicant</b>	<b>BLAIR, James, M.D.</b>
<b>RACHIDES, Majorie, NP-applicant</b>	<b>VOSS, John, M.D.</b>
<b>ROBERTSON, Amy, NP-applicant</b>	<b>BLOCK, Steven, M.D.</b>
<b>RUSSETT, Curtis, NP-applicant</b>	<b>HUDSON, Diane, M.D.</b>
<b>RUSSETT, Elizabeth, NP-applicant</b>	<b>HUDSON, Diane, M.D.</b>
<b>SCOTT, Maureen, NP-applicant</b>	<b>SNYDER, Stewart, M.D.</b>
<b>THOMPSON, Jolene, NP-applicant</b>	<b>STOVER, Phillip, M.D.</b>
<b>THURSTON, Anne, NP-applicant</b>	<b>SAVELL, Randall, M.D.</b>
<b>WOOLARD, Suzanne, NP-applicant</b>	<b>SHULTZABERGER, Richard,</b>
<b>YAHYAPOUR, Karen, NP-applicant</b>	<b>VAUGHAN, Ross, M.D.</b>
<b>YOUNG, Laura, NP-applicant</b>	<b>THOMAS, Ricky, M.D.</b>
<b>YOUNG, Margaret, NP-applicant</b>	<b>WITHERS, Abner, M.D.</b>

**II. NP applications for Adding Practice Sites administratively approved -**

**Board Action: Approve**

<b>DANSEY, Bonnie, NP</b>	<b>HARRIS, Russell, M.D.</b>
additional site: UNC Fearington, 2005 Fearington Post, Pittsboro	
<b>EUDY, Christine, NP</b>	<b>HOFFMAN, Jeffrey, M.D.</b>
additional site: Kannapolis Family Phys., 543 Jackson Park Rd., Kannapolis	
<b>PITTMAN, Laura, NP</b>	<b>FRANKLIN, Robert, M.D.</b>
additional site: Oakwood Medical Ctr., 111 S. Fairview Rd., Rocky Mount	
<b>RUPP, Sharon, NP</b>	<b>ADDISON, Winnifred, M.D.</b>
additional site: Dept. of OB/GYN Clinic, 4020 N. Roxboro Rd., Durham	

**III. NP applications for Job Change administratively approved -**

**Board Action: Approve**

<b>CLARK, Freda, NP</b>	<b>GRISWOLD, Steven, M.D.</b>
<b>EFIRD, Dorothy, NP</b>	<b>SHERROD, John. M.D.</b>
<b>GHIANNI, Claudina, NP</b>	<b>SODEN, Kevin, M.D.</b>

**IV. NP Back-Up Administrative Approval Since July 1995**

NURSE PRACTITIONER

PRIMARY PHYSICIAN

BACK-UP PHYSICIAN

ADAMS, Teresa, NP  
 ADAMS, Teresa, NP  
 BRATSCHI, Kathleen NP  
 BRENNAN, Jean, NP  
 CALDWELL, Melissa, NP  
 CARUSO, Diane, NP  
 CASAW, Patricia, NP  
 COLBERT, Edwina, NP  
 DODGE, Charlene, NP  
 DOWDY, Loretta, NP  
 EFIRD, Dorothy, NP  
 EVANS, Iris, NP  
 EVANS, Iris, NP  
 EVANS, Iris, NP  
 EVANS, Iris, NP  
 EVANS, Iris, NP  
 GORDON, Carlyn, NP  
 GRANT, Kelly, NP  
 HANDY, Linda, NP  
 HOOD, Phoebe, NP  
 HUNEYCUTT, Barbara, NP  
 JESSUP, Carol, NP  
 JONES, Judith, NP  
 KORANEK, Virginia, NP  
 LINK, Barbara, NP  
 MAHAFFEY, Wendy, NP  
 MAHAFFEY, Wendy, NP  
 MAHAFFEY, Wendy, NP  
 MAHAFFEY, Wendy, NP  
 MAHAFFEY, Wendy, NP  
 MAHAFFEY, Wendy, NP  
 MESSICK, Hilda, NP  
 NORDON, Frances, NP  
 OEHLER, Jerri, NP  
 OEHLER, Jerri, NP  
 OEHLER, Jerri, NP  
 OEHLER, Jerri, NP  
 OEHLER, Jerri, NP  
 OVERCASH, Marilyn, NP  
 PALMER, Mary, NP  
 PIETRANELO, Susan, NP  
 POLLOCK, Trudy, NP  
 ROWE, Veda L., NP  
 ROWE, Veda L., NP  
 SCHMITTHENNER, Christine, NP  
 SCHUETT, Shirley, NP  
 SCHUETT, Shirley, NP  
 SCHUETT, Shirley, NP  
 SCHUETT, Shirley, NP  
 SCOTT, Darla, NP  
 SPANGLE, Elizabeth, NP  
 SUMMEY, Elizabeth, NP  
 SWEETING, Susan, NP  
 SWEETING, Susan, NP  
 TEBBEN, Jacquelin, NP  
 VENABLE, Ruth, NP  
 WACHOWIAK, Wilma, NP  
 WACHOWIAK, Wilma, NP  
 WACHOWIAK, Wilma, NP  
 WACHOWIAK, Wilma, NP  
 WACHOWIAK, Wilma, NP  
 WIGGANS, Teresa, NP  
 WILLIAMS, Garland, NP

WHYTE, Thomas, MD  
 WHYTE, Thomas, MD  
 HEATH, Stacey, MD  
 BRADY, Joseph, MD  
 BRADY, Joseph, MD  
 FOY, Jane, MD  
 LEVINE, Milton, MD  
 FOY, Jane, MD  
 HEATH, Stacey, MD  
 TEMPEST, David, MD  
 WHITE, Franklin, MD  
 OSBORNE, Michael, MD  
 OSBORNE, Michael, MD  
 OSBORNE, Michael, MD  
 OSBORNE, Michael, MD  
 OSBORNE, Michael, MD  
 FOY, Jane, MD  
 FOY, Jane, MD  
 FOY, Jane, MD  
 PASQUERILLO, John, MD  
 LAWRENCE, LW, MD  
 FOY, Jane, MD  
 HOGGARD, Jeffrey, MD  
 JONES, F.B., MD  
 HEATH, Stacey, MD  
 SQUIRE, Deborah, MD  
 SQUIRE, Deborah, MD  
 SQUIRE, Deborah, MD  
 SQUIRE, Deborah, MD  
 SQUIRE, Deborah, MD  
 SQUIRE, Deborah, MD  
 CULLEN, Peter, MD  
 FOY, Jane, MD  
 SQUIRE, Deborah, MD  
 SQUIRE, Deborah, MD  
 SQUIRE, Deborah, MD  
 SQUIRE, Deborah, MD  
 SQUIRE, Deborah, MD  
 MILLER, Joel, MD  
 FORELAND, Mary, MD  
 ZINCOLA, Daniel, MD  
 BRADY, Joseph, MD  
 MCENTIRE, Jerrill, MD  
 MCENTIRE, Jerrill, MD  
 HUDSON, Diane, MD  
 FELLOWES, Sarah, MD  
 FELLOWES, Sarah, MD  
 FELLOWES, Sarah, MD  
 FELLOWES, Sarah, MD  
 GIBSON, Valda, MD  
 FOY, Jane M., MD  
 PENCE, James, Jr., MD  
 DODDS, Terry, MD  
 DODDS, Terry, MD  
 FOY, Jane M., MD  
 VETTER, Stanley, MD  
 SMITH, Alleyne, MD  
 SMITH, Alleyne, MD  
 SMITH, Alleyne, MD  
 SMITH, Alleyne, MD  
 SMITH, Alleyne, MD  
 SMITH, Alleyne, MD  
 FOY, Jane M., MD  
 ZINCOLA, Frances, MD

ROBBINS, Robert, MD  
 MURKIN, Scott, MD  
 HEPBURN, Douglas, MD  
 HOWELL, Roger, MD  
 HOWELL, Rogers, MD  
 NICHOLS, Jill, MD  
 WATKINS, Elaine, MD  
 NICHOLS, Jill, MD  
 HEPBURN, Douglas, MD  
 CLARK, Sandra, MD  
 FLANAGAN, Angela, MD  
 LINETT, Lawrence, MD  
 BROOKS, Michael, MD  
 WILLIAMS, Barton, MD  
 SCOTT, Bennie, MD  
 DOOLEY, Robert, MD  
 NICHOLS, Jill, MD  
 NICHOLS, Jill, MD  
 NICHOLS, Jill, MD  
 GOTTOVI, Daniel, MD  
 MUKKAMALA, Sasirekha, MD  
 NICHOLS, Jill, MD  
 WOLLEN, Stephanie  
 NICHOLS, Kimberly, MD  
 HEPBURN, Douglas, MD  
 MOSES, John, MD  
 BAKER, Jeffrey, MD  
 WALTER, Emmanuel, MD  
 LAWSON, Jennifer, MD  
 O'LEARY, Melinda, MD  
 WILCZYNSKI, Denise, MD  
 HOGSETTE, Gerald, MD  
 NICHOLS, Jill, MD  
 BAKER, Jeffrey, MD  
 WALTER, Emmanuel, MD  
 LAWSON, Jennifer, MD  
 O'LEARY, Melinda, MD  
 WILCZYNSKI, Denise, MD  
 DUFOUR, Harold, MD  
 CARTER, Mary, MD  
 NGUYEN, Cuong, MD  
 HOWELL, Rogers, MD  
 ELLIS, George, MD  
 TURNBULL, Joseph, MD  
 BROWN, Lucy, MD  
 HARPER, Nancy, MD  
 VASHI, Dipak, MD  
 GAINOR, Charles, MD  
 WEEKS, Katherine, MD  
 HOGSETTE, Gerald, MD  
 NICHOLS, Jill, MD  
 KAMITSUKA, Paul, MD  
 MARCHESE, John, MD  
 SHIRLEY, Robert, MD  
 NICHOLS, Jill, MD  
 NAGEL, Terry, MD  
 BLANCHARD, Paul, MD  
 FINK, Elizabeth, MD  
 SMITH, Douglas, MD  
 SCHAEN, Michael, MD  
 CIAPPONI, Nelsa, MD  
 NICHOLS, Jill, MD  
 NGUYEN, Cuong, MD

#### Nurse Practitioner Hearing

SUBCHAPTER 21 NCAC 32M APPROVAL OF NURSE PRACTITIONERS - as approved with amendments (see Appendix for copy of rules as approved).

#### **LICENSURE INTERVIEWS**

The Board conducted 14 licensure interviews. A written report was presented to the Board for review. The Board adopted the committee's recommendation to approve the written report.

#### **LICENSURE COMMITTEE REPORT - September 1995**

Six cases were reviewed by the committee. A written report was presented to the Board for review.

A motion was passed to return to open session.

#### **MISCELLANEOUS**

- (1) Donna Harward - Educational Consultant from UNC to possibly speak about processes available for procedures on evaluating physicians.

COMMITTEE RECOMMENDATION: Consider inviting members of the consortium (Education Evaluators) for a half-hour presentation (with video) of their procedure for assessing physicians.

BOARD ACTION: Accept Committee Recommendation

- (2) Recommend considering a legislative change to put a limit on the fee for reinstatement.

COMMITTEE RECOMMENDATION: Change G.S. 90-15.1 from "...Upon payment of all fees and penalties which are due, to "... Upon payment of all fees and penalties which are due, not to exceed the current application fee."

BOARD ACTION: Motion to accept the Committee Recommendation - Motion tabled until November.

- (3) The September 29th meeting for RTL coordinators is scheduled as originally planned with 6 institutions responding affirmative, 3 awaiting a response and 1 not able to attend.

BOARD ACTION: Accepted as information.

- (4) Proposed rule change .0305 Examination Basis For Endorsement

Mr. Paris to present. Presentation was given to License Committee.

COMMITTEE RECOMMENDATION: Accept proposed rule change

Mr. Paris presented the proposed rule change (see appendix) and suggested that Board Members give further thought to the recommendation for future action. The Board agreed.

#### **AGENDA - SEPTEMBER 1995**

- (1) Approval of physicians for license by endorsement; physicians for reinstatement of NC license; physicians for Faculty Limited license; and physicians for VIP Certificates of Registration.

BOARD ACTION: (WV, GJ) Approved as presented

- (2) Approval of License Committee report.

BOARD ACTION: Approve as presented - Two physician's cases were not discussed due to omission from the written report. This information was distributed to Board Members 9/17/95 for written approval.

Motion: (GJ, CT) The Board approved a motion to accept the Licensure Report as presented.

#### **LICENSED BY ENDORSEMENT OR EXAMINATION**

Adam, Nazir Ahme	95-01165
Aitken, Paul Vincent Jr.	95-01166
Ajao, Olufolarin Akanfe	95-01167
Ashley, David Michael	95-00790
Ayoubi, Nasib	95-01168

Ballerino-Regan, Diane Nicole	95-01169
Bandarenko, Nicholas III	95-01170
Barnett, Stewart Doak	95-01171
Bartholomew, David Allen	95-01172
Bayazid, Saeb	95-01173
Beckett, Thomas Johnson	95-01174
Blanks, Harold Puryear III	95-01175
Blount, Melissa Sue	95-01176
Boehling, Peter Francis	95-01177
Bogavelli, Vijayalaxmi	95-01178
Boggess, John Fletcher	95-01179
Boleman, Robert Charles	95-01180
Boliek, Bruce Stephen	95-01181
Booker, Tamela Powell	95-01182
Bradley, Teresa Keller	95-01183
Bragg, Winifred Diane	95-01184
Broadhurst, Laurel Evans	95-01185
Broadwater, Stephen Richard	95-01186
Brock, Margaret Funch	95-01187
Bryson, Jonathan Scott	95-01188
Buongiorno, Paul Anthony	95-01189
Burke, Tamara Jo	95-01190
Bushell, Ian Wilson	95-01191
Byrd, James Christopher	95-01192
Cabell, Christopher Hayden	95-01193
Caro, David Alan	95-01194
Carroll, Margaret Amanda	95-01195
Caruso, Fred Anthony	95-01196
Cates, Willard Jr.	95-01197
Chamberlain, Scott Mitchell	95-01198
Chazli, Firas	95-01199
Chidester, Paul Donald	95-01200
Claudius, Elizabeth Renukarani	95-01201
Clavien-Buchs, Sylvie	95-01163
Co, Daniel Reyes	95-01202
Coates, Nancy Rae	95-01203
Coe, Lori Oakley	95-01204
Cook, James Carl Jr.	95-01205
Cornell, David Wade	95-01206
Cornett, Joseph Buran	95-01207
Cozart, Ralph Foster	95-01208
Cozzolino, Joseph Michael	95-01209
Croft, Donita Ruth	95-01210
Cross, Brian Gregory	95-01211
Cruz, Jose Rafael	95-01212
Cuozzo, Daniel William	95-01213
Dahringer, Vincent Principe	95-01214
Das, Saurabh B.	95-01215
Daus, Patrick Glenn	95-01216
Davis, Walter Sherwood	95-00792
Debnam, Marie Georgette	95-01217
Debnam, Marjorie Lynnette	95-01218
Del Savio, Beth Camille	95-01219
Delaney, Ronald Kenneth	95-01220
Disbrow, Kristina Lynn	95-01221
Ditesheim, Jeffrey Alan	95-01222
Dix, James Earl	95-01223
Domadia, Mansukhlal Jamnadas	95-01224
DonDiego, Richard Michael	95-01225
Dowling, Kyran	95-01226
Downer, Merry	95-01227
Drozda, Joseph Peter Jr.	95-01228
Dudley, Laura Shannon	95-01229
Duffy, Peter Louis	95-01230

Dziedzic, Stanley Frank	95-01231
Eck, John Bright	95-01232
Ellison, Sean Alfred	95-01233
Elnaggar, Ahmed Ismail	95-01234
Erston, Walter Frederick	95-01235
Escajeda, Richard Timothy	95-01236
Eskin, Marc Steven	95-01237
Fields, Jo Ann	95-01238
Fisher, Michael John	95-01239
Fitzsimons, Michael Gerald	95-01240
Fletcher, Sidney Marc	95-01241
Fort, Samuel Laurens	95-01242
Frazier, Dustin Clyde	95-01243
Fuller, Richard Eugene	95-01244
Gage, John Finucan	95-01245
Galvin, Kevin Patrick	95-01246
Gandhi, Tejal Kanti	95-01247
Garrison, Judie Lynne	95-01248
George, Timothy Merrill	95-01249
Gerlinger, Tad Loren	95-01250
Geyer, Anne Huggins	95-01251
Gimenez, David Gerardo	95-01252
Ginsburg, Deborah Jayne	95-01253
Godwin, Patrick Lee Jr.	95-01254
Goldwag, Stuart Sol	95-01255
Gottfredsdottir, Maria Soffia	95-01256
Gray, John Lawrence	95-01257
Greenway, William Edward	95-01258
Gregg, Cynthia Marie	95-01259
Griffith, Corinne Lisiane	95-01260
Groh, Sumandeeep K. Sarai	95-01261
Grossell, Michael James	95-01262
Gualtieri, Christopher Joseph	95-01263
Guntupalli, Nageswara Rao	95-01264
Gusmer, Peter Baxter	95-01265
Haddad, Reem Mariam	95-01266
Hahn, Terry Michael	95-01267
Haile, Julia Springs	95-01268
Hardy, Stephen Peter	95-01269
Hardy, Timothy Joseph	95-01270
Hawfield, Inga Marie	95-01271
Helm, James Frederick	95-01272
Hemsley, Hugh Hambleton Jr.	95-01273
Henderson, Cathy Lynn	95-01274
Higgins, Elizabeth Mary	94-01373
Hill, Ivor Dennis	95-01275
Hinkhouse, Jay James	95-01276
Ho, Winston	95-01277
Holmes, Patrick Edward	95-01278
Hornsby, Robert Anderson	95-01279
Hsieh, Allen	95-01280
Hubbard, Laura Miles	95-01281
Hunsinger, Edward Neal	95-01282
Hyppolite, Jean-Claude	95-01284
Ingram, Michael	95-01285
Intemann, Stephen Rease	95-01286
Jacob, Gregorio Zerrudo Jr.	95-01287
Johnson, Clifford Paul	95-01288
Johnson, David Michael	95-01289
Johnson, Marshall Ray Jr.	95-01290
Jones, Connie Locklear	95-01291
Jordan, Michelle Forcier	95-01292
Kadakia, Ajay Shantilal	95-01293
Kasula, Anil Kumar	95-01294

Kavde, Uday Shashikant	95-01295
Khan, Khalid Akbar	95-01296
Khanna, Manju	95-01297
Kiratzis, Philip Stephen	95-01298
Kizilbash, Ali Mehmood	95-01299
Knuckles, Gwendolyn	95-01300
Knudsen, Nancy Wolters	95-01301
Kopp, William Louis	95-01302
Koziol-Ehni, Ladonna Rose	95-01303
Krusch, Michael Paul	95-01304
Kunkel, Michael Ray	95-01305
Kures, Peter Rodney	95-01306
Lahoud, Chawki Assaad	95-01307
Lamm, Kenneth Rand	95-01308
Landis, Darryl Lynn	95-01309
Lang, Linda M. Kim	95-01310
Latts, Lisa Maureen	95-01311
Lee, Kit Catherine	95-01312
Leland, William Joseph	95-01313
Lenhart, James Glenn	95-01314
Leonard, Bruce Alan	95-01315
Lewis, Mitchell Lane	95-01316
Liebman, Curt Eliot	95-01317
Locke, Ronald Newton	95-01318
Lomotan, Christine Agbayani	95-01319
Lyons, Esther Eugene	95-01320
Malin, Jonathan Adam	95-01321
Mandel, Sheldon Robert	95-01322
Manring, Erik Alexander	95-01323
Manus, Sandi Lazette	95-01324
Marconi, Mark Anthony	95-01325
Marlow, Douglas James	95-01326
Marr, Kieren Anne	95-01327
Marshall, Harvey Edwin III	95-01328
Martin, David Anson Jr.	95-01329
Mase, Darrel Jay Jr.	95-01330
Matthews, John Lyle	95-01331
McBride, William Thomas	95-00791
McCord, Marcella Taylor	95-01332
McDonald, Andrew Gibson	95-01333
McGaughey, Dean Smith III	95-01334
Meland, Susan Jane	95-01335
Melford, Ryland Eugene	95-01336
Mendes, Celia Maria	95-01337
Mergener, Klaus Dieter	95-01338
Migliaccio, John Hendren	95-01339
Miles, William Scherer	95-01340
Millon, Angela Duncan	95-01341
Millon, Seraphin John	95-01342
Miradi, Mohammed	95-01343
Mitchell, Martha Elizabeth	95-01344
Mitchell, Robyn Ann	95-01345
Mitchell, Russell Keith	95-01346
Mohiuddin, Sultan	95-01347
Moradi, Amir	95-01348
Moreta, Elvia Guadalupe	95-01349
Morrow, Phillip Ray Jr.	95-01350
Muir, Andrew Jospeh	95-01351
Mullen, Patrick Dennis	95-01352
Muthu, Prem Kumar	95-01353
Myers, Susan Gail	95-01354
Mythen, Michael Gerard	95-00001
Navas, Luis Ramon	95-01355
Neidenbach, Peter John	95-01356



Neides, Daniel Marc	95-01357
Nemeth, Csilla Bodone	95-01358
Nguyen, Cam Ha Thi	95-01359
Nguyen, Vu Thien	95-01360
Nold, James Maurice	95-01361
Noone, Tara Creedon	95-01362
Norem-Coker, Julia Elizabeth	95-01363
Nusbaum, Margaret Harvey	95-01364
Oliver, Brett Alan	95-01365
Oliver, Joseph Andrew III	95-01366
Pace, Gary James	95-01367
Packer, Mark	95-01368
Paetzold, Stanley Carl	95-01369
Palega, Gregory	95-01370
Panelo, Arnel Hernandez	95-01371
Parveen, Kausar	95-01372
Patel, Vijay Manu	95-01373
Paterick, Brian David	95-01374
Patterson, Lisa Fay Chancey	95-01473
Pazos, George Alberto	95-01375
Perez, Pauline R. A.	95-01376
Perry, Truman Lee	95-01377
Philippart, Christopher August	95-01378
Plitman, Jonathan David	95-01379
Pojol, Ricardo Olaguivel	95-01380
Politis, George Demetrios	95-01381
Prachun, Paul	95-01382
Prichard, Terri Lyn	95-01383
Ramakrishna, Jyoti Padmini	95-01384
Ramshaw, David Gorton	95-01385
Rave, Michael Anthony	95-01386
Ray, Jeffrey Allen	95-01387
Redding, John Fulton II	95-01388
Regan, Owen Thomas	95-01389
Reimer, Curtis Daniel	95-01390
Richardson, Cris Ray	95-01391
Riley, Robert David	95-01392
Roberts, Daniel Morgan	95-01393
Rogers, Gary Francis	95-01394
Rosado, Marcos Gilberto	95-01395
Rose, Junius Harris III	95-01396
Rosen, Gerald Bruce	95-01397
Rosoff, Philip Martin	95-01398
Royal, Vernice	95-01399
Russell, Stuart Dean	95-01400
Saacks, Cynthia Brewer	95-01401
Saija, Pravinchandra Mahida	95-01402
Satko, Scott Gregory	95-01403
Scherock, Deanna Lynn	95-01404
Schrader, Wayne Harold	95-01405
Schuetz, Andrew Marvin	95-01406
Scoggins, Scott Christopher	95-01407
Searles, Anthony David	95-01408
Seen, Teresa Guettler	95-01409
Seim, Michael Berrisford	95-01410
Seim, Rosa Hernandez	95-01411
Shah, Avani Ketan	95-01413
Sharma, Anil Kallash	95-01414
Sharpe, Nancy Rae	95-01415
Shellman-White, Sondra Ann	95-01416
Shelton, Kimberly Reenee	95-01417
Silver, Jeffrey Alan	95-01418
Sing, Ronald Fong	95-01419
Smart, Brian Alan	95-01420

Smith, Alex Jason	95-01421
Smith, Melanie Rowe	95-01422
Smith, Timothy Earl	95-01423
Snyder, Steven Keith	95-01424
Soberano, Arlene Sena	95-01412
Sotir, Catherine Lee	95-01425
Spivak, Scot Jay	95-01426
Stein, Joel David	95-01427
Stinger, Harry Kappas III	95-01428
Stone, Scott Chester Jr.	95-01429
Strand, Terry Stanin	95-01430
Stranick, Francis Joseph	95-01431
Stroup, Thomas Scott	95-01432
Suh, Pyung Jay	95-01433
Sundaram, Natarajan	95-01434
Sweeney, Carla Kay	95-01435
Sy, Angelito Cabacab	95-01436
Tai, Steven Hanley	95-01437
Takas, Steven	95-01438
Tallio, Debora Gail	95-01439
Tetalman, Bruce Ira	95-01440
Thebert, Andre Richard	95-01441
Tomassoni, Gery Foster	95-01442
Treadway, Robert Morris Jr.	95-01443
Tucker, Robert Wilson	95-01444
Tural, Ahmet Cemal	95-01445
Underhill, Thomas Edward	95-01446
Vandermeer, Emile Gerard	95-01447
Vincent, Mark Anthony	95-01448
Walker, John Joseph	95-01449
Warren, Joanne Stephanie	95-01450
Weaver, Karen Lynn	95-01451
Weddle, Douglas Matthew	95-01452
Wells, Gretchen Lois	95-01453
Whatley, Ralph Emerson	95-01454
Williams, Juli Denise	95-01455
Wilson, James Michael	95-01456
Wimmer, Mark Thomas	95-01457
Wlodarski, Gregory Henry	95-01458
Woodard, Gerald Rowland	95-01459
Woods, Christopher Wildrick	95-01460
Woods, Paul Alan	95-01461
Wright, Patrick Eugene Glenn Jr.	95-01462
Wu, Justin Ja-Li	95-01463
Wyrick, Susan Davis	95-01464
Yan, Lun Sheung	95-01465
Yerasi, Priya Bhatia	95-01466
Yip, Alex Garhoe	95-01467
Young, Paul Raymond	95-01468
Young, Stephen Lewis	95-01469
Zafar, Sajid Mahmood	95-01470
Zaheer, Badar Mohammed	95-01471
Zaheer, Qudsia Hyder	95-01283
Ziegelbein, Kurt James	95-01472

A motion was passed to close the session to preserve information confidential under the NC General Statute 90-21.22, 90-8, 90-16, 90-14.

#### **NCPHP COMMITTEE REPORT**

The Board reviewed 20 cases involving participants in the NC Physicians Health Program. A written report was presented for the Board's review. The Board adopted the committee's recommendation to approve the written report.

#### **INVESTIGATIVE COMMITTEE REPORT**

The Investigative Committee chaired by Dr. Henry, and including Dr. Trado, Mr. VonSeggen, Dr. Godwin, Dr. Spangler, and Mr. Saperstein, reported on 39 investigative cases. A written report was presented to the Board for review. The Board adopted the committee's recommendation to approve the written report. The specifics of this report are not included as they are not public information.

#### **INFORMAL INTERVIEWS**

The Board conducted 43 Informal Interviews to discuss specific issues which concerned the Board. A written report was presented to the Board for 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.

#### **COMPLAINT COMMITTEE REPORT**

The Complaint Committee chaired by Mrs. Walston and including Dr. Burroughs, Mr. Howe, and Dr. Barrett, reported on 34 complaint cases. A written report was presented to the Board for 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.

#### **MALPRACTICE REPORT**


The Malpractice Committee chaired by Dr. Spangler and including Dr. Henry, reported on 60 cases.

A written report was presented to the Board for 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 was passed to return to open session.

#### **ADJOURNMENT**

This meeting was adjourned on July 22, 1995.

  
\_\_\_\_\_  
George Barrett, MD  
Secretary/Treasurer

## APPENDIX

EXECUTIVE SUMMARY

THE AD HOC COMMITTEE ON PHYSICIAN IMPAIRMENT REPORT ON SEXUAL BOUNDARY ISSUES  
OF THE FEDERATION OF STATE MEDICAL BOARDS

Two significant matters worthy of comment were found in the opening statement. It is recommended that medical board's use standardized guidelines for dealing with sexual boundary issues, yet elsewhere in the report, under guidelines for investigation it suggests that a complaint be seriously investigated "on it's on merits". The second item involved the committee's statement that "sexual misconduct is not viewed as a form of impairment" but instead, "a violation of the public's trust". "While a mental disorder may be a basis for sexual misconduct...., such conduct is not usually due to physical/mental impairment". "While sexual addiction is a frequently used phrase, it is not recognized as a disease according to the diagnostic and statistical manual of Psychiatric Disorders, Version IV."

In the guidelines for investigation, the Board does have the authority to investigate reported allegations of sexual misconduct. Such reports are vigorously pursued by the staff with the support and encouragement of the Board.

Regarding patient sensitivity, North Carolina law clearly permits the Board to be sensitive to patients who are subject to sexual misconduct by physicians. Over the years, the Board has exercised strenuous energies to assure that patients are treated with dignity and with no exposure to the public unless the complainant requested public exposure. In this section of patient sensitivity, it was recommended that the Board should afford the complainant the opportunity to appear before the Board or sub-committee. In the past, Board members who have interviewed complainants later recused themselves from participating as a Board member at a hearing. I would not encourage the full Board to interview the complainant in order to avoid the question of being prejudice, should the Board charge a physician for unprofessional conduct.

As you see, I do not agree with the Federation's guidelines that the full Board interview a complainant. Obviously, if the physician has been charged and a hearing is being conducted then it is appropriate for the full Board to hear the testimony of the witness.

In identifying patterns of behavior the Board, for years, has used all information in its possession to determine whether or not a physician should be charged--- that is, malpractice reports, hospital reports, complaints, prescribing activities, etc.

The report suggests that comprehensive psychological evaluation be conducted. The statute permits this. We have on many occasions obtained such evaluations, we have also received assistance from the Physicians Health Program in this area. Of each of these suggestions in the investigative process, we have the ability, by law, to use or have used all of the recommendations regarding investigations.

Concerning the Guidelines for Medical Boards: Hearing Issues, the report suggest that the Board should determine if sufficient evidence exist to proceed with formal charges. Again, for the purpose of assuring an unbiased Board hearing, I believe that a subcommittee or a member of the Board should determine the sufficiency of evidence. Under each of the hearing issues this Board has used each of the recommendations.

Under the heading of Disciplinary Options, this Board has the ability and has used each of the recommendations contained in this section (with the exception of the ability to fine). Under the guidelines for monitoring, this Board has, in the past, used each of the recommendations except that the Board has never required chaperons to sign medical records attesting to attendance during examination. This Board may consider using that in the future in a Consent Order or Board Order.

There is a strong recommendation regarding physician education. This Board has a well prepared informative position statement regarding unacceptable sexual conduct. The Board has also utilized this topic in its *Bulletins*. I personally attended a NC Medical Society sponsored program in Durham two years ago, at which time two physicians who had been disciplined by this Board regarding sexual misconduct were on the program as part of a panel to educate physicians in this area.

In conclusion, I find two items of benefit from the report: 1) this Board does not have the ability to fine physicians 2) Consider the requirement of chaperons to sign medical records attesting to attendance during examinations.

## Nurse Practitioner Hearing

**SUBCHAPTER 21 NCAC 32M APPROVAL OF NURSE PRACTITIONERS -is proposed to be amended as follows:**

### **.0001 DEFINITIONS**

The following definitions apply to this Subchapter:

- (1) "Medical Board" means the North Carolina Medical Board.
- (2) "Board of Nursing" means the Board of Nursing of the State of North Carolina.
- (3) "Joint Subcommittee" means the subcommittee composed of members of the Board of Nursing and Members of the Medical Board to whom responsibility is given by G.S. 90-6 and G.S. 90-171.23(b)(14) to develop rules to govern the performance of medical acts by nurse practitioners in North Carolina.
- (4) "Nurse Practitioners or NP" means a currently licensed registered nurse approved to perform medical acts who functions at the direction of or under the supervision of a licensed physician for those medical acts. Only a registered nurse approved by the Medical Board and the Board of Nursing may legally identify oneself as a Nurse Practitioner. It is understood that the nurse practitioner, by virtue of RN licensure, is independently accountable for those nursing acts which he or she may perform.
- (5) "Nurse Practitioner Applicant" means a registered nurse who may function prior to full approval as a Nurse Practitioner in accordance with Rule .0003(c).
- (6) "Supervision" means the physician's function of overseeing medical acts performed by the nurse practitioner.
- (7) "Primary Supervising Physician" means the licensed physician who, by signing the nurse practitioner application, is held accountable for the on-going supervision and evaluation of the medical acts performed by the nurse practitioner as defined in the site specific written protocols. The primary supervising physician shall assume the responsibility of assuring the Boards that the nurse practitioner is qualified to perform those medical acts described in the site specific written protocols.
- (8) "Back-up Supervising Physician" means the licensed physician who, by signing ~~the nurse practitioner application for approval~~ an agreement with the nurse practitioner and the primary supervising(s), is held accountable for supervising the performance of medical acts by the nurse practitioner in accordance with the site specific written protocols when the Primary Supervising Physician is not available. The signed and dated agreements for each back-up supervising physician(s) shall be maintained at each practice site.
- (9) "Approval" means authorization by the Medical Board and the Board of Nursing for a registered nurse to practice as a nurse practitioner in accordance with this Subchapter.
- (10) "Written standing protocols" means the signed and dated set of written practice guidelines maintained at each practice site which describe the prescribing privileges, treatments, tests and procedures that define the scope of the nurse practitioner's medical acts in that setting.

History Note: Statutory Authority G.S. 90-18(14); 90-18.2; 90-171.23(b);  
Eff. January 1, 1991  
Amended Eff. \_\_\_\_\_.

### **.0002 SCOPE OF PRACTICE**

The nurse practitioner is responsible and accountable for the continuous and comprehensive management of a broad range of personal health services for which the nurse practitioner is educationally prepared and for which competency has been maintained, with physician supervision as described in 21 NCAC 32M.0010. These services include but are not restricted to:

- (1) promotion and maintenance of health;
- (2) prevention of illness and disability;
- (3) diagnosing, treating and managing acute and chronic illnesses;
- (4) guidance and counseling for both individuals and families;
- (5) prescribing, administering and dispensing therapeutic measures, tests, procedures and drugs;
- (6) planning for situations beyond the nurse practitioner's expertise, and consulting with and referring to other health care providers as appropriate; and
- (7) evaluating health outcomes.

History Note: Statutory Authority G.S. 90-18.2; 90-171.42;

Eff.

#### .0003 NURSE PRACTITIONER APPROVAL

(a) Qualifications for nurse practitioner approval.

A registered nurse must be approved by the Medical Board and the Nursing Board before the individual may practice as a nurse practitioner. The Boards may grant approval to practice as a nurse practitioner to an individual who:

- (1) is currently licensed as a registered nurse by the Board of Nursing.
- (2) has successfully completed an approved educational program as outlined in Rule .0004 of this Subchapter;
- (3) has an unrestricted license to practice as a registered nurse and, if applicable, an unrestricted approval to practice as a nurse practitioner unless the Boards consider such condition and agree to approval;
- (4) submits any information deemed necessary to evaluate the application;
- (5) has a primary supervising physician agreement; and
- (6) pays the appropriate fee.

(b) Application for nurse practitioner approval.

- (1) Application for nurse practitioner approval must be made upon the appropriate forms and must be submitted jointly by the nurse practitioner and primary supervising physician(s).
- (2) Applications for first-time approval in North Carolina shall be submitted to the Nursing Board and then processed by both Boards as follows:
  - (A) the Nursing Board will verify compliance with (a)(1)-(4) of this Rule;
  - (B) the Medical Board will verify compliance with (a)(4)-(6) of this Rule; and
  - (C) the appropriate Board will notify applicant of final approval status.
- (3) Applications for approval of changes in practice arrangements for a nurse practitioner currently approved to practice in North Carolina:
  - (A) addition or change of primary supervising physician shall be submitted to the Medical Board;
  - (B) requests for change(s) in scope of practice shall be submitted to the Nursing Board;
  - (C) the appropriate Board will notify applicant of final approval status; and
  - (4) Interim status for nurse practitioner applicant may be granted as follows:
    - (A) a registered nurse who is a new graduate of an approved nurse practitioner educational program as set forth in Rule .0004 of the Subchapter; or
    - (B) a registered nurse seeking first time approval to practice as a nurse practitioner in North Carolina who has worked previously as a nurse practitioner in another state and who meets the nurse practitioner educational requirements as set forth in Rule .0004 of this Subchapter; and
    - (C) the Nursing Board has issued interim approval with the following limitations:
      - (i) no prescribing privileges;
      - (ii) physician on-site for appropriate ongoing supervision, review and countersigning of notations of medical acts in all patient charts within 24 hours of nurse practitioner applicant-patient contact; and
      - (iii) may not exceed a period of six months.
  - (5) the registered nurse who was previously approved to practice as a nurse practitioner in this state shall:
    - (A) meet the nurse practitioner approval requirements as stipulated in (a)(1)(3-6);
    - (B) complete the appropriate application; and
    - (C) receive notification of approval from the appropriate Board.
  - (6) if for any reason a nurse practitioner discontinues working in the approved supervising physician(s) arrangement, the Boards shall be notified in writing and the nurse practitioner'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.

History Note: Statutory Authority G.S. 90-18(13)(14); 90-18.2; 90-171.20(7); 90-171.23(b); 90-171.42  
Eff. January 1, 1991  
Amended Eff. \_\_\_\_\_.

#### .0004 REQUIREMENTS FOR APPROVAL OF NURSE PRACTITIONER EDUCATIONAL PROGRAMS

(a) The Joint Subcommittee shall establish the requirements for approval of nurse practitioner educational programs.

(b) A nurse practitioner applicant must provide to the Board of Nursing evidence of successful completion of a course of formal education which contains a core curriculum including 400 contact hours of didactic education and 400 contact hours of preceptorship or supervised clinical experience.

- (1) The core curriculum shall contain as a minimum the following components:



- (A) health assessment and diagnostic reasoning including:
    - (i) historical data;
    - (ii) physical examination data;
    - (iii) organization of data base.
  - (B) pharmacology;
  - (C) pathophysiology;
  - (D) clinical management of common health care problems and diseases related to:
    - (i) respiratory system
    - (ii) cardiovascular system
    - (iii) gastrointestinal system;
    - (iv) genitourinary system;
    - (v) integumentary system;
    - (vi) hematologic and immune systems;
    - (vii) endocrine system;
    - (viii) musculoskeletal system;
    - (ix) infectious diseases;
    - (x) nervous system;
    - (xi) behavioral, mental health and substance abuse problems;
  - (E) clinical preventive services including health promotion and prevention of disease;
  - (F) client education related to (b)(1)(D) and (E) of this Rule; and
  - (G) role development including legal, ethical, economical, health policy and interdisciplinary collaboration issues.
- (2) Nurse practitioner applicants who may be exempt from components of the core curriculum requirements listed in Paragraph (b)(1) of this Rule are:
- (A) Any nurse practitioner approved in North Carolina prior to January 18, 1981, is permanently exempt from the core curriculum requirement.
  - (B) A nurse practitioner certified by a national credentialing body approved by the Nursing Board who also provides evidence satisfying (b)(1)(A-C) of this Rule shall be exempt from core curriculum requirements in (b)(1)(D-G) of this Rule. Evidence of satisfying (b)(1)(A-C) of this Rule shall include, but may not be limited to:
    - (i) a narrative of course content; and
    - (ii) contact hours.
  - (C) A nurse practitioner applicant whose formal education does not meet all of the stipulations in Paragraph (b) of this Rule may appeal to the Board of Nursing on the basis of other education and experience.

History Note: Statutory Authority G.S. 90-18(14); 90-171.42;  
 Eff. January 1, 1991.  
 Amended Eff. \_\_\_\_.

#### .0005 ANNUAL RENEWAL

Each registered nurse who is approved as a nurse practitioner in this state will, upon notification from the Medical Board, annually renew said approval by:

- (a) (1) Verifying current RN licensure;
- (2) Submitting the fee required in Rule .0012 of this Subchapter; and
- (3) Completing the renewal form; ~~and~~
- ~~(4) Providing documentation of the required number of hours of Continuing Education as stipulated in Rule .0006 of this Subchapter.~~
- (b) If the nurse practitioner has not renewed within 30 days of renewal date, set by the Medical Board, the approval to practice as a nurse practitioner will lapse.

History Note: Statutory Authority G.S. 90-6; 90-18(14); 90-171.23(b);  
 Eff. .

#### .0006 CONTINUING EDUCATION (CE)

In order to maintain nurse practitioner approval to practice, beginning no sooner than two (2) years after initial approval has been granted, the nurse practitioner must earn 30 hours of continuing education every two (2) years. At least three (3) hours of continuing education every two (2) years shall be the study of the medical and social effects of

substance abuse including abuse of prescription drugs, controlled substances, and illicit drugs. Continuing Education hours are those hours for which approval has been granted by the American Nursing Nurses Credentialing Center (ANCC) and Accreditation Council on Continuing Medical Education (ACCME), or other national credentialing bodies approved by the Board of Nursing consistent with Paragraph (d) (2) (B) (ii) of this Rule ~~have granted approval~~. Documentation must be maintained by the nurse practitioner at each practice site and made available upon request to either Board.

History Note: Statutory Authority G.S. 90-6; 90-18(14); 90-171.23(14);  
Eff. \_\_\_\_\_.

#### .0007 INACTIVE STATUS

- (a) Any nurse practitioner who wishes to place his or her approval on inactive status may notify the Boards by completing the form supplied by the Boards.
- (b) The registered nurse with inactive nurse practitioner status shall not practice as a nurse practitioner.
- (c) The registered nurse with inactive nurse practitioner status who reapplies for approval to practice shall be required to meet the qualifications for approval as stipulated in Rule .0003(a)(1)(3-5) and (b) of this Subchapter.

History Note: Statutory Authority G.S. 90-18(13); 90-18.2; 90-171.36;  
Eff. \_\_\_\_\_.

#### .0008 PRESCRIBING AUTHORITY

(a) The prescribing stipulations contained in the Rules apply to writing prescriptions and ordering the administration of medications.

(b) Prescribing and dispensing stipulations are as follows:

- (1) Drugs and devices that may be prescribed by the nurse practitioner in each practice site must be included in the written standing protocols as outlined in Rule .0009(2) of this Section.
- (2) Controlled Substances (Schedules 2, 2N, 3, 3N, 4, 5) defined by the State and Federal Controlled Substances Acts may be prescribed or ordered as established in written standing protocols, providing all of the following restrictions are met:
  - (A) the nurse practitioner has an assigned DEA number which is entered on each prescription for a controlled substance.
  - (B) dosage units for schedules 2, 2N, 3 and 3N are limited to a one week's supply except Dextroamphetamine, Methylphenidate and Pemoline for the treatment of Attention Deficit Disorder (ADD) or Attention Deficit Disorder with Hyperactivity (ADHD) which are limited to a 30 day supply; and
  - (C) the prescription or order for schedules 2, 2N, 3 and 3N may not be refilled.
- (3) The nurse practitioner may prescribe a drug not included in the site specific written standing protocols only as follows:
  - (A) upon a specific written or verbal order obtained from the supervising physician before the prescription or order is issued by the nurse practitioner; and
  - (B) the written or verbal order as described in Part (b)(3)(A) of this Rule must be entered into the patient record and signed by the nurse practitioner with a notation that it is issued on the specific order of the supervising physician.
- (4) Refills may be issued for a period not to exceed one year except for schedules 2, 2N, 3 and 3N controlled substances which may not be refilled.
- (5) Each prescription must be noted on the patient's chart and include the following information:
  - (A) medication and dosage;
  - (B) amount prescribed;
  - (C) directions for use;
  - (D) number of refills; and
  - (E) signature of the nurse practitioner.
- (6) The prescribing number assigned by the Medical Board to the nurse practitioner must appear on all prescriptions issued by the nurse practitioner.
- (7) Prescription Format:
  - (A) All prescriptions issued by the nurse practitioner shall contain the supervising physician(s) name, the name of the patient, and the nurse practitioner's name, telephone number and prescribing number.
  - (B) The nurse practitioner's assigned DEA number shall be written on the prescription form when a controlled substance is prescribed as defined in Subparagraph (b)(2) of this Rule.

(c) The nurse practitioner must dispense drugs and devices included in the written standing protocols for each practice site from the Board of Pharmacy, and must carry out the function of dispensing in accordance with 21 NCAC 46.1700, which is hereby incorporated by reference including subsequent amendments of the referenced materials.

History Note: Statutory Authority G.S. 90-6; 90-18\*(14); 90-18.2; 90-171.23(14); 90-171.42; 58 Fed. Reg. 31, 171 (1993) (to be codified at 21 C.F.R. 1301);  
Eff. February 1, 1991  
Amended Eff.\_\_\_\_; September 1, 1994; March 1, 1994.

#### .0009 PHYSICIAN SUPERVISION

Supervision shall be provided by the approved physician(s) as follows:

(1) Availability:

- (a) The supervising physician shall be continuously available for direct communications by radio, telephone, or telecommunications.
- (b) The supervising physician shall be readily available for consultation or referrals of patients from the nurse practitioner.
- (c) If the nurse practitioner is to perform duties at a site away from the supervising physician, the application must clearly specify the circumstances and the supervisory arrangements.

(2) Written Standing Protocols:

- (a) Written standing protocols approved and signed by both the supervising physician(s) and the nurse practitioner shall be maintained in each practice site;
- (b) The written standing protocols shall include the drugs, devices, medical treatments, tests and procedures that may be prescribed, ordered and implemented by the nurse practitioner consistent with Rule .0008 of this Section, and which are appropriate for the diagnosis and treatment of the most commonly encountered health problems in that practice setting.
- (c) The written standing protocols shall include a pre-determined plan for emergency services.
- (d) The written standing protocols shall specify the process by which the nurse practitioner shall refer a patient to a physician other than an approved supervising physician.
- (e) The nurse practitioner must be prepared to demonstrate upon request to a member of either the Board of Nursing or the Medical Board, or an agent, the ability to perform medical acts as outlined in the site specific written standing protocols.

(3) Countersigning of Medical Acts:

- (a) The maximum time interval between the nurse practitioner's contact with the patient and medical record review and countersigning of medical acts by the supervising physician is seven days for outpatient (clinic/office) nurse practitioner-patient contacts.
- (b) The time interval for countersigning of notations of medical acts in the medical records of inpatients (hospital, long-term care institutions) by the supervising physician must comply with the rules and regulations of the institution, but at a minimum:
  - (i) the initial workup, medical orders and treatment plan, must be countersigned within seven days of the time of nurse practitioner-patient contact; and
  - (ii) in the acute inpatient setting, the initial workup, medical orders and treatment plan must be countersigned and dated within two working days of the nurse practitioner-patient contact.
- (c) The time interval between the nurse practitioner-patient contact and countersigning by the supervising physician of the nurse practitioner's notations of medical acts in the medical records of patients in special community-based care programs, such as dialysis and hospice, must comply with the rules and regulations of the specific care program.

(4) Supervising Physicians:

- (a) A physician in a graduate medical education program, whether fully licensed or holding only a resident's training license, cannot be named as a supervising physician.
- (b) A physician in a graduate medical education program who is also practicing in a non-training situation may supervise a nurse practitioner in the non-training situation if fully licensed and approved to supervise by the Medical Board.
- (c) All physicians who may supervise the nurse practitioner in any manner must be approved in accordance with this Subchapter before nurse practitioner supervision occurs.

History Note: Statutory Authority G.S. 90-6; 90-18 (14); 90-18.2; 90-171.23(14);  
Eff. January 1, 1991.  
Amended Eff.\_\_\_\_; March 1, 1994.

.0010 METHOD OF IDENTIFICATION

The nurse practitioner shall wear an appropriate name tag spelling out the words "Nurse Practitioner".

History Note: Statutory Authority G.S. 90-18(14);  
Eff. January 1, 1991.

.0011 DISCIPLINARY ACTION

The approval of a nurse practitioner may be restricted, denied or terminated by the Medical Board and the registered nurse license may be restricted, denied, or terminated by the Nursing Board, if, after due notice and hearing in accordance with provisions of Article 3A of G.S. 150B, the appropriate Board shall find one or more of the following:

- (1) that the nurse practitioner has held himself out or permitted another to represent him as a licensed physician;
- (2) that the nurse practitioner has engaged or attempted to engage in the performance of medical acts other than at the direction of, or under the supervision of, a physician licensed by the Medical Board who is approved by the Board to be that nurse practitioner's supervising physician;
- (3) that the nurse practitioner has performed or attempted to perform medical acts not approved in the site specific standing protocols or for which the nurse practitioner is not qualified by education and training to perform.
- (4) that the nurse practitioner has been convicted in any court of a felony or other criminal offense;
- (5) that the nurse practitioner is adjudicated mentally incompetent or that the nurse practitioner's mental or physical condition renders the nurse practitioner unable to safely function as a nurse practitioner; or
- (6) that the nurse practitioner has failed to comply with any of the provisions of this Subchapter.

History Note: Statutory Authority G.S. 90-18(14); 90-171.37;  
Eff. February 1, 1991.  
Amended Eff.\_\_\_\_\_.

.0012 FEES

(a) An application fee of one hundred dollars (\$100.00) must be paid at the time of initial application for approval and each subsequent application for approval to practice. The one hundred dollar (\$100.00) application fee shall be equally divided between the Board of Nursing and the Medical Board. No other fees are shared.

(b) The fee for annual renewal of approval, due July 1, is fifty dollars (\$50.00).

(c) No portion of any fee in this Rule is refundable.

History Note: Statutory Authority G.S. 90-6;  
Eff. January 1, 1991;  
Amended Eff.\_\_\_\_\_.

## LEGISLATIVE REPORT - SEPTEMBER 1995

### BUSINESS AND CORPORATE MATTERS

#### Health Care Collaborative Practice (Chapter 382; HB 774) Effective October 1, 1995.

**SUMMARY:** The professional Corporation act was amended in this bill to expand the list of those health care providers who may collaborate to form a professional corporation as provided in N.C. Gen Stat 55B-14 to include the following:

1. A licensed psychologist and a physician practicing psychiatry to render psychotherapeutic and related services;
2. Any combination of a registered nurse, nurse practitioner, certified clinical specialist in psychiatric and mental health nursing, certified nurse midwife, and certified nurse anesthetist, to render nursing and related services that the respective shareholders are licensed, certified, or otherwise approved to provide;
3. A physician and a physician assistant who is licensed, registered, or otherwise certified under Chapter 90 of the General Statutes to render medical and related services; Comment: Current statutes permit physician assistants to form professional corporations if our professional corporation rules are modified.
4. A physician practicing psychiatry, or a licensed psychologist, or both, and a certified clinical specialist in psychiatric and mental health nursing to render psychotherapeutic and related services that the respective stockholders are licensed, certified, or otherwise approved to provide;
5. A physician and any combination of a nurse practitioner, certified clinical specialist in psychiatric and mental health nursing, or certified nurse midwife, registered or otherwise certified under Chapter 90 to render medical and related services that the respective shareholders are licensed, certified, or otherwise approved to provide; and
6. A physician practicing anesthesiology or surgery and a certified nurse anesthetist to render anesthesia and related medical services that the respective stockholders are licensed, certified or otherwise approved to provide.

This bill also amended the definition of professional service to include services provided by a clinical social worker certified under N.C.Gen. Stat. §93B-3.

#### Limited Liability Companies (Chapter 351; HB 473) Effective October 1, 1995.

**SUMMARY:** This bill modifies the professional corporation act to permit professionals licensed in other states to become shareholders in professional corporations in North Carolina, subject to conditions set by the licensing board. There is a curious restriction in this law limiting the North Carolina practice of such a corporation to shareholders who hold a North Carolina license. Any professional practicing for the corporation in North Carolina will have to be a shareholder in the corporation. This new law also permits a foreign professional corporation to obtain a certificate of authority to transact business in North Carolina. Only North Carolina licensees can provide professional services in North Carolina for the corporation.

#### Physician Corporation Act (Chapter 395; SB 396) Effective October 1, 1995.

**SUMMARY:** This act permits physicians to enter cooperative agreements for the provision of medical services. Prior to the effective date of this law, these arrangements are barred by state and federal antitrust laws. The cooperative agreement must be approved by the Department of Human Resources upon a determination that the benefits of any restriction in competition outweigh the disadvantages attributable to a reduction of competition as a result of the agreement. The Attorney General is given the power to void any agreement of this type by objecting to it. The cost for gaining approval of one of these agreements is set by statute not to exceed \$15,000. The activities under the cooperative agreement must be reported to the department of Human resources every two years for a periodic review. The fee for this review is not to exceed \$2,500.

## CRIMINAL MATTERS

### Insurance Fraud (Chapter 43; HB 103) Effective October 1, 1995.

SUMMARY: Any person who with the intent to injure or defraud or deceive an insurer, or an insurance claimant, presents, or causes to be presented, a written or oral statement, including computer generated documents, as part of, or in support of, or in opposition to a claim for payment, knowing that the statement contains false or misleading information, or anyone who assists that person in some way in doing that, is guilty of a Class H felony. In a civil cause for recovery against one who has been convicted of this crime, the conviction may be entered into evidence against the defendant and the court may award the prevailing party compensatory damages, attorney fees, costs and reasonable investigative costs.

### Consent for Unemancipated Minor's Abortion (Chapter 462 HB 481) Effective October 1, 1995.

SUMMARY: No physician shall perform an abortion on an unemancipated minor without first obtaining written consent of the minor and one of the following: a parent having custody of the minor; or the legal guardian or legal custodian of the minor; or a parent with whom the minor is living; or a grandparent with whom the minor has been living for at least six months proceeding the date of the minor's written consent. A waiver may be granted by a district court judge. If a medical emergency exists an exception to this consent requirement is permitted. Any person who intentionally performs an abortion with knowledge that, or with reckless disregard as to whether the person on whom the abortion is performed is an unemancipated minor shall be guilty of a Class 1 misdemeanor.

## HEALTH CARE

### OB/GYN Access (Chapter 63; HB 773) Effective January 1, 1996.

SUMMARY: Each health benefit plan issued renewed or amended after December 31, 1995 must allow any female plan participant who is age 13 or over to have direct access to an OB/GYN participating in the plan; no referral can be required.

### Health Workers Liability (Chapter 228; SB 449) Effective June 13, 1995.

SUMMARY: Those who serve on an expert panel appointed by the state health director to evaluate the risks of HIV/HBV transmission by an infected health care worker are granted legal immunity under NCGS §130-144, which previously gave immunity only to those investigating the risk of transmission. Immunity does not apply to violations of NCGS §130-143 governing the confidentiality of an AIDS patient's medical record.

## LICENSING OF HEALTH PROVIDERS AND LICENSURE ISSUES

### Amend the Definition of Podiatry (Chapter 248; SB 399) Effective June 14, 1995.

SUMMARY: This law expands the scope of the practice of podiatry to include treatment of all ailments of the foot and ankle and their related soft tissue structures (except amputation of the entire foot, the administration of anesthetic other than local, and the surgical correction of clubfoot of an infant two years of age or less) to the level of the myotendinous junction. Except for procedures for bone spurs and simple soft tissue procedures, any surgery on the ankle or on the soft tissue structures related to the ankle must be performed in a licensed hospital or a multispecialty ambulatory surgical facility where the podiatrist has privileges. This law establishes a committee composed of two members from the North Carolina Board of Podiatry and two members of the North Carolina Medical Board which shall define what constitutes "soft tissue procedures" referred to in the statute. Dr. Henry and Dr. Spangler serve on this committee.

Child Support/ License Revocation (Chapter 538; HB 168) Effective January 1, 1996.

SUMMARY: Drivers and occupational licenses may be forfeited for failure to pay child support. A parent found by a court to be delinquent in child support payments in an amount equal to one month of payments may be required to forfeit licensed privileges until such time as the clerk of Superior Court certifies the parent is no longer delinquent. The clerk of court will inform the relevant board of both the finding of delinquency and any subsequent certification of payment. The board will revoke or reinstate accordingly. Revocation will remain in effect until the licensee applies for reinstatement and submits certification from the clerk of court that the payments are no longer delinquent. An additional provision of the law permits the Department of Human Resources to notify a licensing board that a licensee is delinquent in payment of child support.

Health Professional Licensing Board Reporting (Chapter 507, Section 23A.4; HB 230) Effective July 28, 1995.

SUMMARY: This provision of the law is designed to assist the state in tracking the availability of health care providers to determine areas of the state where access to health care and services is limited and to anticipate future health care shortages. Pursuant to this law every licensing board having authority to license physicians, physician assistants, nurse practitioners, and nurse midwives must modify procedures for licensure renewal to include the collection and reporting of the following information to the North Carolina Health Care Reform Commission (the successor to the North Carolina Health Planning Commission):

- 1.area of specialty;
- 2.address of all locations where the individual practices; and
- 3.other information deemed relevant by the Health Care Reform Commission after consultation with the licensing board.

MEDICAL LICENSING

Change Medical Board Name (Chapter 94; SB 1017) Effective May 22, 1995.

SUMMARY: This bill changed the name of the Board of Medical Examiners of the State of North Carolina to the North Carolina Medical Board.

Amend the Medical Practice Act (Chapter 405; SB 653) Effective October 1, 1995.

SUMMARY: Changes in the Medical Practice Act are as follows. When the Board has concerns about the competence of a physician, it may, upon reasonable grounds, order the physician to submit to written or oral examinations. The Board is permitted to discipline a physician for any type of patient exploitation. The Board may pursue disciplinary action against a physician based on any disciplinary ruling by a licensing agency in another jurisdiction. (Previously the Board could act only on suspension or revocation in another jurisdiction.) A physician whose license is revoked is prohibited from having the license restored for two years following the date of revocation. The Board may send disciplinary notices to a physician at the last known address shown in the records of the Board. A return receipt showing failure to locate the physician at that address will be deemed service of the notice. When a decision of the Board in a disciplinary action is appealed, the Board must be given notice and an opportunity to be heard before the court may grant a stay of an order of the Board. The Board will receive notice of changes in privileges for physicians who practice in hospitals, other health care institution including HMOs, and all other provider organizations that issue credentials to physicians for practice. Physicians without professional liability insurance are required to report to the Board any award for damages or any settlement of any malpractice claim affecting his or her practice within 30 days of the award or settlement.

MISCELLANEOUS

Clarify Volunteer EMS Liability (Chapter 85; SB 118) Effective May 17, 1995.

SUMMARY: A medical or health care provider who serves as medical director of an EMS agency without compensation and volunteer members of rescue squads will not be liable for damages for injuries connected with the rendering of that service unless the injury or death is caused by gross negligence.

wanton conduct, or intentional wrongdoing. Previously the law protected only volunteers at local health departments and nonprofit community health centers and those treating patients referred by such entities. This law became effective on May 17, 1995. The changes in law in this bill provides is that a volunteer medical or health care provider serving as medical director of an EMS agency who receives no compensation for medical services or other related services and who does not charge money for those services, shall not be held liable for damages or injuries alleged to have been sustained by a person by reason of an act or admission in the rendering of treatment unless it is established that the injuries or the death of that person was caused by gross negligence, wanton conduct or intentional wrongdoing on the part of the person rendering treatment.

Concealed Handgun Permit (Chapter 398; HB 90) Effective December 1, 1995.

SUMMARY: This bill allows citizens to carry concealed handguns. The passage of this bill does not mean that the Board will have to permit people with concealed handguns enter the building or places where it is meeting. A provision of the law allows the posting of a prohibition prohibiting the carrying of concealed handguns on the premises.

PUBLIC RECORDS AND RULEMAKING.

Strengthen Public Records Law (CH 388; SB 426) Effective October 1, 1995.

SUMMARY: This act makes the following changes in the public records law:

1. Requires a public agency to provide a requested copy of a public record free, or at "actual cost", or at the amount prescribed by statute. Actual cost is defined so that it does not include costs of the public agency would have incurred had the request not have been made.
2. Requires that before a computer system is purchased, the public agency must determine that the system will not impair the public's access to public records.
3. Prohibits public agencies from denying access to public records on the grounds that they contain confidential information commingled with nonconfidential information. If it is necessary to separate the information to permit inspection because of laws requiring confidentiality, after June 30, 1996, the agency must bear the costs of separation.
4. Public agencies may not require requestors of public records to disclose their purposes or motives.
5. Establishes a timetable for public agencies to compile an index of public records on their computer databases....(state agencies by July 1, 1996)
6. Changes in the law compelling public disclosure or the copying of public records give lawsuits on these issues priority on the court docket; and allow the court to charge a successful plaintiff's attorney's fees against the agency if the agency acted without substantial justification in denying access and against an individual public employee or official who knowingly violated the public records law. But, if the employee or official sought and acted on the advice of a lawyer and followed the advice, no fees could be assessed against that person.

Administrative Rulemaking Changes (CH 507; HB 230 Section 27.8) Effective December 1, 1995.

SUMMARY: This new law changes the rulemaking process significantly. No rule can take effect without approval from the Rules Review Commission. Agencies can no longer put a rule into effect over the objection of the Rules Review Commission. Agencies will have to give 60 day notice of intent to make rules under the new law before the proposed new rule can be published. This will delay the publication process for 60 days compared with the present procedure. Henceforth except in the case of an exception for special gubernatorial action, permanent rules will become effective only one time each year under the following circumstances. The proposed rule has to be approved by the Rules Review Commission(RRC). A new session of the General Assembly must convene after that approval. That session must convene at least 25 days after the RRC meeting that approved the rule. No legislator introduces a bill to disapprove the rule within the first thirty days of the session. The rule becomes



effective on the thirty-first legislative day of the session. Fiscal notes are required for rules that will have a substantial economic impact. "Substantial economic impact" means "an aggregate financial impact on all persons affected of at least five million dollars (\$5,000,000) in a twelve month period." These changes in the rulemaking procedure are effective for rules published in the December 1, 1995, North Carolina Register and in subsequent registers.

#### STUDIES AND COMMISSIONS

Health Care Reform Commission. (Chapter 507; HB 230, Section 23A.3) Effective July 1, 1995.

SUMMARY: The Health Care Reform Commission replaces the North Carolina Health Care Planning Commission.

The following motion was made, seconded, and passed unanimously: MOVED: That the Board direct staff to draft for publication changes in the rules to provide for new corporate entities which can be formed as a result of the enactment of Chapter 351 and Chapter 382 of the Session Laws of 1995.

