

BOARD MEETING MINUTES

September 17 - 19, 2025

**3127 Smoketree Court
Raleigh, North Carolina**

General Session Minutes of the North Carolina Medical Board (NCMB) Meeting held September 17-19, 2025.

The September 17-19, 2025 meeting of the North Carolina Medical Board was held in person at 3127 Smoketree Court, Raleigh, NC 27604 and certain closed portions of the meeting were conducted virtually, including licensing and investigative interviews. Devdutta G. Sangvai, MD, JD, MBA, President, called the meeting to order. Board members in attendance were Anuradha Rao-Patel, MD, President-Elect; Robert L. Rich, Jr., MD, Secretary/Treasurer; Earic R. Bonner, MD, MBA; W. Howard Hall, MD; Vickie A. Harry; Joshua D. Malcolm, JD; Mark A. Newell, MD, MMM; Miguel A. Pineiro, PA-C; Anthony R. Plunkett, MD.; Sharona Y. Johnson, PhD, FNP-BC. Member absent: J. Nelson Dollar, MA

PRESIDENTIAL REMARKS

Dr. Devdutta Sangvai reminded the Board members of their duty to avoid conflicts of interest with respect to any matters coming before the Board as required by the State Government Ethics Act. Reported conflicts were included within individual committee reports.

ANNOUNCEMENTS and UPDATES

Dr. Sangvai recognized new staff as they were introduced by their perspective manager. He also called on managers to recognized staff with promotions.

PRESENTATION(S)

NCMB attorneys Adam Moyers and Rob Patchett gave a presentation on “Disciplinary Actions - What's Allowed, Definitions, etc.; Is This the same as 'executing enforcement actions'?”

NORTH CAROLINA PHYSICIAN HEALTH PROGRAM REPORTS (NCPHP)

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

Dr. Jordan gave the NCPHP Compliance Committee report. The specifics of this report are not included because the information contained in the report is confidential and non-public.

A motion passed to return to open session.

NCMB LEGAL DEPARTMENT REPORT

Mr. Brian Blankenship, Chief Legal Officer, gave the Legal Department Report on Friday, September 19, 2025.

Open session:

Mr. Blankenship updated the Board on the schedule of the October 2025 hearings and hearing assignments.

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

Closed session:

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

The Legal Department Report was concluded.

The Board accepted the report as information.

A motion passed to return to open session.

NCMB COMMITTEE REPORTS

Executive Committee Report

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

Open Session.

Financial Update

a. Year-To-Date Financials

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

Committee Recommendation: Accept the financial information as reported.

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

b. Investment Account Update

The Committee reviewed the investment statements for July and August 2025 with the Board Controller.

Committee Recommendation: Accept the investment statements as reported.

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

c. Proposed FY2026 Budget

The Committee reviewed the proposed budget and memoranda for fiscal year 2026. The new fiscal year begins November 1, 2025.

Committee Recommendation: Approve the proposed budget for fiscal year 2026.

Board Action: Accept the Committee recommendation. Approve the proposed budget for fiscal year 2026.

Old Business:

a. Board Retreat Update

Mr. Thomas W. Mansfield, NCMB CEO, led a debrief of the Board retreat and gave Board members an opportunity to provide comments. It was determined that the Board would hold a retreat in 2026 in the western part of the state.

Committee Recommendation: Accept the debrief as information.

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

b. Periodic Rules Review Update

Mr. Rob Patchett, NCMB Board Attorney, advised the Committee that every ten years state agencies are obligated to review all of their rules. At the July meeting, the Board was asked to determine whether its administrative rules were necessary. The Board found all of its rules except 21 NCAC 32B.1705 necessary. 21 NCAC 32B .1705 is a state of emergency rule whose substantive requirements are similar to 21 NCAC 32B .1706 which is also a state of emergency rule. The staff and Board considered the two rules redundant.

On July 18, 2025, the Board's determinations were posted on the NCMB website as well as the Office of Administrative Hearings website and the public was invited to comment. To date, the Board has not received any public comments. The staff now requests the Board to make a final determination of necessity.

Committee Recommendation: Deem all rules, except for 21 NCAC 32B .1705, as necessary.

Board Action: Accept the Committee recommendation. Deem all rules, except for 21 NCAC 32B .1705, as necessary.

New Business:

a. 2025 NCMB Appointments/Review Panel Update

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

- Devdutta G. Sangvai, MD, JD, MBA (not eligible for reappointment)
- W. Howard Hall, MD (not eligible for reappointment)

- Robert L. Rich, Jr., MD (eligible for reappointment; seeking reappointment)
- Candace A. Bradley, DO, MBA (resigning July 31, 2025)

The Review Panel met on August 2-3 to conduct interviews, discuss the candidates, and decide whom to nominate.

By letter dated August 6, 2025, the NC Review Panel submitted its slate of nominees to the Governor to fill three open seats.

As part of this process, the NC Review Panel determined that not enough candidates applied to meet the statutory requirement for at least one Board member to either hold a Doctor of Osteopathic Medicine degree or is a faculty member at a NC medical school who practices integrative medicine. The NC Review Panel voted to re-open the application window through September 2, 2025 in order to receive additional candidate packets. The group will reconvene on September 21, 2025 to interview eligible candidates for the final open seat.

An additional open seat currently held by Joshua D. Malcolm, JD will be open at the end of his term on October 31, 2025. This seat is appointed by the Governor and will be filled through a separate process.

In a letter dated September 16, 2025, the Governor's office sent an update on the appointments that take effect November 1, 2025 for terms ending October 31, 2028:

- Robert L. Rich, Jr., MD of Bladen County is reappointed.
- Gregory S. McCarty, MD of Henderson County, is appointed to succeed W. Howard Hall, MD.

Committee Recommendation: Accept the update as information.

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

Policy Committee Report

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

Old Business:

- a. 10.1.2: Corporate Practice of Medicine (Appendix A)

The Committee considered and discussed the revisions to the current position statement regarding hospital-owned practices. After discussion, the Committee agreed to adopt the revisions with one minor edit.

Committee recommendation: Adopt and publish the revised position statement.

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

b. 8.4.1. Unethical Agreements in Complaint Settlements (Appendix B)

The Committee considered and discussed the revisions to the current position statement. After discussion, the Committee agreed to adopt the revisions with one minor edit.

Committee recommendation: Adopt and publish the revised position statement.

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

New Business:

a. 1.1.1: What Are the Position Statements of the Board and to Whom Do They Apply? (Appendix C)

The Committee reviewed and discussed the Committee member comments received prior to the meeting and, based on those comments, requested staff make additional revisions. After incorporating the revisions, staff was directed to adopt and publish the revised position statement.

Committee recommendation: Adopt and publish the revised position statement.

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

b. 3.1.2: Policy for the Use of Audio or Visual Recordings in Patient Care

The Committee reviewed and discussed the Committee member comments received prior to the meeting. The Committee directed staff to research and then further revise the position statement to add language regarding audio and visual recordings being taken and stored on personal devices. Staff was directed to circulate the changes to Committee members and bring back revisions and comments for further discussion at a later meeting.

Additionally, the Committee discussed the need to review position statement 3.2.1: Medical Records and consider making revisions related to text messages and other communications and how those should be stored or documented in medical records.

Committee recommendation: Staff to make revisions to position statement, circulate to Committee members, and bring back for discussion at a later meeting. Additionally, the Committee should review and possibly revise position statement 3.2.1: Medical Records.

Board Action: Accept Committee recommendation. Staff to make revisions to position statement, circulate to Committee members, and bring back for discussion at a later meeting. Additionally, the Committee should review and possibly revise position statement 3.2.1: Medical Records.

c. 8.3.2: Sale of Goods from Licensee's Offices (Appendix D)

The Committee reviewed and discussed the Committee member comments received prior to the meeting and, based on those comments, requested staff make additional revisions. After incorporating the revisions, staff was directed to adopt and publish the revised position statement.

Committee recommendation: Adopt and publish the revised position statement.

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

d. 8.4.2: Medical Testimony

The Committee reviewed and discussed the Committee member comment received prior to the meeting. After further clarification by staff, no revisions were recommended.

Committee recommendation: Note review of position statement with no proposed revisions and accept as information.

Board Action: Accept Committee recommendation. Note review of position statement with no proposed revisions and accept as information.

Miscellaneous:

a. Position Statement Review Chart

The Committee reviewed the position statement review chart and determined that, in addition to bringing back 3.1.2: Policy for the Use of Audio or Visual Recordings in Patient Care and 3.2.1: Medical Records, the upcoming Committee should consider reviewing, 5.1.2: Laser Surgery, 5.1.3: Care of the Patient Undergoing Surgical or Other Invasive Procedure, 8.1.1: Physician Practice Drift, and 8.3.1: Advertising and Publicity at the November 2025 meeting, should time allow.

Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

Licensing Committee Report

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

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

The License Committee reviewed eleven cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

a. Interstate Medical Licensure Compact (Appendix E)

In July, the Interstate Medical Licensure Compact (Compact) passed in North Carolina. It becomes effective January 1, 2026. The attached rules have been determined to be necessary for implementation of the Compact and are proposed as temporary rules until they can become permanent. The rules establish fees for individuals seeking a Compact license in North Carolina as well as establishing the process to obtain additional information required by the Medical Practice Act that is not otherwise available on both the initial Compact application and the Compact renewal.

The rules also authorize the Board to collect a criminal background check fee for North Carolina licensed physicians seeking a letter of qualification to obtain a license in another state. Board members discussed the report and inquired about reasonable workloads for staff and plans to address that concern.

Committee recommendation: Adopt temporary rules for IMLC implementation.

Board action: Adopt temporary rules for IMLC implementation.

License Interview Report

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

Six licensure interviews were conducted virtually. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Disciplinary (Investigative) Committee Report

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

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

The Disciplinary (Investigative) Committee reviewed 51 investigative cases. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Disciplinary (Complaints) Committee Report

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

Open Session:

a. Office of Medical Director/Legal Workflow

As previously discussed, we have modified responsibilities, duties and processes in connection with OMD's review of cases coming to the Disciplinary Committee. The medical directors in OMD no longer make disciplinary recommendations to the Committee. At the same time, the medical directors are expanding their reviews and analyses of the care rendered to patients in matters coming before the Committee and the Board. This shift supports the core investigative principle of objectively gathering and presenting facts versus determining whether there is a violation of the Medical Practice Act.

As always, the board attorneys will provide legal advice in the form of comments and recommendations to the Committee regarding whether the evidence supports one disciplinary result or another under the applicable laws and rules.

The attached flowchart is offered to the Committee in support of our ongoing conversation about how OMD and the Legal Department are collaborating to operationalize our objectives. You will see that the medical directors are reviewing every board attorney recommendation of PLOC or greater. The next step in the flowchart is an email, phone call and possibly an SSRC discussion in which a medical director offers additional clarification, education and/or context to a board attorney. Of course, by now you have reviewed your assigned cases and have seen that most of the cases before you were reviewed by staff prior to August 1 and contain disciplinary recommendations by the members of OMD. There will be fewer OMD disciplinary recommendations at the November meeting of the Committee and fewer yet with each successive meeting.

Committee Recommendation: Accept as Information.

Board Action: Accept Committee recommendation. Accept as Information.

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

The Disciplinary (Complaints) Committee reviewed 50 complaint cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

Disciplinary (Compliance) Committee Report

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

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

The Disciplinary (Compliance) Committee reviewed six investigative cases. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Disciplinary (Malpractice) Committee Report

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

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

The Disciplinary (Malpractice) Committee reviewed 45 cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Disciplinary (DHHS) Committee Report

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

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

The Disciplinary (DHHS) Committee reviewed one case. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

Investigative Interview Report

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

Eleven investigative interviews were conducted virtually. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Advanced Practice Providers & Allied Health Committee Report

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

Old Business:

- a. Update regarding Statewide Immunizing Pharmacists' Protocols and Convening of Board of Pharmacy and Medical Board Joint Subcommittee

In follow-up to the discussions held during the Committee's May and July 2025 meetings regarding suggested changes to the statewide immunizing pharmacists' protocols, Staff relayed that the new "test and treat" legislation, which allows pharmacists to order and perform CLIA-waived tests to diagnose and treat influenza and strep throat, will require the Medical Board and the Board of Pharmacy to implement a new protocol. Accordingly, the two boards will convene a special joint committee. This will be the time to have members from both boards review all protocols including the recommended changes suggested by the Committee in May and July. Staff will recommend to the Board President that Committee member, Dr. Earic Bonner, be appointed to the joint committee.

Committee recommendation: Accept as Information.

Board Action: Accept Committee recommendation. Accept as Information.

New Business:

- a. Proposed Optimal Team Practice ("OTP") Policies and Existing Centers for Medicare & Medicaid Services' ("CMS") Regulations

Staff discussed SL 2025-37, which amended the Medical Practice Act to allow physician assistants to practice in a team-based setting. Because of the greater degree of independence permitted by the session law, the concern was raised that this independence would conflict with Medicare rules that require physician assistants to be supervised. Staff informed the Committee that it does not

because Medicare does not strictly require supervision of physician assistants. Because Medicare regulations only require that physician assistants practice consistently with, and in accordance with, state scope-of-practice laws, North Carolina's newly enacted team-based practice statutes will not conflict with Medicare eligibility and payment rules.

Individuals from the North Carolina Academy of Physician Assistants were in attendance during the Committee meeting and voiced agreement with staff's explanation.

Committee recommendation: Accept as Information.

Board Action: Accept Committee recommendation. Accept as Information.

b. Perfusionist Advisory Committee ("PAC") Vacancy Update

Staff informed the Committee that Dr. Elliott Fennell Williams, the physician member of the PAC, is currently ineligible for reappointment since he has served on the committee for two terms. Currently, the Board has received no applications to fill Dr. Williams' position. Dr. Williams will continue to serve until a new member is appointed.

Committee recommendation: Accept as Information.

Board Action: Accept Committee recommendation. Accept as Information.

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

Closed Session:

a. Joint Subcommittee Panel Recommendations – July 2025

Staff reviewed the Joint Subcommittee Panel Recommendations from July 2025.

Committee recommendation: Accept as Information.

Board Action: Accept Committee recommendation. Accept as Information.

Outreach Committee Report

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

Old Business:

- a. Update on presentations and Committee discussion on Outreach assessments
 - i. Professional and public presentations
 - ii. Regulatory Immersion Series update and call for participation

The Communications Director gave a brief update on NCMB's presentations program, noting that staff are continuing to schedule talks into December 2025 and into the new year. Often, requests slow at the end of the year. The Committee received some highlights from a recent survey of program coordinators at medical and PA schools who host the Regulatory Immersion Series (RIMS) mock disciplinary committee program. Notably, 93 percent of survey respondents indicated that they consider it important to continue including RIMS in their curricula. In addition, about two thirds of respondents stated a strong preference to have sitting or former Board Members serve as lead faculty for RIMS. With that in mind, the Communications Director shared the 2026 RIMS calendar, which is current through early April 2026, and urged Committee Members to review it to identify sessions they can commit to leading.

Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

New Business:

- a. HB67 communication plan outline
- b. Outreach Committee accomplishments during 2024-2025
- c. "Stories of Burnout" podcast episode

The Communications Director reviewed the Communications Department's communication plan for HB67, a healthcare workforce bill that includes multiple provisions that affect licensure and practice in North Carolina. Based on inquiries received, the topics of most interest within the bill include the Interstate Medical Licensure Compact (IMLC), the Internationally Trained Physician Employee (ITPE) and PA Team Based Practice. The Communications Department has established online resource pages to facilitate sharing information with interested parties and staff are sharing information via the Forum newsletter, social media and other channels, including NCMB's MedBoard Matters podcast, which recently published an episode on IMLC. The Committee Chair asked if media had expressed much interest in HB67; the Communications Director indicated that there have been a small number of media reports.

At the request of the Committee Chair, staff prepared a list of the current Outreach Committee's accomplishments to date, which the Committee reviewed. Highlights include significant progress in expanding the geographic reach of NCMB's public and professional outreach, the expansion of NCMB's social media to include a presence on Instagram and implementation of strategies to ensure NCMB is achieving goals and meeting the needs of its audiences.

Finally, the Communications Director previewed a new series of podcast episodes staff are planning on the subject of wellness and professional burnout. The occasional series will include episodes featuring individuals' personal stories about experiencing and addressing burnout, stigma in medicine regarding clinician burnout and mental health, innovative strategies and programs to address burnout and more. Staff encouraged Committee members to share suggestions for perspectives that might be valuable to include in this series.

Committee Recommendation: Accept as Information.

Board Action: Accept Committee recommendation. Accept as information.

Miscellaneous:

- a. New Health Literacy & Informed Consent Brochures
- b. Social media advertising updates

The Communications Director briefly reviewed two new resources created to assist members of the public in becoming more informed patients – brochures on the topics of health literacy and informed consent. The brochures explain these foundational concepts in medicine and are available in digital, video and print formats. It was noted that these resources should be translated into Spanish and the Communications Director confirmed that this will be done. In addition, October is Health Literacy Month and staff plan to do a podcast on this topic that will highlight the new resource.

Additionally, the Communications Director shared results of a recent social media campaign to promote the MedBoard Matters podcast. Social media marketing is a cost effective way for staff to promote NCMB information and resources to audiences that may not be aware of NCMB, its mission and the services it provides to the public.

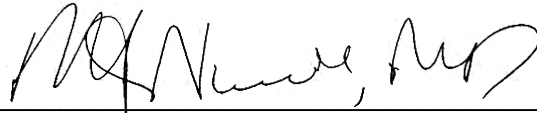
Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

ADJOURNMENT

The Medical Board officially adjourned at 10:38 a.m. on Friday, September 19, 2025.

The next meeting of the Medical Board will be in-person, November 19 - 21, 2025.



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

10.1.2: Corporate Practice of Medicine

It is the position of the Board that, except as discussed below, businesses practicing medicine in North Carolina must be owned in their entirety by persons holding active North Carolina licenses. The owners of a business engaged in the practice of medicine must be licensees of this Board or one of the combinations permitted in [N.C. Gen. Stat. § 55B-14](#). Licensees of the Board providing medical services on behalf of businesses engaged in the corporate practice of medicine may be subject to disciplinary action by the Board. Whether a licensee of the Board is an employee or independent contractor is not determinative of whether a licensee is aiding and abetting the corporate practice of medicine. In addition, the Board may seek injunctive relief against lay owners of businesses engaged in the corporate practice of medicine.

The Board does recognize certain exceptions to the corporate practice of medicine, including hospitals and health maintenance organizations. Such exceptions are premised on the notion that these entities are statutory creations intended for the public welfare and regulated by the government, thus ameliorating the inherent conflict between profit-making and good medical care. Under a similar rationale, public health clinics and charitable nonprofits are also considered exceptions to the prohibition on the corporate practice of medicine.

Hospital-Owned Practices

As mentioned above, the Board recognizes an exception to the prohibition on the corporate practice of medicine for non-profit hospitals and in turn medical practices that are owned and operated by such hospitals consistent with North Carolina law related to the corporate practice of medicine. The policy underlying this exception is that non-profit hospitals are charged with the same mission as the Board in protecting the well-being of the citizens of North Carolina. In keeping with this policy, it is the Board's expectation that hospital-owned practices will recognize the ethical obligations that their licensed employees have to their patients and allow them to discharge such obligations. For example, it is the position of the Board that licensees who depart such practices for reasons other than safety concerns be permitted to provide appropriate notice to their patients, ensure continuity of care, and allow patient selection.

8.4.1: Unethical Agreements in Complaint Settlements

The Board considers it unethical for a licensee to settle a complaint if the agreement includes a condition that prevents the patient from sharing information or filing a complaint with the Board. Violation of this policy may result in disciplinary action by the Board.

1.1.1: What Are the Position Statements of the Board and to Whom Do They Apply?

The North Carolina Medical Board's ("Board") position statements are interpretive statements that attempt to define or explain the meaning of laws or rules that govern the practice of physicians, physician assistants, and nurse practitioners licensed in North Carolina. They also are intended to set forth criteria or guidelines used by the Board's staff in investigations and in the prosecution or settlement of cases.

When considering the Board's position statements, the following four points should be kept in mind.

1. In the position statements, the Board articulates some of the standards it believes applicable to the medical profession and to the other health care professions it regulates. However, a position statement should not be seen as the promulgation of a new standard as of the date of issuance or amendment. Some position statements are reminders of traditional, even millennia old, professional standards, or show how the Board might apply such standards today.
2. The position statements are not intended to be comprehensive or to set out exhaustively every standard that might apply in every circumstance. Therefore, the absence of a position statement or a position statement's silence on certain matters should not be construed as the lack of an enforceable standard.
3. The existence of a position statement should not necessarily be taken as an indication of the Board's enforcement priorities.
4. A lack of disciplinary actions to enforce a particular standard mentioned in a position statement should not be taken as an abandonment of the principles set forth therein.

The Board intends that the position statements will reflect the Board's philosophy on certain subjects and give licensees some guidance for avoiding Board discipline. The Board will continue to decide each case before it on all the facts and circumstances presented during a disciplinary hearing whether or not the issues have been the subject of a position statement. The principles of professionalism and performance expressed in the position statements apply to all persons licensed and/or approved by the Board to render medical care at any level

8.3.2: Sale of Goods from Licensee's Offices

Inherent in the in-office sale of products is a perceived conflict of interest. On this issue, it is the position of the Board that the following instructions should guide the conduct of physicians or licensees.

Sale of practice-related goods (including, but not limited to, items such as ointments, creams, lotions, splints, and eyeglasses) may be acceptable only after the patient has been told those or similar items can be obtained locally from other sources. Any charge made should be reasonable and communicated to the patient in advance.

Due to the potential for patient exploitation, the Medical Board opposes licensees participating in exclusive distributorships and/or personal branding, or persuading patients to become dealers or distributors of profit making goods or services.

Licensees should not sell any non health-related goods from their offices or other treatment settings. (This does not preclude selling of such low cost items on an occasional basis for the benefit of charitable or community organizations, provided the licensee receives no share of the proceeds, and patients are not pressured to purchase.)

All decisions regarding sales of items by the licensee or staff from the licensee's office or other place where health care services are provided must always be guided by what is in the patient's best interest.

1 21 NCAC 32B .2100 is proposed for adoption under temporary procedures as follows:

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SUBCHAPTER 32B – LICENSE TO PRACTICE MEDICINE

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SECTION .2100 – INTERSTATE MEDICAL LICENSURE COMPACT

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21 NCAC 32B .2100 INTERSTATE MEDICAL LICENSURE COMPACT

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(a) Any applicant applying for a North Carolina medical license through the Interstate Medical Licensure Compact (“Compact”) shall pay a non-refundable application fee pursuant to G.S. 90-13.1(a).

9

10 (b) Any applicant seeking licensure through the Compact with North Carolina as a state of principal license shall pay to the Board
11 the cost of a criminal background check.

12 (c) Any holder of a North Carolina medical license obtained through the Compact shall annually register his or her license through
13 the Compact and pay the annual registration fee no later than 30 days after his or her birthday pursuant to G.S. 90-13.2. The Board
14 will provide a notice of renewal as required by Compact rules. After submitting their registration to the Compact, holders of a
15 Compact license shall submit additional information the Board is required to collect pursuant to any law, including but not limited
16 to, G.S. 90-5.2 and G.S. 143-789, and any corresponding rule, within 30 days of submitting their renewal to the Compact. The
17 license of any physician who fails to register and who remains unregistered for a period of 30 days after certified notice of the
18 failure is automatically inactive pursuant to G.S. 90-13.2(e).

19 (d) Applicants granted a North Carolina medical license through the Compact must submit information the Board is required to
20 collect pursuant to any law, including but not limited to G.S. 90-5.2 and G.S. 143-789, and any corresponding rule, within 30
21 days of being granted a Compact license. Failure to submit the information within 30 days may result in disciplinary action under
22 G.S. 90-14(a)(17).

23

24 History Note:Authority G.S.90-21.165; 90-11(b); 90-21.166; 90-13.1(g); 90-21.167; 90-13.2; 90-5.2; 90-14.

