



Arizona Medical Board

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FINAL MINUTES FOR REGULAR SESSION MEETING

Held on Wednesday, December 5, 2018

1740 W. Adams St., Board Room A • Phoenix, Arizona

Board Members

James M. Gillard, M.D., M.S., F.A.C.E.P., F.A.A.E.M., Chair

R. Screven Farmer, M.D., Vice-Chair

Jodi A. Bain, M.A., J.D., LL.M., Secretary

Bruce A. Bethancourt, M.D., F.A.C.P.

Teresa L. Connolly, D.N.P., R.N., N.E.A.-B.C.

Laura Dorrell, M.S.N., R.N.

Gary R. Figge, M.D.

Pamela E. Jones

Lois E. Krahn, M.D.

Edward G. Paul, M.D.

Wednesday, December 5, 2018

GENERAL BUSINESS

A. CALL TO ORDER

Dr. Gillard called the meeting to order at 8:15 a.m.

B. ROLL CALL

The following Board members were present: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul.

The following Board members were absent: Ms. Bain and Dr. Krahn.

ALSO PRESENT

Present among Board staff include: Patricia McSorley, Executive Director; Kristina Fredericksen, Deputy Director; William Wolf, M.D., Chief Medical Consultant; Amy Skaggs, Staff Investigational Review Committee ("SIRC") Coordinator; Raquel Rivera, Investigations Manager; and Michelle Robles, Board Coordinator. Additionally present was Carrie Smith, AAG and Anne Froedge, AAG.

C. PUBLIC STATEMENTS REGARDING MATTERS LISTED ON THE AGENDA

Individuals who addressed the Board during the Public Statements portion of the meeting appear beneath the matter(s) referenced.

D. EXECUTIVE DIRECTOR'S REPORT

- Update on Agency Staff Transitions

Ms. McSorley updated the Board on the Board's staff transition, since April of 2018 ten people have left the Board. Ms. McSorley commented that the relocation is not the cause, however the economy is changing and it is a continuing situation that will have to be reassessed.

- Update on Legislative Health Committee Chair Appointments

Ms. McSorley informed the Board of the Health Committee Chair and Vice Chair appointments for the state legislature.

- Introduction of Joe Brindley, IT Services Manager

Ms. Fredericksen introduced Mr. Brindley as the new IT Services Manager.

- Report on RISK Sense Compliance

Mr. Brindley reported that the Board's RISK Sense score of 751 has surpassed the State's goal of 700 ahead of deadline.

- Report on Compliance with State Security Controls

Mr. Brindley reported that the Board has aligned with and adhered to the State's 17 controls of security. The IT department continues to work on enhancing the Board's security and systems.

- Update on GL Solutions Contract

Ms. McSorley reported that the staff is currently in negotiations for a renewal contract with GL Solutions and will provide the Board with updates.

- 2019 Election of Board Officers

Ms. McSorley reported that Election of Board Officers will be held at the February meeting.

MOTION: Dr. Farmer moved for a recess at 11:27 a.m.

SECOND: Dr. Bethancourt.

The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.

MOTION PASSED.

The Board returned to open session at 1:03 p.m.

E. CHAIR'S REPORT

- Update on Biannual Joint Officers Meetings

Dr. Gillard reported that the Biannual Joint Officers have met as required by statute.

- Introduction of New Board member Laura Dorrell, M.S.N., R.N.

Ms. Dorrell introduced herself to Board members and is happy to serve on the Board.

F. LEGAL ADVISOR'S REPORT

- Update and Clarification Re: "Three Strike Rule" in A.R.S. § 32-1452

Ms. Smith clarified how the "Three Strike Rule" operates and affects PHP participants.

- Update on *Arizona Medical Board v. Secaur* CV2018-006348

Ms. Smith informed the Board that this case has been dismissed.

G. APPROVAL OF MINUTES

MOTION: Dr. Bethancourt moved to approve the October 22-23, 2018 Regular Session Meeting, including Executive Session.

SECOND: Dr. Paul.

The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

LEGAL MATTERS

H. FORMAL INTERVIEWS

1. MD-18-0597A, JOHN P. MORAN, M.D., LIC. #36042

Dr. Moran was present with counsel Lauren Weinzwieg. Dr. Elena Volfson of Gateway Recovery Institute and Y.S addressed the Board during the Public Statements portion of the meeting on behalf of the physician. Dr. Figge stated that he knows the physician but it would not affect his ability to adjudicate the case.

Board staff summarized that the Board initiated the case after receiving a report of non-compliance from the Board's Physician Health Program ("PHP") Contractor regarding a potential violation of his confidential Stipulated Rehabilitation Agreement ("SRA"). Due to the violation Board staff recommended placing Dr. Moran on probation for a period of two years to participate in PHP with a retroactive date of July 30, 2018, in addition to the issuance of a Letter of Reprimand.

In opening, Dr. Moran stated that he is in agreement with continued participation in the PHP. Dr. Moran explained that he did not knowingly consume alcohol during his SRA as he was not aware that the homeopathic remedy purchased from Sprouts contained alcohol. Dr. Moran noted that there was no patient care involved or legal concerns in this case. Dr. Moran commented that this whole incident has greatly affected his career and requested to remain on the previous confidential PHP agreement.

During questioning, Dr. Moran explained that he did not consider whether the homeopathic remedy fell under the purview of his SRA and admitted that he should have obtained further education on the matter. Dr. Moran explained that he had read the active ingredient list on the bottle which does not list alcohol but admitted that the front of the bottle does. Dr. Moran stated that in the future he will take greater care to ensure he does not make the same mistake.

In closing, Ms. Weinzwieg stated that Dr. Moran did not intentionally violate the SRA and that this has been a learning experience. Ms. Weinzwieg requested that no disciplinary action be issued in this case and allow Dr. Moran to continue on a confidential SRA.

Dr. Farmer opined that there has been unprofessional conduct. Dr. Farmer opined that the SRA language was clear; however, he is sympathetic to a remedy being taken by habit. Dr. Farmer commented that although there is a clear violation, he recognized that the physician's efforts towards rehabilitation.

MOTION: Dr. Farmer moved for a finding of unprofessional conduct in violation of A.R.S. § 32-1401(27)(s) for reasons as stated by SIRC.

SECOND: Ms. Jones.

The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

Dr. Paul opined that this was an understandable error and was reassured by the Sierra Tucson report and Dr. Volfson's support. Dr. Paul opined that with continued participation in the PHP there is no public safety concern and disciplinary action is not warranted. Dr. Figge agreed that it is mitigating that he took a remedy out of habit and therefore did not intentionally make a mistake. Dr. Figge opined that given the incidence and hindsight this will not occur again. Dr. Farmer found it mitigating that Dr. Moran is compliant, admits an error was made and is aware of the seriousness of the occurrence.

MOTION: Dr. Farmer moved to issue an Advisory Letter for violation of a Board order. While the licensee has demonstrated substantial compliance through rehabilitation or remediation that has mitigated the need for disciplinary action, the board believes that repetition of the activities that led to the investigation may result in further board action against the licensee.

SECOND: Dr. Figge.

Board members directed Board staff to re-issue an order for SRA. Ms. Jones commented that the physician should take caution in the future.

ROLL CALL VOTE: The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

2. MD-18-0102A, DAVID B. MAINMAN, M.D., LIC. #34677

Dr. Mainman was present with counsel Chris Smith. Dr. Farmer recused from this matter.

Board staff summarized that RM had a past medical history of spontaneous vaginal deliveries, vaginal sling, and bilateral tubal ligation. Dr. Mainman had discussed the risks, benefits and options of trans-vaginal repair. The Medical Consultant (MC) reported that the physician did not document the offer of a repair without mesh. The MC also raised concern with the technique used by Dr. Mainman to carry out the procedure, noting that opening the vaginal vault to pull the mesh through produces the potential for bacterial contamination from the vagina. The MC also stated that use of the same mesh which was brought through the vaginal vault for the posterior repair and colpopexy was not a standard approach. Board staff recommended the issuance of a Letter of Reprimand.

In opening, Dr. Mainman explained that he discussed the options with his patient but stated that he does not offer to perform repairs that do not include mesh. Dr. Mainman explained that the patient opted to go forward with the surgery and received the appropriate prophylactic measures to minimize the risk of surgical site infection. Dr. Mainman noted that the patient had multiple cultures and biopsies that showed no organisms. Dr. Mainman argued that the patient did not have an infection but rather an inflammatory response, which is a known complication of the procedure.

Mr. Smith requested that the Board dismiss this case.

During questioning, Dr. Mainman stated that at the six week follow-up visit the patient reported pain and he suggested an MRI and a consult with a neurologist to obtain a diagnosis for the cause, which the patient refused. RM did accept the MRI and consult at the 12 week follow-up visit. Dr. Mainman stated that the patient did have osteomyelitis and had inflammation from a foreign body. Dr. Mainman opined that the inflammation occurred from the suture, not the mesh.

In closing, Mr. Smith reiterated that after the mesh was removed and subjected to further testing, no bacteria was found.

Board staff commented that the issue is regarding the mesh placement that can cause a different or increased risk for bacteria.

During deliberation, Dr. Paul opined that there has been no unprofessional conduct and that the documentation regarding informed consent was reasonable. Dr. Paul opined that this is an experienced physician familiar with the procedure and that he showed an appropriate response to patient post-operatively. Dr. Paul commented that this was a case of a terrible outcome, but there is no potential harm to future patients.

MOTION: Dr. Paul moved to dismiss.

SECOND: Dr. Figge.

Dr. Figge commented that the MC's review and assessment was accurate and complete. The following Board members voted in favor of the motion: Dr. Gillard, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul.

The following Board member was recused: Dr. Farmer. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 7-yay, 0-nay, 0-abstain, 1-recuse, 2-absent.

MOTION PASSED.

I. FORMAL INTERVIEWS

1. MD-16-1104A, MD-17-0272A, MD-17-0339A, MD-17-0402A, ABDULKADIR HOURANI, M.D., LIC. #25270

Dr. Hourani was present with counsel Steve Myers. A.P., R.H., and J.H addressed the Board during the Public Statements portion of the meeting. Dr. Paul recused from this case.

Board staff summarized that the Board initiated case MD-16-1104A after receiving a complaint regarding Dr. Hourani's care and treatment of patient LH alleging failure to provide medical records resulting in a delay of CPAP equipment. The MC determined that Dr. Hourani deviated from the standard of care by failing to timely respond to requests for clarification of his order which resulted in a 6 month delay in treatment. The Board initiated case number MD-17-0339A after receiving a complaint regarding Dr. Hourani's care and treatment of MF alleging failure to order a CPAP machine. This case was reviewed by two MCs. The first MC determined that Dr. Hourani deviated from the standard of care by failing to follow-up on inquiries regarding the CPAP order for a person with presumed sleep apnea. The second MC specialized in sleep medicine and determined that Dr. Hourani did not deviate from the standard of care. The Board initiated case number MD-17-0402A after receiving a complaint regarding Dr. Hourani's care and treatment of WH alleging inadequate care and treatment, failure to properly conduct bronchoscopy, conducting medically unnecessary tests, prematurely discharging patient, and patient abandonment. The MC commented that the use of high dose steroids without documented cause was a problem which may have contributed to the patient's deterioration. In addition, the MC found that the physician fell below the standard of care when he failed to respond to emergency calls though it was hard to tell who was responsible for them. In regards to the bronchoscopy that was questioned, the MC found it to have been appropriately carried out. The MC was also asked to review three additional patients. The MC determined that Dr. Hourani failed to call code on TG while he was in ventricular fibrillation. Regarding DP, the MC stated that Dr. Hourani did not consider the possibility of a bleed but also noted that other physicians failed to consider a bleed as well. The MC opined that there was insufficient evidence to indicate that Dr. Hourani neglected the patient as he ordered blood and IV fluids. The MC stated that it appears Dr. Hourani has challenges with communication and both his and hospital staff recordkeeping was less than adequate to determine what really occurred. The Board initiated case number MD-17-0272A after receiving notification from the National Practitioner Data Bank ("NPDB") reporting that Dr. Hourani had his privileges suspended at a Hospital for failing to comply with a corrective action plan. Dr. Hourani attended PACE who recommended a focused professional practice evaluation and/or ongoing monitoring, as well as a comprehensive fitness for duty neuropsychological evaluation.

In opening, Mr. Myers MD-16-1104A Dr. Hourani was unaware of the circumstance and has since implemented a system to prevent this from occurring again. Case MD-17-0272A involved two patients who underwent multiple bronchoscopies. Dr. Hourani was unable to obtain to obtain phlegm in the first patient so a second bronchoscopy was required. The second patient was unable to produce phlegm which resulted in four bronchoscopies over a couple of months. The bronchoscopies were required to negate

Tuberculosis so that he could be cleared for surgery. In case MD-17-0339A the second MC found no deviation from the standard of care. In case MD-17-0402A with respect to WH Dr. Hourani stated that the results of the two bronchoscopies support the use of steroids. Dr. Hourani provided phone records that show he received no calls when WH deteriorated. With regards to TG, Dr. Hourani successfully resuscitated the patient and the MC commented that Dr. Hourani did not breach the standard of care unless the hospital has a policy to call a code. With regards to DP, the MC acknowledged that the other treating physicians failed to identify the intra-abdominal bleeding and therefore Dr. Hourani did not fall below the standard of care. With regards to the violation of the Interim Order for Proctor, Mr. Myers stated that it is mitigating that it is difficult to obtain a peer physician and does not agree that a proctor is required going forward.

During questioning, Dr. Hourani explained that in the first case the patient failed to follow-up and respond. Dr. Hourani denied that there was a lack of communication. In the second case, the patient failed to follow-up on the results as required by Medicare for CPAP. Dr. Hourani explained that during WH's second admission his condition continued to deteriorate. Dr. Hourani stated that he met with the family to discuss the case, ordered a CT scan and stopped any medication that would cause irritation. The nurse stated she had called him and he failed to answer but this did not happen. The patient was taken to the ICU without his knowledge and the day after the patient passed the ICU nurse stated he had called. Dr. Hourani cited his phone records showing no incoming calls. Dr. Hourani explained that his prescribing of steroids appropriately. Dr. Hourani stated that for every case he documents the rationale for bronchoscopy. Dr. Hourani explained the timeline of his YRMC privileges being suspended and confirmed that he no longer works at the hospital. Dr. Hourani stated that he has since completed the PACE evaluation and his application for privileges had expired in the process.

MOTION: Dr. Figge moved for the Board to enter into Executive Session pursuant to A.R.S. § 38-431.03(A)(2) and (3).

SECOND: Dr. Farmer.

The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge and Ms. Jones. The following Board member was recused: Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 7-yay, 0-nay, 0-abstain, 1-recuse, 2-absent.

MOTION PASSED.

The Board entered into Executive Session at 1:40 p.m.

The Board returned to Open Session at 1:48 p.m.

No legal action was taken by the Board during Executive Session.

Dr. Hourani explained that he understood the proctor must review his cases and report to the Board; however, there was a delay in obtaining the proctor.

In closing, Mr. Myers stated that it was not clear what is expected from the proctor.

During deliberations, Ms. Smith informed the Board that the interim order was presented to counsel prior to signing and clarification could have been requested at that time.

Dr. Figge opined that there was some ambiguity in the interim order and opined not to cite a (s) violation.

MOTION: Dr. Figge moved for a finding of unprofessional conduct in violation of A.R.S. § 32-1401(27)(e) and A.R.S. § 32-1401(27)(r) for reasons as stated by SIRC as follows: MD-16-1104A - A.R.S. § 32-1401(27)(e) and (r), MD-17-0272A - A.R.S. § 32-

1401(27)(e) and (r), MD-17-0339A - A.R.S. § 32-1401(27)(r) and MD-17-0402A - A.R.S. § 32-1401(27)(e) and (r).

SECOND: Dr. Bethancourt.

Dr. Farmer argued that the interim order was clear, and a violation of a Board Order did occur. Dr. Connolly commented that the order should have been provided to the proctor. Dr. Figge requested as the maker of the motion to discuss the (s) violation separately.

The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge and Ms. Jones. The following Board member was recused: Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 7-yay, 0-nay, 0-abstain, 1-recuse, 2-absent.

MOTION PASSED.

MOTION: Dr. Farmer moved for a finding of unprofessional conduct in violation of A.R.S. § 32-1401(27)(s) in MD-17-0402A.

SECOND: Dr. Connolly.

Dr. Figge commented that there is reasoning behind the finding; however this is another instance of the physician's poor communication. Dr. Farmer opined that the order is clear in what is expected and noted language in the physician's emails that this was just for privileging which is disingenuous.

The following Board members voted in favor of the motion:

The following Board member voted against the motion: Dr. Figge. The following Board member was recused: Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 6-yay, 1-nay, 0-abstain, 1-recuse, 2-absent.

MOTION PASSED.

Dr. Figge opined that this case rises to the level of discipline and that the issues regarding documentation have been ongoing. Dr. Bethancourt noted that this is the fifth time the licensee has come before the Board since 2011.

Dr. Figge the addition of an (s) violation does not change his recommendation for a DOC and two month probation, as recommended by SIRC.

MOTION: Dr. Figge moved to for a Draft Findings of Fact, Conclusions of Law and Order for Decree of Censure and Two Year Probation. Within six months, complete no less than 10 hours of Board staff pre-approved Category I CME in an intensive, in-person course regarding physician communication. Dr. Hourani shall be required to utilize a Board-approved proctor to oversee his patient and procedure selection as well as follow up care, at his expense, for the duration of probation. After one year, Dr. Hourani may petition the Board to request that the probation be terminated. The request to terminate probation shall be accompanied by documentation from the proctor supporting the termination of probation. Prior to requesting termination of the Board's Order, Dr. Hourani shall be required to undergo the recommended re-evaluation to determine his fitness for duty.

SECOND: Dr. Bethancourt.

Ms. Smith clarified that once final; this order will supersede the interim order.

ROLL CALL VOTE: The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge and Ms. Jones. The following Board member was recused: Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 7-yay, 0-nay, 0-abstain, 1-recuse, 2-absent.
MOTION PASSED.

2. MD-18-0207A, SHARON R. THOMPSON, M.D., LIC. #35615
Dr. Thompson was present with counsel Steve Myers.

Board staff summarized that the Board initiated the case after receiving notification from a Hospital that Dr. Thompson was asked to refrain from exercising her staff privileges in lieu of a restriction during an investigation. In April 2018, Dr. Thompson resigned. On July 11, 2018, another Hospital asked Dr. Thompson to refrain from exercising her privileges due to patient care concerns. An MC reviewed 4 cases and determined that Dr. Thompson deviated from the standard of care. In the case of GG, the MC determined that Dr. Thompson should have carried out intrauterine resuscitation prior to proceeding to a vaginal delivery. In the case of SR, the MC opined that Dr. Thompson's decision to allow for the vaginal delivery of a breech baby did not deviate from the standard of care based on her experience and comfort in carrying out a breech delivery. In the case of KS, the MC opined that Dr. Thompson deviated from the standard of care due to the lack of fetal tracings for 30 minutes in the second stage of labor and lack of documentation of the delivery. In the case of BS, the MC determined that Dr. Thompson deviated from the standard of care by failing to evaluate or discuss the patient's abnormal findings of thrombocytopenia at 34 weeks and by failing to treat the patient for severe preeclampsia.

In opening, Dr. Thompson explained that KS was not a typical case and the couple expressed a strong desire for vaginal delivery. KS and her husband listened to the recommendations and risks but continued to go with their wishes. Dr. Thompson noted it is unclear if any changes would have affected the outcome. In patient BS, Dr. Thompson explained that preeclampsia was ruled out and repeated testing was completed at 33 weeks. Dr. Thompson stated that she met the standard of care in all three cases. Ms. Thompson explained that going forward she will continue to use a collaborative approach but will explain to patient that clinical recommendations when medically required will take precedence. Ms. Thompson acknowledges that she must be more diligent in chart notations and that she has completed the PACE course for medical records. Dr. Thompson noted that the second Hospital's request to refrain from exercising her privileges was triggered by the first Hospital's actions, and not any additional allegations of unprofessional conduct.

Mr. Myers explained this was a case where the labor and delivery nurse did not give any warning to Dr. Thompson regarding the complications. Mr. Myers noted that Dr. Meadows, an OBGYN, opined that Dr. Thompson offered reasonable and safe care to KS. With respect to GG, the intrauterine resuscitation had been carried out prior to her being paged. Dr. Meadows stated that Dr. Thompson's post-partum care was reasonable.

During questioning, Dr. Thompson stated she was not present when bradycardia began and per hospital policy the nurse begins the intrauterine resuscitation. Dr. Thompson stated that when operative vaginal delivery is an option it is faster and presents less risk to mom and baby than a cesarean section. Dr. Thompson noted that with regard to BS, she saw the patient the day after delivery and again at six weeks. Dr. Thompson explained that preeclampsia does not occur immediately after delivery and lab abnormalities are expected to get better over the next few weeks, not days. BS's final diagnosis was HELLP and noted that she was admitted for pain which can cause an elevated blood pressure. Dr. Thompson stated that she understands a need for remediation; however, the Hospital did not clearly communicate with her regarding how the investigation progressed.

Board staff commented regarding KS, that fetal tracing exhibited a pattern of deep prolonged variables. In the case of BS the MC provided a chart that describes the severe

features of preeclampsia and it is recommended to administer intrapartum and postpartum magnesium sulfate to prevent preeclampsia.

Dr. Thompson commented that mom's positioning can affect the monitor's ability to pick up fetal tracing.

Board staff noted that documentation showing proof of completion of PACE has not been received.

During deliberations, Dr. Bethancourt opined that there has been unprofessional conduct.

MOTION: Dr. Bethancourt moved for a finding of unprofessional conduct in violation of A.R.S. § 32-1401(27)(e) and A.R.S. § 32-1401(27)(r) for reasons as stated by SIRC.

SECOND: Ms. Jones.

The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

Dr. Bethancourt opined that education is required in this case.

MOTION: Dr. Bethancourt moved to issue an Advisory Letter and Order for Non-Disciplinary CME for failure to diagnose and treat preeclampsia, failure to evaluate the cause of thrombocytopenia in pregnancy, and inadequate documentation. There is insufficient evidence to support disciplinary action. Within six months, no less than 10 hours of Board staff pre-approved Category I CME in an intensive, in-person course for medical recordkeeping; and, no less than 8 hours of Board staff pre-approved Category I CME in the treatment and management of high-risk pregnancy and pregnancy induced hypertension. The CME hours shall be in addition to the hours required for license renewal.

SECOND: Dr. Figge.

Board confirmed with Dr. Thompson and counsel that the PACE course in recordkeeping has been completed. Dr. Bethancourt expressed a concern regarding the physician's cavalier attitude but opined there are mitigating factors. Dr. Bethancourt found it mitigating that the intrauterine resuscitation should have been carried out by staff and there is no evidence that a C-section would have changed the outcome. Dr. Bethancourt opined that Dr. Thompson did provide good rationale behind her decision making and the bigger concern is her education regarding high risk pregnancy. Ms. Jones noted that in regard to patient KS there were some communication issues with the patient, nurses and the hospital. Dr. Gillard opined that CME in communication is not necessary.

The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

3. MD-17-0348A, HERMAN PANG, M.D., LIC. #24944
Dr. Pang was present with counsel Steve Myers.

Board staff summarized that the Board initiated the case after receiving a complaint regarding Dr. Pang's care and treatment of three patients alleging inappropriate and

excessive venous ablations. The MC reviewed cases and found that Dr. Pang deviated from the standard of care by carrying out excessive treatments using endovenous laser treatment (EVLT) for venous ablations. The MC also found that Dr. Pang did not evaluate the patients for deep obstruction. In addition, there is no documentation of these evaluations in the chart. The physician did undergo a PACE assessment regarding varicose vein evaluation and treatment which he passed.

Mr. Myers stated that Dr. Pang has since corrected his practice to comply with current standards. Mr. Myers stated that Dr. Pang does not contest the recommendation for a Letter of Reprimand and CME for medical recordkeeping. Dr. Pang requested that the proctor requirement be eliminated, or in the alternative, that chart reviews be allowed in lieu of a proctor. Mr. Myers requested that Board staff include in his Board Order that he has passed PACE and that he has since become Board Certified in Venous and Lymphatic Medicine.

During questioning, Dr. Pang explained his understanding of what is required in a proper work-up. Dr. Pang explained his rationale behind using ultrasound to determine the need for a venous ablation. Dr. Pang stated he understood the Board's concern regarding the number of ablations performed however; the ablations occurred over several years and were not due to financial gain. Dr. Pang informed the Board of the knowledge he has since obtained in appropriate vein treatment.

Dr. Farmer acknowledged the steps Dr. Pang has taken to obtain knowledge of the current guidelines and standards however; it is the Board's priority to protect the public.

Dr. Pang informed the Board that he has signed up for PACE' medical recordkeeping course and he has since changed his medical recordkeeping process.

In closing, Mr. Myers requested that in the event the board felt that practice monitoring was appropriate, that the board allow for chart reviews rather than a proctor.

MOTION: Dr. Farmer moved for a finding of unprofessional conduct in violation of A.R.S. § 32-1401(27)(e) and A.R.S. § 32-1401(27)(r) for reasons as stated by SIRC.

SECOND: Dr. Bethancourt.

The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

Dr. Farmer opined that this case rises to the level of discipline and that everyone is in agreement that there was pattern of inappropriate practice. Dr. Farmer commented that this is a vulnerable population that is dependent upon the ethics of the physician providing the care. Dr. Farmer found it mitigating that the physician has made multiple steps to remediate the situation and that chart reviews would be adequate to protect the public. Dr. Farmer opined that CME in ethics is required.

MOTION: Dr. Farmer moved to for a Draft Findings of Fact, Conclusions of Law and Order for Letter of Reprimand and Two Year Probation. Within six months, complete no less than 15 hours of Board staff pre-approved Category I CME in an intensive, in-person course regarding medical recordkeeping; and, no less than 15 hours of Board staff pre-approved Category I CME in an intensive, in-person course regarding ethics. The CME hours shall be in addition to the hours required for license renewal. Within thirty days of completing the Board ordered CME, the physician shall enter into a contract with a Board approved monitoring company to

conduct monthly chart reviews at a minimum of ten per month at his expense. The patient reviews shall consist of vascular care. The chart reviews shall commence upon proof of successful completion of the CME and shall involve current patients' charts. Once the licensee has complied with the terms of Probation, he must affirmatively petition the Board to request that the Probation be terminated after one year of consecutive favorable chart reviews.

SECOND: Dr. Bethancourt.

ROLL CALL VOTE: The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

CONSENT AGENDA

J. CASES RECOMMENDED FOR ADVISORY LETTERS

MOTION: Dr. Paul moved to issue an Advisory Letter in item numbers 2 and 4.

SECOND: Dr. Bethancourt.

The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

1. MD-18-0229A, RASHMI A. CHHABRA, M.D., LIC. #35817

C.V., S.M. and D.V. addressed the Board during the Public Statements portion of the meeting.

Dr. Gillard expressed a concern regarding a misdiagnosis of chest pain and inadequate work-up. Dr. Gillard opined that additional CME may be necessary. Dr. Figge noted that the patient was already on the raloxifene although the physician should have reviewed the medication list and the associated risks. Dr. Figge opined that the bigger concern is that given the patient's symptoms a differential diagnosis for acute chest pain should have been considered. Dr. Gillard opined that the patient was not adequately evaluated and should have been referred to ER. Dr. Bethancourt expressed concern that Dr. Chhabra transferred care to the patient's sister.

Board staff cited the MC's report that this was a difficult and unfortunate case, which is what contributed to the Board staff's recommendation.

Dr. Farmer opined that a second MC should review the case before Board staff reconsiders the recommendation.

MOTION: Dr. Figge moved to return for further investigation to obtain a second medical consultant review.

SECOND: Dr. Farmer.

The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

2. MD-18-0259A, GLENN L. NUDELMAN, M.D., LIC. #14122

RESOLUTION: Issue an Advisory Letter for failure to query the CSPMP database when issuing medical marijuana certifications. While the licensee has

demonstrated substantial compliance through rehabilitation or remediation that has mitigated the need for disciplinary action, the board believes that repetition of the activities that led to the investigation may result in further board action against the licensee.

3. THIS ITEM WAS PULLED FROM THE AGENDA.

4. MD-16-0733A, GLENN C. HUNTER, M.D., LIC. #17199

Dr. Hunter addressed the Board during the Public Statements portion of the meeting.

RESOLUTION: Issue an Advisory Letter for failure to properly carry out surgical procedures resulting in subsequent complications, and for inadequate medical records. There is insufficient evidence to support disciplinary action.

K. CASES RECOMMENDED FOR ADVISORY LETTERS WITH NON-DISCIPLINARY CONTINUING MEDICAL EDUCATION ORDERS

1. MD-18-0162A, JAMES A. DAITCH, M.D., LIC. #27279

Dr. Daitch addressed the Board during the Public Statements portion of the meeting.

Dr. Figge agreed with Board staff's recommendation.

MOTION: Dr. Figge moved to issue an Advisory Letter and Order for Non-Disciplinary CME for prescribing a controlled substance to his spouse, inadequate medical records, and inappropriate direction in supervision of a physician assistant. There is insufficient evidence to support disciplinary action. Within six months, complete no less than 10 hours of Board staff pre-approved Category I CME in an intensive, in-person course regarding ethics.

SECOND: Dr. Paul.

Ms. Jones commented that whether the physician felt he did not pressure the PA; it was clear from the record that the PA felt pressured.

The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

L. REVIEW OF EXECUTIVE DIRECTOR DISMISSALS

MOTION: Dr. Figge move to uphold the Executive Director's dismissal in item numbers 2-5.

SECOND: Dr. Bethancourt.

The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

1. MD-18-0157A, KRISTINE A. BERNARDO, M.D., LIC. #40353

B.L.R. addressed the Board during the Public Statements portion of the meeting.

Dr. Figge expressed concern that a non-surgeon did not obtain a surgical consult and that other options for surgical intervention were not discussed.

MOTION: Dr. Figge moved to return for further investigation for consideration of an Advisory Letter.

SECOND: Ms. Jones.

Ms. Jones expressed concern that the patient's oncologist was not consulted about the immunotherapy.

The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

2. MD-18-0092A, STEPHEN F. LEX, M.D., LIC. #17751

RESOLUTION: Dismissal upheld.

3. MD-18-0092B, PATRICK D. COLE, M.D., LIC. #50209

RESOLUTION: Dismissal upheld.

4. MD-18-0434A, JOSHUA D. COHEN, M.D., LIC. #34576

RESOLUTION: Dismissal upheld.

5. MD-18-0200A, CLIFFORD T. BAKER, M.D., LIC. #42990

P.Z. and L.Z. addressed the Board during the Public Statements portion of the meeting.

RESOLUTION: Dismissal upheld.

M. PROPOSED CONSENT AGREEMENTS (Disciplinary)

1. MD-17-0836A, ROGELIO D. NARANJA, M.D., LIC. #13156

Dr. Gillard summarized that the physician has had previous board history for medical recordkeeping violations. Dr. Gillard noted that the physician has retired and signed a consent agreement to surrender his license.

MOTION: Dr. Farmer moved to accept the proposed Consent Agreement for Surrender of License.

SECOND: Dr. Paul.

ROLL CALL VOTE: The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

N. LICENSE APPLICATIONS

i. CONSIDERATION AND POSSIBLE ACTION TO APPROVE OR DENY LICENSE APPLICATION, OR TO TAKE OTHER ACTION

MOTION: Dr. Figge moved to grant the license in item numbers 1 and 3-8.

SECOND: Ms. Jones.

The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

1. MD-18-0563A, MATTHEW S. RUYLE, M.D., LIC. #N/A

RESOLUTION: License granted.

2. MD-15-1189A, ABRAHAM J. SAYEGH, M.D., LIC. #N/A

Dr. Sayegh addressed the Board during the Public Statements portion of the meeting.

Dr. Farmer noted that at the June 12 Board meeting it was noted that the physician has not practiced since 2009 and had only addressed one area of concern by passing the USMLE. Dr. Gillard noted that the physician has obtained and passed the CPEP return to practice evaluation. Dr. Gillard noted that Board staff recommended offering the applicant a probationary license for five years to comply with CPEP's recommendations and PHP monitoring.

MS Smith clarified that the physician stated he is willing to comply with CPEP's recommendations and PHP monitoring but is requesting that the return to practice recommendations not be expressed as a restriction.

Dr. Gillard opined that the physician has complied with the Board's recommendations and should be given an opportunity to practice on probationary terms. Dr. Figge agreed with offering the applicant a probationary license without the restriction language.

MOTION: Dr. Figge moved to offer the applicant a Consent Agreement for a Probationary License requiring enrollment in PHP for a minimum of 5 years, compliance with CPEP's education and return to work recommendations including enrollment in CPEP's individualized educational intervention. After completion of the requirements, Dr. Sayegh must affirmatively request that the probationary license be terminated and a full and unrestricted license be granted.

SECOND: Dr. Bethancourt.

The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

3. MD-18-0797A, CHARLES A. GROVES, M.D., LIC. #N/A

RESOLUTION: License granted.

4. MD-18-0862A, BRIAN G. CROMWELL, M.D., LIC. #N/A

RESOLUTION: License granted.

5. MD-17-1233A, THOMAS P. WENTLAND, M.D., LIC. #N/A

RESOLUTION: License granted.

6. MD-18-0714A, SEVASTI J. DAMES, M.D., LIC. #N/A

RESOLUTION: License granted.

7. MD-18-1048A, RAMON E. RODRIGUEZ-TORRES, M.D., LIC. #N/A

RESOLUTION: License granted.

8. MD-18-0931A, THOMAS E. NELSON, M.D., LIC. #N/A

RESOLUTION: License granted.

ii. CONSIDERATION AND POSSIBLE ACTION TO APPROVE OR DENY LICENSE APPLICATION, OR TO TAKE OTHER ACTION WITH STAFF RECOMMENDATION

1. THIS ITEM WAS PULLED FROM THE AGENDA.

iii. REVIEW, DISCUSSION AND POSSIBLE ACTION REGARDING APPLICANT'S REQUEST FOR WAIVER OF DOCUMENTATION REQUIREMENT

1. JESUS G. ZAMORA, M.D., LIC. #N/A

Dr. Gillard summarized that Dr. Zamora is Board Certified in Radiology, has passed all three parts of the USMLE and holds an unrestricted license in Texas.

MOTION: Dr. Figge moved to grant the request for waiver and grant the license.

SECOND: Ms. Jones.

The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, -absent.

MOTION PASSED.

iv. REVIEW, DISCUSSION AND POSSIBLE ACTION REGARDING LICENSURE BY ENDORSEMENT PURSUANT TO A.R.S. § 32-1426(B) AND R4-16-201(F)

1. MICHAEL A. MAKAYAN, M.D., LIC. #N/A

MOTION: Dr. Figge moved to grant the license by endorsement.

SECOND: Dr. Bethancourt.

The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

v. CONSIDERATION OF LICENSE APPLICATION WITH RECOMMENDATION FROM THE EXECUTIVE DIRECTOR

1. VRUSHALI D. BACHHAV, M.D., LIC. #N/A

Dr. Gillard summarized Dr. Bachhav completed an unapproved medical school. Dr. Bachhav has also completed four years of advanced radiology training in America and the American Board of Radiology has accepted her training to sit for Boards. Dr. Gillard noted the Board has previously accepted applicants who completed the Rush program. Dr. Figge opined that if the American Board of Radiology accepts the training for purposes of applying for board certification examinations, it should also be acceptable to the Board to satisfy the postgraduate training requirement. Dr. Paul noted that the physician has three unrestricted licenses in other states.

MOTION: Dr. Figge moved to grant the license.

SECOND: Dr. Bethancourt.

The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.
VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.
MOTION PASSED.

*****END OF CONSENT AGENDA*****

ACTION ON CASE(S)

O. APPROVAL OF DRAFT FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER

1. MD-15-1490A, MD-18-0297A, IRFAN FAZIL, M.D., LIC. #35023

MOTION: Dr. Figge moved to approve the Draft Findings of Fact, Conclusions of Law and Order for Letter of Reprimand and Two Year Probation with Practice Restriction. Dr. Fazil shall be prohibited from prescribing controlled substances. Within six months, complete no less than 10 hours of Board staff pre-approved Category I CME in an intensive, in-person course for prescribing controlled substances. The CME hours shall be in addition to the hours required for license renewal. After proof of successful completion of the CME coursework, Dr. Fazil may request that the prescribing of controlled substances Practice Restriction be terminated. Dr. Fazil shall be prohibited from supervising Physician Assistants for a period of two years. Once the licensee has complied with the terms of Probation, he may petition the Board to request termination of his Board Order.

SECOND: Ms. Jones.

ROLL CALL VOTE: The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

2. MD-17-0909A, THOMAS A. OPECHOWSKI, M.D., LIC. #22676

MOTION: Ms. Jones moved to approve the Draft Findings of Fact, Conclusions of Law, and Order for Letter of Reprimand and Probation. Within six months, complete no less than 10 hours of Board staff pre-approved Category I CME in pharmacologic management of geriatric psychiatric patients. The CME hours shall be in addition to the hours required for license renewal. The Probation shall terminate upon proof of successful completion of the CME.

SECOND: Dr. Paul.

ROLL CALL VOTE: The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.

MOTION PASSED.

3. MD-17-0503A, ANTHONY K. HEDLEY, M.D., LIC. #13693

MOTION: Dr. Figge moved to approve the Draft Findings of Fact, Conclusions of Law, and Order for Letter of Reprimand and Probation. Within six months, complete no less than 10 hours of Board staff pre-approved Category I CME in an

intensive, in-person course regarding medical recordkeeping; and, no less than 10 hours of Board staff pre-approved Category I CME in ethics. The CME hours shall be in addition to the hours required for license renewal. The Probation shall terminate upon proof of successful completion of the CME coursework.

SECOND: Dr. Connolly.

ROLL CALL VOTE: The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 0-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.

MOTION PASSED.

4. MD-17-0265A, MD-17-0378A, MD-17-0528A, MD-18-0108A, MICHAEL J. FITZMAURICE, M.D., LIC. #13693

F.W. addressed the Board during the Public Statements portion of the meeting.

MOTION: Dr. Figge moved to approve the draft Findings of Fact, Conclusions of Law and Order for a Letter of Reprimand.

SECOND: Ms. Dorrell.

ROLL CALL VOTE: The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

5. MD-17-0516A, MARK R. MOURITSEN, M.D., LIC. #28909

Dr. Farmer noted a letter regarding Dr. Mouritsen's request for striking the probationary terms.

MOTION: Ms. Jones moved to approve the Draft Findings of Fact, Conclusions of Law, and Order for Letter of Reprimand and Five Year Probation to participate in PHP. Dr. Mouritsen's PHP participation shall be retroactive to September 7, 2017. If not already completed, Dr. Mouritsen shall complete at least three months of psychotherapy with a Board approved provider. The Probation shall not terminate except upon affirmative request of the physician and approval by the Board.

SECOND: Dr. Paul.

ROLL CALL VOTE: The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

OTHER BUSINESS

P. REQUEST FOR TERMINATION OF BOARD ORDER

1. MD-17-0545A, MICHAEL W. CARLTON, M.D., LIC. #21360

Dr. Gillard summarized that Dr. Carlton has completed all terms of the Board Order.

MOTION: Dr. Figge moved to grant the request to terminate the June 14, 2018 Board Order.

SECOND: Dr. Paul.

The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.
VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.
MOTION PASSED.

2. MD-14-0058A, JULIUS R. CHARLIE, M.D., LIC. #40519

Dr. Gillard summarized there is a letter of support from Dr. Faria that Dr. Charlie does not require continued monitoring and treatment from an addiction specialist. There is also a letter from a psychologist stating that Dr. Charlie has been compliant with weekly visits and is safe to practice. Dr. Figge agreed that Dr. Charlie has met all the requirements of the order.

MOTION: Dr. Figge moved to grant the request to terminate the December 3, 2015 Board Order.

SECOND: Dr. Paul.

The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

Q. DISCUSSION AND UPDATE ON THE JOINT LEGISLATION AND RULES (JLRC) COMMITTEE

- Review, Discussion and Possible Action Regarding Proposed Amendment to A.R.S. § 32-1403 to Allow for Board Consideration of Data Waiver Matters

Ms. McSorley provided a memo for the Board's review regarding the proposed language for the Data Waiver for consideration. The Data Waiver allows prospective and current physicians to request that training be approved by the Board to allow the physicians to treat opioid dependent patients. Ms. McSorley noted that there is already a legislative sponsor and the DO Board has adopted similar language; however, the legislative drafter will reconcile the two proposed languages to meet the similar goal.

Dr. Farmer attempted to have language be broad enough to allow the Board to utilize the discretion authorized by the federal statute.

MOTION: Dr. Farmer moved to approve the draft amendment to A.R.S § 32-1403(A)(11) as recommended by the JLRC.

SECOND: Dr. Paul.

The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.

VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

R. GENERAL CALL TO THE PUBLIC

No individuals addressed the Board during the General Call to the Public.

S. ADJOURNMENT

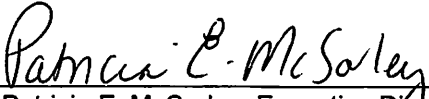
MOTION: Dr. Figge moved to adjourn the meeting.

SECOND: Ms. Jones.

The following Board members voted in favor of the motion: Dr. Gillard, Dr. Farmer, Dr. Bethancourt, Dr. Connolly, Ms. Dorrell, Dr. Figge, Ms. Jones and Dr. Paul. The following Board members were absent: Ms. Bain and Dr. Krahn.
VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.
MOTION PASSED.

The meeting adjourned at 4:09 p.m.




Patricia E. McSorley, Executive Director