Governor
Douglas Ducey

ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY
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Board Members
Jerry G. Landau, J.D., Pres
Gary Erbstoesser, D.O., V.P.
Douglas Cunningham, D.O.
Jonathan Maitem, D.O.
Jeffrey H. Burg, AIF
Dawn Walker, D.O.
Ken S. Ota, D.O.

Executive Director
Justin Bohall

DRAFT MINUTES FOR MEETING OF THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY

Held on Saturday, February 29, 2020
At: Office of the Arizona Board of Osteopathic Examiners
1740 W Adams St • Phoenix, Arizona Board Room A

1. CALL TO ORDER

Board President Landau called the meeting to order at 8:01 a.m. The Board members and staff introduced themselves for the audience and new members.

2. ROLL CALL AND REVIEW OF AGENDA

	Mr. Landau	Dr. Erbstoesser	Dr. Cunningham	Dr. Maitem	Mr. Burg	Dr. Walker	Dr. Ota
Present:	X	X	X	X		X	X
Absent:					X		

3. CALL TO THE PUBLIC

President Landau read aloud the Board's mission statement: "The mission of the Board is to protect the public by setting educational and training standards for licensure, and by reviewing complaints made against osteopathic physicians, interns, and residents to ensure that their conduct meets the standards of the profession, as defined in law (A.R.S. § 32- 1854)."

A. President Landau welcomed the medical students from Arizona College of Osteopathic Medicine at Midwestern University, A.T. Still University Kirksville College of Osteopathic Medicine and A.T. Still University School of Osteopathic Medicine in Arizona.

B. No individuals addressed the Board during the Call to the Public portion of the meeting.

4. REVIEW, CONSIDERATION AND APPROVAL OF MINUTES

A. January 11, 2020 Open Session Minutes

MOTION: Dr. Maitem moved for the Board to approve the January 11, 2020 Open Session.
SECOND: Vice-President Erbstoesser
VOTE: 4-yay, 0-nay, 2-abstain, 0-recuse, 1-absent.
MOTION PASSED.

	Vote	Mr. Landau	Dr. Erbstoesser	Dr. Cunningham	Dr. Maitem	Mr. Burg	Dr. Walker	Dr. Ota

Yay:	4	X	X	X	X			
Nay:	0							
Abstain/ Recuse:	2						X	X
Absent:	1					X		

B. January 11, 2020 Executive Session Minutes

MOTION: Dr. Maitem moved for the Board to approve the January 11, 2020 Executive Session.
SECOND: Vice-President Erbstoesser
VOTE: 4-yay, 0-nay, 2-abstain, 0-recuse, 1-absent.
MOTION PASSED.

	Vote	Mr. Landau	Dr. Erbstoesser	Dr. Cunningham	Dr. Maitem	Mr. Burg	Dr. Walker	Dr. Ota
Yay:	4	X	X	X	X			
Nay:	0							
Abstain/ Recuse:	2						X	X
Absent:	1					X		

5. REVIEW, DISCUSSION AND ACTION ON CASE REVIEWS OF ALLEGATIONS OF UNPROFESSIONAL CONDUCT A.R.S. § 32-1855 (D).

A. DO-19-0119A, Carlos Mendoza Cazares, DO, LIC. #1700

Dr. Cazares was present during the Board's consideration of this matter. He stated that he has examined, treated, and diagnosed thousands of patients over the course of the 42 years he has been in practice. Dr. Cazares stated that he has never been accused of abnormal behavior or misconduct, and that he is dedicated to delivering the best care to his patients. He stated that he has always complied with medical ethics and the standard of care, and that he plans to retire within the next three years.

The Board questioned the physician regarding the complaint filed by the patient's husband, alleging that Dr. Cazares placed his hand under the patient's skirt without telling her it was part of the exam. Dr. Cazares stated that the patient's husband did not accompany her in the exam room, and that he did not have a chaperone present. He stated that the patient had no complaints at the end of the visit, was provided a copy of the exam findings, and did not return to his office. Dr. Cazares reported that the patient visit did not involve examination of this patient's pubic area, genitals, rectum, buttocks, or breasts. Board members noted that the patient stated she was not wearing underwear at the visit while the patient's husband stated otherwise. Dr. Cunningham questioned why the physician did not have a Medical Assistant chaperone the exam if the patient was not wearing underwear. Dr. Cazares recalled that the patient was wearing underwear at the time, and stated that he did not recall any lifting of the patient's skirt during examination of the abdomen. Dr. Cunningham stated that the physician's judgment was flawed in this case and that there was a boundary issue.

Vice-President Erbstoesser stated that it appeared the physician performed a cursory abdominal exam of the patient if the exam was performed over the patient's clothing. Dr. Maitem stated that he was concerned regarding the nature of the complaint, and that while

it appeared the physician was doing a good job, further review may be warranted in this case. Dr. Maitem also stated that while he did not find a violation of unprofessional conduct in this case, the physician may benefit from CME in the general examination of the abdomen. Dr. Cunningham stated he did not believe that CME was warranted, and stated he believes the physician \ learned from this case. Dr. Cazares stated that had the patient communicated any concerns to him at the time of the exam, he would have facilitated examination by another provider in the office. He reiterated that the patient did not report any concerns during the encounter. Dr. Cazares agreed with Dr. Cunningham's comments that there may have been a cultural barrier that led to the miscommunication.

MOTION: Dr. Cunningham moved for dismissal.
SECOND: Vice-President Erbstoesser
VOTE: 6-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

	Vote	Mr. Landau	Dr. Erbstoesser	Dr. Cunningham	Dr. Maitem	Mr. Burg	Dr. Walker	Dr. Ota
Yay:	6	X	X	X	X		X	X
Nay:	0							
Abstain/ Recuse:	0							
Absent:	1					X		

B. DO-19-0185A, Jack Nils Benson, DO, LIC. #1521

Dr. Maitem stated that he knows Dr. Benson professionally, but that it would not affect his ability to adjudicate the case. Dr. Benson was present during the Board's consideration of this matter. He stated that he has been in Arizona since 1976, and was on the teaching staff at Mesa General and Phoenix General training interns and residents for almost forty years. Dr. Benson explained that the case involved a patient who had an embolic event after shockwave lithotripsy that claimed he was never told when to restart his anticoagulant medication. Dr. Benson stated that he sees patients daily on some type of anticoagulant and takes this very seriously. He stated that his office has very strict protocols concerning how to handle a patient on anticoagulants prior to any procedure being performed. Dr. Benson stated that this included the patient obtaining cardiac clearance, and that his office discusses the use of anticoagulants in relation to the procedures in addition to discussions held between the cardiologist and patient.

Dr. Benson stated that he has not had a patient claim that they were confused regarding when to restart their anticoagulants following a procedure. Dr. Benson stated that he recalled discussing everything at length with this patient, that the patient returned for stent removal and experienced an embolic stroke a few days later. Dr. Maitem commented that the physician appropriately referred the patient for cardiac clearance, at which time the cardiologist should have discussed the risks and benefits of the anticoagulant being stopped prior to the procedure and restarted thereafter. Dr. Cunningham questioned the physician as to what he has done differently to prevent a similar occurrence in the future. Dr. Benson explained that he did not believe there was an issue of communication in this case, and that he has a very serious protocol that is followed in his office. Dr. Benson stated that while he does provide written instructions regarding the procedures, he does not provide written handouts relating to the stopping and restarting of anticoagulants because the medications themselves are too variable.

Dr. Benson assured the Board that since this incident, he has changed his practice to provide for better medical record documentation. Dr. Cunningham noted that the patient

was seen for postoperative follow up and had reported restarting of his anticoagulant. Vice-President Erbstoesser stated that the physician appeared to have the appropriate protocol in place.

MOTION: Dr. Cunningham moved for dismissal.
SECOND: Dr. Maitem
VOTE: 6-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

	Vote	Mr. Landau	Dr. Erbstoesser	Dr. Cunningham	Dr. Maitem	Mr. Burg	Dr. Walker	Dr. Ota
Yay:	6	X	X	X	X		X	X
Nay:	0							
Abstain/ Recuse:	0							
Absent:	1					X		

C. DO-19-0184A, Larry Douglas Stark, DO, LIC. #1754

Dr. Stark was present during Board's consideration of this matter. He stated that he saw the patient in this case in September of 2015 for a new patient visit with the primary complaint of shoulder pain. Dr. Stark stated that the patient was upset that the physician documented tobacco and alcohol use in the records when the visit was to address shoulder pain. He stated that the patient did not return for follow up and review of labs. Dr. Stark stated that the patient called four years later requesting that the billing code used for the visit be corrected. Dr. Stark reported that he did not receive the message from his office staff, and that after becoming aware of the patient's complaint, he worked with his billing company and sent a letter to the insurance company requesting the correction.

The Board questioned Dr. Stark as to what changes have been made in his office since this incident. Dr. Stark explained that he has implemented a protocol for staff to make the physician aware that a patient is requesting contact that same day. Board members noted that Dr. Stark's office does not utilize an electronic medical record system. Dr. Stark assured the Board that he corrected the code with the billing company, and reiterated that a letter to that affect was sent to the insurance company as well as the patient. Dr. Maitem stated that the physician is ultimately responsible for the communication with his staff, which he appeared to have already addressed in his office.

MOTION: Dr. Maitem moved for dismissal.
SECOND: Dr. Walker
VOTE: 6-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

	Vote	Mr. Landau	Dr. Erbstoesser	Dr. Cunningham	Dr. Maitem	Mr. Burg	Dr. Walker	Dr. Ota
Yay:	6	X	X	X	X		X	X
Nay:	0							

Abstain/ Recuse:	0							
Absent:	1					X		

D. DO-19-0177A, Megan Duffy McNally, DO, LIC. #4816

Dr. McNally was present during the Board's consideration of this matter. She reported that she currently holds licensure in 18 different states and that this case involved her Kansas license. Dr. McNally explained that her credentialing coordinator overlooked the additional fee required by Kansas for licensure, and that the fee has since been paid to the Kansas Board. President Landau commented that it is ultimately the physician's responsibility to ensure compliance with Board requirements. The Board noted that the physician remedied the matter by paying the fee.

MOTION: Dr. Cunningham moved for dismissal.
SECOND: Dr. Maitem
VOTE: 6-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

	Vote	Mr. Landau	Dr. Erbstoesser	Dr. Cunningham	Dr. Maitem	Mr. Burg	Dr. Walker	Dr. Ota
Yay:	6	X	X	X	X		X	X
Nay:	0							
Abstain/ Recuse:	0							
Absent:	1					X		

E. DO-19-0136A, Robert Frank Altamura, DO, LIC. #1842

Attorney Vinny Likvar was present on behalf of his client, Dr. Altamura. He reported that his office was made aware that the physician was currently hospitalized, but that the physician has authorized counsel to proceed on his behalf. The Board discussed tabling the case review in this matter to allow the physician the opportunity to participate in the Board's proceedings after his recovery.

The Board elected to table the case review for a future meeting to allow the physician the opportunity to appear before the Board.

6. REVIEW, DISCUSSION AND ACTION ON INVESTIGATIVE HEARINGS PURSUANT TO A.R.S. § 32-1855 (E).

A. DO-19-0006A, Marvin Allen Borsand, DO, LIC. #2261

Dr. Borsand was present with Attorney Steve Myers. He stated that after retiring from surgical practice, he returned to areas of previous interest and went on to become the Medical Director of Passport Health's Tucson location. Board staff summarized that the Department of Health Services reported concerns after performing a state compliance survey and inspection relating to the Tucson facility. It was alleged that the physician was authorizing the RNs to call in prescriptions without ever seeing patients and also dispensed medications and administered injections in the physician's absence.

Mr. Myers stated that vaccinations performed by RNs pursuant to standing orders and approved by the licensee should no longer be an issue in this case. Mr. Myers stated that Passport Health has hundreds of vaccination clinics and has been in operation for over

thirty years. The Board questioned Dr. Borsand as to how the RNs know which vaccines to administer to the patients. Dr. Borsand explained that the patient's travel destination is identified and a complete history provides insight into the type of vaccinations they require. Mr. Myers stated that Passport Health's corporate office accesses the CDC and world health organizations to compose a list of all international communicable diseases and the appropriate vaccinations. Dr. Borsand reported that the RNs have undergone extensive training.

Dr. Cunningham recalled statements made by the physician during his prior appearance before the Board, at which time he indicated that he was going into the practice of substance dependence. Dr. Borsand stated that he has worked for Passport Health for three years, and that he was previously considering going back to work with addiction since selling his practice and retiring from surgery; however, he stated that he could not find a suitable position in that field. Dr. Cunningham questioned the physician regarding any training completed for his current position at Passport Health. Dr. Borsand stated that he has experience in public health and treating communicable diseases, and that he reviewed the CDC guidelines. He stated that he has also taken webinars involving travel vaccines, current issues in immunology, post exposure prophylaxis and international travel.

The Board noted that while Dr. Borsand is not personally writing the prescriptions, the medications are being prescribed to the patients under his name. Dr. Borsand explained that there are policies followed within the practice for monitoring of the patients. He stated that the patients are fully informed as they go over everything prior to them leaving the office and that the patient is monitored for around fifteen minutes to ensure there is no reaction to the vaccines. In response to Vice-President Erbstoesser's line of questioning, Dr. Borsand confirmed that the staff is CPR certified and that they have the ability to bag a patient until emergency services arrive, if needed. He also confirmed that they have an Epi Pen on hand as well.

President Landau questioned whether there was a statutory violation in this case, and asked the physician to further expand on the office's processes. Dr. Benson explained that as Medical Director, he has authorized the RNs conduct vaccinations pursuant to his standing orders that he reviews on an annual basis. He stated that the standing orders include a protocol providing guidance as to which vaccine is required based on the patient's travel destination according to CDC guidelines. Mr. Myers stated that Delta Airlines has relied on Passport Health to treat their flight crew for years. He stated that the standard of care was reasonable under the circumstances. Dr. Borsand confirmed that the patients are advised and provided paperwork regarding the medications, including the potential risks and benefits, and that the patients have access to the physician if issues arise.

Dr. Walker stated that she was concerned regarding the practice model. Vice-President Erbstoesser stated that he did not find any fault on the part of the physician and spoke in favor of dismissal.

MOTION: Vice-President Erbstoesser moved for dismissal.
SECOND: Dr. Walker
VOTE: 4-yay, 2-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

	Vote	Mr. Landau	Dr. Erbstoesser	Dr. Cunningham	Dr. Maitem	Mr. Burg	Dr. Walker	Dr. Ota
Yay:	4	X	X				X	X

Nay:	2			X	X			
Abstain/ Recuse:	0							
Absent:	1					X		

B. DO-18-0201A, Joel Braunstein, DO, LIC. #5004

Dr. Braunstein was present with Attorney Kraig Marton. He stated that he has been in practice for 46 years and that he moved to Arizona from Indiana 12 years ago. Board staff summarized that a complaint was filed by the office manager and owner of Honor Family Healthcare who terminated Dr. Braunstein on November 13, 2018. It was alleged that Dr. Braunstein discriminated against the patients and harassed the employees. After his termination, several prescriptions were found for numerous patients in the physician's refrigerator, including controlled substances, without documentation in the patients' charts regarding why the medications were returned, how they were being disposed, and why they were in the refrigerator. It was further alleged that Dr. Braunstein was not following opioid prescribing guidelines and was overprescribing opioids.

A chart review was performed based on records provided by Honor Family Healthcare as well as a review of the Controlled Substance Prescription Monitoring Program ("CSPMP"). Several deviations were identified in relation to the physician prescribing of controlled substances including a lack of pain contracts, inconsistent urine drug screens, concurrent prescriptions for benzodiazepines and opioids, continued prescribing of opioids and benzodiazepines in a patient with a documented hospitalization for overdose, and lack of referral to specialists. Mr. Marton stated that the complaint was filed with the Board after Dr. Braunstein filed a lawsuit against his prior employer, and that was the reasoning for the incomplete charts. He stated that the physician did require pain contracts, and that CSPMP queries were performed. Mr. Marton stated that Dr. Braunstein stated that he was employed by Honor Family Healthcare for a relatively short time and inherited these patients on high dose pain medications.

Dr. Braunstein pointed out that the MC did not identify any patient harm in this case. He stated that the CSPMP reports, drug screens, and pain contracts were withheld from the charts that were provided to the Board by his prior employer. He stated that the patients were examined, diagnosed, plans were made and discussed with the patients, and specialists were utilized. Vice-President Erbstoesser questioned the physician as to whether he considered the patients' prescriptions were heavy on the narcotic side. Dr. Braunstein stated that he brought it to the attention of the owner on multiple occasions and was told that the patients were not to be discharged from the practice. Vice-President Erbstoesser stated that the physician has an obligation to take the opioid crisis seriously and to intervene and help get the patients on the least amount of medications to control their pain and not combine them with other drugs that could lead to overdose and death. He stated that the physician did not appear to take the initiative to taper the patients' medications down. Dr. Braunstein stated that he was in the process of weaning these patients off of their medications, and that most of the patients required a slow taper.

Dr. Maitem expressed concern that there were no exit strategies from the medications documented in the patients' charts. Dr. Walker stated that CDC guidelines from 2016 are very clear that while opioids may not present an imminent risk, there needs to be reduction and an exit strategy. Dr. Walker stated that the State of Arizona guidelines from 2018 are also very clear that there should not be concomitant use of benzodiazepines or opiates or Soma. Dr. Cunningham stated that he was concerned regarding the physician's judgment in this case and his current practice. Dr. Cunningham proposed requiring the physician to complete a PACE evaluation and questioned whether the Board should consider restricting the physician's ability to prescribe while the matter is pending. President Landau stated that the physician's comments regarding the patient's overdose not being intentional were unacceptable. President Landau also expressed concern regarding the physician's statements regarding the patient who tested positive for THC with the continued prescribing of controlled substances. He agreed that a PACE evaluation was

warranted in this case.

Mr. Marton stated that the physician is no longer prescribing opiates and that restricting the physician's license would end his career. The Board questioned the physician regarding his current practice. Dr. Braunstein stated that he currently does Locum Tenens work in Parker, Arizona and that he continues to prescribe controlled substances. He explained that he orders some opioids for long-term chronic pain patients who have been seen by specialists, at least 4 – 5 on a weekly basis.

MOTION: Dr. Cunningham moved for the Board to enter into Executive Session to obtain legal advice pursuant to A.R.S. § 38-431.03(A)(3).
SECOND: Dr. Maitem
VOTE: 6-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

	Vote	Mr. Landau	Dr. Erbstoesser	Dr. Cunningham	Dr. Maitem	Mr. Burg	Dr. Walker	Dr. Ota
Yay:	6	X	X	X	X		X	X
Nay:	0							
Abstain/ Recuse:	0							
Absent:	1					X		

The Board entered into Executive Session at 10:05 a.m.
The Board returned to Open Session at 10:18 a.m.
No legal action was taken by the Board during Executive Session.

President Landau stated that the Board needed more information prior to making a final decision in this case and entertained a motion for a PACE evaluation.

MOTION: Dr. Cunningham moved to return the case for further investigation to issue an Interim Order requiring the physician to complete a PACE evaluation. Within thirty days, the physician shall register with PACE for the evaluation, and the evaluation shall be completed within six months.
SECOND: Dr. Maitem

Dr. Cunningham stated that while a formal prescribing restriction was not indicated at this time, he asked the physician to voluntarily refrain from prescribing opioids as much as possible.

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

	Vote	Mr. Landau	Dr. Erbstoesser	Dr. Cunningham	Dr. Maitem	Mr. Burg	Dr. Walker	Dr. Ota
Yay:	6	X	X	X	X		X	X
Nay:	0							

Abstain/ Recuse:	0							
Absent:	1					X		

C. DO-18-0166A, Thomas Edward Masters, DO, LIC. #2951

Dr. Masters was present during the Board's consideration of this matter. He stated that he worked as an OB/GYN for almost ten years and after retiring from that field, he joined a pain management clinic in 2006.

Board staff summarized that the case was reviewed by a board-certified interventional pain specialist. The complaint was filed by a patient who was seen by the physician and had concerns relating to the use of Traumeel as an injection, was using homeopathic treatment for his pain, and a charge of $9,500.00 for each side. The Board's MC found that Dr. Masters deviated from the standard of care and had several concerns in this case. The MC stated that given the clinical presentation and MRI imaging, it was clear that the patient's primary complaint of left buttock and leg pain was secondary to L5 and S1 disc protrusion. The radiologist specifically noted spondylosis in that area, corresponding directly with the patient's symptoms. Dr. Masters performed bilateral sciatic nerve block and used Traumeel around the nerve at the level of sciatic notch, which was unlikely to provide relief as it was in the wrong space. The MC stated that multiple bilateral facet injections appeared to have been unnecessary. The MC also expressed concern regarding the size of the needles used for the injections, noting that the needle used in this case is more commonly used for skin infiltration or trigger point injections into the soft tissues or muscles. The MC noted that there were no images obtained to determine the depth of the needle during the procedure, and that there was also concern of unusual billing practice in that the documentation did not support billing at the level of 99205.

Dr. Masters stated that he has practiced chronic pain for fifteen years and stated that his practice involves patients who present to him because they have failed other methods to treat their chronic pain including physical therapy and epidurals. He stated that he tries to limit the use of steroids, and that over the years he developed the use of Traumeel as it has an anti-inflammatory reaction on the body without the risk factors. He stated that he takes a broader approach and attacks the area as a whole rather than doing just one injection at a time. Dr. Masters stated that he is aware of at least five other practices who offer the same type of treatment. President Landau noted that billing issues were also identified in this case. Dr. Masters stated that he utilizes a billing company and that his practice is a Medicare credentialed facility. President Landau stated that the patient appeared to not understand the costs of the procedure or the product being used in the procedure and the number of injections. Dr. Masters stated that he is well aware that patient communication is extremely important. He stated that while he did not recall specifically his discussion with the patient, he does not vary from his usual routine of going through everything to help the patient understand his approach and exactly what is going to happen in the procedure room.

Vice-President Erbstoesser questioned the physician as to how he transitioned from the field of OB/GYN to pain management and what training he has completed. Dr. Masters stated that he trained in musculoskeletal therapy as an osteopathic physician and became a diplomat of the Academy of International Pain Management. He stated that a lot of his training translated directly from being an osteopath and a surgeon. Dr. Masters stated that his primary practice is injection therapy, which he stated he did a lot of when he was an OB/GYN. Dr. Ota questioned the physician regarding the rationale for various injections for something that appeared to be due to a primary issue at the L5-S1 level. Dr. Masters stated that there were two different areas of pain and that tries to take a more global approach to reduce the inflammation in the whole area. Dr. Cunningham stated he was concerned regarding the physician's training and the use of medication that may not fall within the standard of care. Dr. Cunningham also observed that the MC took issue with the needle size in that he questioned how the physician can reach the area that needs to be injected with the size of the needles used, and stated that the images provided were insufficient. Dr. Cunningham stated that this case involved a host of issues including the

billing, and he questioned whether a PACE evaluation was warranted. President Landau stated that he was not comfortable with the physician's trained knowledge and background in this area, and agreed that a PACE evaluation was appropriate.

MOTION: Dr. Cunningham moved to return the case for further investigation to issue an Interim Order requiring the physician to undergo a PACE evaluation specifically for interventional-type pain management. Within sixty days, the physician shall register for the PACE evaluation, and shall complete the evaluation within six months.
SECOND: Dr. Maitem
VOTE: 6-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

	Vote	Mr. Landau	Dr. Erbstoesser	Dr. Cunningham	Dr. Maitem	Mr. Burg	Dr. Walker	Dr. Ota
Yay:	6	X	X	X	X		X	X
Nay:	0							
Abstain/ Recuse:	0							
Absent:	1					X		

Dr. Cunningham requested the physician submit documentation to the Board relating to the Traumeel injections. Dr. Masters stated that he did provide the information to the Board during the course of the investigation, and stated that he spent ten years doing epidurals and thinks he has comprehensive experience in doing injectables.

D. DO-19-0011A, Bernadette E. Quihuis, DO, LIC. #005191

Dr. Quihuis was present with Attorney Kelly Williams. Board staff summarized that an anonymous complaint was filed alleging that the physician was prescribing narcotics to her husband. A CSPMP query dating back to 2010 until the time of the Board's investigation showed several inconsistencies. According to the CSPMP report for Dr. Quihuis' husband, FA, he was issued 25 prescriptions between June 2014 and August 2016 written by Dr. Quihuis. In addition, Dr. Quihuis' employer, El Rio Health Center, did not have any records on file for FA as a patient of the practice.

Ms. Williams stated that they did not know the anonymous complainant, but assumed it was someone involved in the ongoing divorce and custody battle between the physician and her husband. She stated that the physician's initial response to the Board's investigation only addressed the one pain prescription following FA's back injury, and that the physician has admitted to writing the other prescriptions.

MOTION: Dr. Cunningham moved for the Board to enter into Executive Session to discuss confidential information pursuant to A.R.S. § 38-431.03(A)(2).
SECOND: Dr. Maitem
VOTE: 6-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

	Vote	Mr. Landau	Dr. Erbstoesser	Dr. Cunningham	Dr. Maitem	Mr. Burg	Dr. Walker	Dr. Ota

Yay:	6	X	X	X	X		X	X
Nay:	0							
Abstain/ Recuse:	0							
Absent:	1					X		

The Board entered into Executive Session at 11:14 a.m.
The Board returned to Open Session at 11:27 a.m.
No legal action was taken by the Board during Executive Session.

President Landau questioned the physician regarding her prescribing of medications to FA. Dr. Quihuis explained that FA underwent routine physicals through his employment with the National Guard, including labs and imaging. She stated that she prescribed the medications out of convenience. Vice-President Erbstoesser commented that prescribing to family members is not best practice, especially scheduled drugs. Dr. Quihuis informed the Board that the incident involving the prescribing of hydrocodone also involved her facilitation of finding FA a primary care provider and that this was an isolated incident.

Dr. Cunningham stated that the physician appeared to understand that what she did was inappropriate, and stated that there was a clear statutory violation that occurred in this case. He proposed that the physician complete the PACE prescribing course and noted that the physician has no prior Board history. The Board discussed whether this matter rises to the level of discipline versus non-disciplinary CME. Dr. Maitem stated that the physician appeared remorseful and he spoke in support of issuing a Non-Disciplinary Letter of Concern with the requirement to complete the PACE prescribing course.

MOTION: Dr. Cunningham moved for the Board to issue a Letter of Concern and Order for Non-Disciplinary CME for prescribing controlled substances to a family member. Within thirty days, the physician shall enroll in the PACE controlled substance prescribing course, and complete the CME within ninety days. The CME hours shall be in addition to the hours required for license renewal.
SECOND: Dr. Maitem
VOTE: 6-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

	Vote	Mr. Landau	Dr. Erbstoesser	Dr. Cunningham	Dr. Maitem	Mr. Burg	Dr. Walker	Dr. Ota
Yay:	6	X	X	X	X		X	X
Nay:	0							
Abstain/ Recuse:	0							
Absent:	1					X		

E. <u>DO-19-0083A, Christine Marie Brass-Jones, DO, LIC. #3135</u>

Dr. Brass-Jones was present with Attorney Dina Anagnopoulos. She stated that she has been in private practice since 2003. Board staff summarized that this matter was reviewed by a board-certified OB/GYN and that the case involved a 31 year-old female seen by the PA in the physician's office in May of 2017 after having a positive home pregnancy test. The patient was told that she was eight weeks pregnant; however, the patient had irregular periods and felt that she was only six weeks along. An ultrasound showed a

gestational sac, but there were no fetal heart tones heard or seen. The patient was told the fetus was non-viable, and was instructed to have a repeat ACG drawn and that the Medical Assistant would call in an order for Vicodin for pain control. Orders for Vicodin and Cytotec were called in to the pharmacy and the prescriptions were filled by the patient to help complete the miscarriage process. The patient called the clinic and left a voicemail regarding her repeat ACG results, but did not receive a call back. The patient then proceeded to take the Cytotec that evening and took the Vicodin for severe cramping and pain.

The PA subsequently called the patient to inform her of the repeat lab results that showed an increase in her ACG level, and she was instructed to have another ultrasound. The following day, the physician called the patient to discuss the elevated ACG levels and the patient was told that dilation and curettage ("D&C") was needed. The patient had a repeat ACG drawn the next day with note of further increase the next day, and an ultrasound revealed a viable fetus with what appeared to be a normal healthy pregnancy. The patient thereafter had her care transferred to a high-risk obstetrician for the remainder of her pregnancy, and on December 25, 2017, the patient delivered without any indication of complications at that time. The Board's Medical Consultant ("MC") found that Dr. Brass-Jones deviated from the standard of care in that there exists the prescribing of drugs and narcotics without a clear diagnosis of spontaneous abortion and resulted in the patient being treated as high risk, subjecting her to numerous tests that may not have been indicated for normal pregnancy. The Board noted that taking Cytotec and/or narcotics during pregnancy could potentially result in developmental disorders.

Ms. Anagnopoulos stated that her office discussed this matter with the physician and her office in an attempt to provide the Board with a timeline of the events that occurred in this case. She stated that there were numerous inconsistencies in the statements made in the MC's report that were not supported by the complaint or the medical records. Ms. Anagnopoulos stated that Dr. Brass-Jones was not made aware of this patient until discussing with the PA that the patient took the Cytotec without waiting for the results of the repeat ACG. She stated that the physician takes this matter seriously and that she sat with her staff to try and figure out how this all happened. She stated it is the physician's usual practice when there is suspicion of fetus demise to have a repeat ultrasound within two weeks and to perform serial labs prior to determining whether or not the fetus is viable. Ms. Anagnopoulos informed the Board that Dr. Brass-Jones immediately put a protocol in place after this issue came to light, which requires specific steps to be taken and a non-viable fetus has been confirmed prior to calling in a prescription for Cytotec.

Dr. Brass-Jones stated that she believed this was a case of a bad breakdown in communication among all parties involved. She stated that she was still not sure how the patient got a prescription for Cytotec as she did not call it in or give instructions to have it called in to the pharmacy. The Board noted that Dr. Brass-Jones' was listed as the prescriber on the Cytotec prescription. Ms. Anagnopoulos stated that the prescription was called in by the Medical Assistant in the physician's office. Dr. Brass-Jones stated that she had been working with her PA for fourteen years, and that they have a very good working relationship and communicate often regarding patients. She believed that the PA followed the proper protocol for this patient, but may have been blinded by the radiologist's report of embryo demise for an eight-week fetus.

Dr. Cunningham noted that the PA is under the physician's supervision. He questioned whether anyone attempted to reach out to the patient to apologize for the error. Dr. Brass-Jones stated that she spoke with the patient telephonically, apologized and asked for her to come in to figure it out. Vice-President Erbstoesser observed that the radiologist's report findings were in part based on the incorrect dates provided by the PA to determine the length of the pregnancy. Vice-President Erbstoesser stated that it appeared the PA was practicing obstetrics without appropriate supervision. Dr. Walker stated that how the patient got the Cytotec remained unclear and asked the physician to further expand on this. Dr. Brass-Jones stated that she was still at a loss as to how the Cytotec was called in for this patient, and that she believed the MA may have called in the Cytotec at the time she called in the Vicodin. Dr. Maitem commented that as "captain of the ship," Dr. Brass-

Jones was ultimately responsible for the actions taken by her staff in this case.

Dr. Brass-Jones reported that the MA is no longer employed by her office. The Board considered referring this matter to the Arizona Regulatory Board of Physician Assistants ("ARBoPA") for review of the PA's care. Ms. Anagnopoulos informed the Board that the ARBoPA reviewed the matter and ultimately dismissed the case against the PA. Dr. Cunningham spoke in support of issuing a Non-Disciplinary Letter of Concern to the physician for inadequate supervision, failure to communicate, and for the improper dispensing of Cytotec to the patient.

MOTION: Dr. Cunningham moved for the Board to issue a Non-Disciplinary Letter of Concern for failure to supervise a PA, failure to communicate, and improper dispensing of Cytotec.
SECOND: Dr. Maitem
VOTE: 6-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

	Vote	Mr. Landau	Dr. Erbstoesser	Dr. Cunningham	Dr. Maitem	Mr. Burg	Dr. Walker	Dr. Ota
Yay:	6	X	X	X	X		X	X
Nay:	0							
Abstain/ Recuse:	0							
Absent:	1					X		

F. DO-18-0159A, Jennessa Fay Iannitelli, DO, LIC. #005493

Dr. Iannitelli was present with Attorney Steve Myers. She reported that she is board-certified in family practice. Board staff summarized that the patient was originally seen and underwent surgery in Billings, Montana in December of 2017 with unsatisfactory results. The patient was then referred to Dr. Iannitelli and underwent high definition liposuction of the abdomen and waist, as well as fat transfer to the breast. The patient was seen postoperatively in her home in Billings, Montana, by Dr. Iannitelli. Following this visit, the patient was found to have abscess and infection, and later required I&D of the breast. The case was reviewed by a board-certified plastic surgeon who identified deviations from the standard of care involving no mention of pain medication or prophylactic antibiotics given to the patient, no indication of any contact between the physician and patient prior to the procedures, or documentation that the benefits and risks of the procedure were discussed with the patient in the preoperative setting.

Mr. Myers stated that the physician's preoperative, operation, and postoperative care was reasonable, and that the MC's evaluation of the case was disjointed. He stated that the patient had previously undergone cosmetic surgery and was aware of the associated risks and benefits, and that consent forms were signed by the patient two weeks prior to her surgery with Dr. Iannitelli. Mr. Myers stated that the physician spoke with the patient telephonically prior to the surgery and that the physician witnessed the patient's unclean living conditions that was likely the cause of her infection. Mr. Myers stated that the physician went above the standard of care by visiting her in her home. Dr. Iannitelli explained that she met the patient after she was referred by a colleague for surgery at a reduced rate. She stated that she had multiple phone interactions with the patient in preparing the arrangements for the surgery. Dr. Iannitelli reported that she ordered preoperative work up to be completed by the primary care provider, and advised the patient regarding strict adherence to the postoperative care instructions to achieve the best results. Dr. Iannitelli stated that she challenged the MC's opinion regarding IV versus

PO antibiotics, and stated that medical literature supports the care she provided in this case.

In response to Vice-President Erbstoesser's questioning, Dr. Iannitelli stated that she has been performing liposuction procedures for the past seven years, and has performed around 300 cases over that period of time. Dr. Ota questioned the physician as to whether liposuction and fat transfer are the most invasive procedures she performs. Dr. Iannitelli stated that she does not perform more invasive procedures, and reported that she has tried very hard to go to the inventors of techniques or experts to have them personally train her. She stated that she feels as though her training is equivalent or superior to just a set group of surgeons in a particular institution. Dr. Iannitelli confirmed that she does not hold licensure to practice in Montana. The Board noted that the physician visited the patient in Billings, Montana for her two-week postoperative follow up visit, and that the physician noted the unhealthy living conditions of the patient at that time.

Dr. Maitem noted that the physician testified to having had several phone conversations with the patient that were not documented in the chart. Dr. Iannitelli explained that her office is currently in the process of implementing a new electronic health records system to capture everything in a HIPAA compliant manner that will alleviate the Board's concerns. Dr. Cunningham commented that there was concern regarding the transition from family practice to liposuction procedures, and stated that while the physician may have experience in the field, questions still remain regarding her training.

MOTION: Vice-President Erbstoesserr moved for dismissal.
SECOND: Dr. Ota
VOTE: 3-yay, 3-nay, 0-abstain, 0-recuse, 1-absent.
MOTION FAILED.

	Vote	Mr. Landau	Dr. Erbstoesser	Dr. Cunningham	Dr. Maitem	Mr. Burg	Dr. Walker	Dr. Ota
Yay:	3		X				X	X
Nay:	3	X		X	X			
Abstain/ Recuse:	0							
Absent:	1					X		

The Board discussed referring this matter to the Montana Board for practicing medicine without a license. The Board discussed the lack of informed consent in this case, and reviewed the notification to the physician of the alleged violations.

MOTION: Dr. Maitem moved for the Board to issue a Non-Disciplinary Letter of Concern for lack of appropriate consent prior to a series of procedures.
SECOND: Dr. Cunningham
VOTE: 6-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

	Vote	Mr. Landau	Dr. Erbstoesser	Dr. Cunningham	Dr. Maitem	Mr. Burg	Dr. Walker	Dr. Ota

Yay:	6	X	X	X	X		X	X
Nay:	0							
Abstain/ Recuse:	0							
Absent:	1					X		

G. DO-19-0118A, Victor Sein, DO, LIC. #4437

Dr. Ota was recused from this case. Dr. Sein was present with Attorney Jay Fradkin. Board staff summarized that this case involved cardiac catheterization performed by Dr. Sein. At the time of admission, the patient was taking one statin medication and at the time of discharged, he was switched to a different statin medication. However, the patient did not appear to understand the change in medication and proceeded to take both medications. The patient was later admitted to the hospital with muscle pain and weakness, and multiple diagnoses were identified including statin induced myopathy and statin induced hepatitis. Dr. Sein stated it was through human error that he missed the duplication of the statin medications. He stated that it was the perfect storm for this patient, noting that the patient was seen by other providers in the interim and that the medication duplication was missed by the pharmacy as well. Dr. Sein further stated that the effects the patient had with the two medications could have occurred without the duplication of the statin.

Mr. Fradkin stated that this case stemmed from a malpractice case that involved the primary care physician, pharmacy, and Dr. Sein and resulted in settlement. Mr. Fradkin reiterated that this was the perfect storm for the patient, and that the medication side effects may have still occurred. He stated Dr. Sein has conceded and acknowledged the human error that occurred in this case, and stated that there is no evidence of any actual patient harm. He reported that the patient in this case has made a full recovery. In response to Dr. Maitem's questioning, Dr. Sein stated that he has changed his practice in that he now reviews all medications with the patient and that this was a lesson well learned. Dr. Cunningham stated that the physician is clearly educated and knows the risks involved in the medication error that occurred in this case. He noted that Dr. Sein had commented that their electronic medical records system does not allow the providers to flag interactions. He suggested the physician communicate with the medical records systems' staff to update the system as it is becoming part of the standard of care.

Dr. Maitem stated that he found the case does not rise to the level of a statutory violation and spoke in favor of dismissal.

MOTION: Dr. Mateim moved for dismissal.
SECOND: Dr. Cunningham

Dr. Cunningham stated that the physician clearly knows what he is doing, and reiterated his suggestion for the physician to correct the issue in his electronic records system. President Landau stated that it was clear a mistake occurred in this case and he spoke in support of issuing a Non-Disciplinary Letter of Concern.

VOTE: 4-yay, 1-nay, 0-abstain, 1-recuse, 1-absent.
MOTION PASSED.

	Vote	Mr. Landau	Dr. Erbstoesser	Dr. Cunningham	Dr. Maitem	Mr. Burg	Dr. Walker	Dr. Ota
Yay:	4		X	X	X		X	

Nay:	1	X						
Abstain/ Recuse:	1							X
Absent:	1					X		

H. DO-18-1364A, Jack Wolfson, DO, LIC. #3761

Dr. Wolfson was present with Attorney Steve Myers. He stated that the patient in this case was seen by the Nurse Practitioner ("NP") in his office for her inquiry about integrative cardiology care. Mr. Myers stated that the patient's credibility in this case is undermined by grossly misrepresenting that she paid around $600.00 for the supplements when she was actually charged less than $300.00. Mr. Myers pointed out that NPs are independent providers and stated that because of their advanced education, they practice without supervision. Mr. Myers stated that there is no preponderance of evidence in this case that would support the patient's allegation as the NP is an independent practitioner and the patient herself elected to be seen by the NP.

Board staff summarized that the patient was seen by the NP and was interested in alternative treatments for atrial fibrillation. The patient reported that she waited over an hour to be seen by the NP and felt as though the entire appointment was more of a sales pitch for expensive supplements. The patient also complained about not knowing that she needed to fast and that she later was seen urgently by cardiology for a low pulse rate and was started on medication. Board staff stated that the concern in this case relates to the physician's office recommending an unknown medication or supplement that promises to be an alternative treatment for atrial fibrillation, and that the physician was dispensing medications from his office without a dispensing license.

In response to Vice-President Erbstoesser's line of questioning, Dr. Wolfson explained that his office offers a vitamin supplement that has some evidence of thrombo embolic prevention capabilities for patients seeking an alternative to pharmacologic blood thinners. Dr. Wolfson stated that his only office location is in Paradise Valley where he visits one week every month, and that he resides in Colorado where he does not practice. He stated that he does see patients when he is in Arizona, and that he communicates with his NP at least twice a week. President Landau questioned the physician as to whether there was a standard protocol in his office for patients to be recommended certain products. Dr. Wolfson stated that the recommendations depend on why the patient was being seen. Dr. Ota questioned asked if the physician tells patients that the product is not inferior to the anticoagulant medications recommended for stroke prevention. Dr. Wolfson stated that he has never claimed the equivalency of the product to a pharmaceutical blood thinner.

Dr. Cunningham stated that he did not find a violation in this case as the NP is autonomous and the product is a natural vitamin supplement that does not require a dispensing license. Dr. Cunningham recommended referring the case to the Arizona Board of Nursing and spoke in support of dismissal. President Landau instructed the staff to refer the case to the Nursing Board. Dr. Wolfson reported that the Nursing Board already has the case.

MOTION: Dr. Cunningham moved for dismissal.
SECOND: Dr. Maitem
VOTE: 6-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

	Vote	Mr. Landau	Dr. Erbstoesser	Dr. Cunningham	Dr. Maitem	Mr. Burg	Dr. Walker	Dr. Ota

Yay:	6	X	X	X	X		X	X
Nay:	0							
Abstain/ Recuse:	0							
Absent:	1					X		

7. CONSIDERATION AND ACTION ON COMPLIANCE WITH TERMS OF BOARD ORDERS AND REQUESTS TO MODIFY OR TERMINATE ORDERS, PURSUANT TO A.R.S. §32-1855 (E) AND (I).

A. DO-18-0098A, DO-14-0307A, DO-20-0036A, Robert Ian Marouk, DO, LIC. #3583

Dr. Mourak was present with Attorney Robert Milligan. Board staff summarized that in case number DO-18-0098A, the Board ordered the physician to complete the PACE medical recordkeeping course within six months. The physician informed Board staff that he had scheduled the CME course for May 7-8, 2020; however, Board staff contacted PACE twice and were told that the physician had not yet registered. Dr. Marouk reported that he has sent all the necessary documentation to PACE for registration along with a check for payment. Mr. Milligan stated that the physician was in Canyon Vista the day he was required to register pursuant to the Board's order. He stated that after the physician got out, he registered for PACE on February 13, 2020.

MOTION: Dr. Cunningham moved for the Board enter into Executive Session to obtain legal advice and to discussion confidential information under case numbers DO-14-0307A and DO-20-0036A, pursuant to A.R.S. §§ 38-431.03(A)(2) and (3).
SECOND: Dr. Maitem
VOTE: 6-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

	Vote	Mr. Landau	Dr. Erbstoesser	Dr. Cunningham	Dr. Maitem	Mr. Burg	Dr. Walker	Dr. Ota
Yay:	6	X	X	X	X		X	X
Nay:	0							
Abstain/ Recuse:	0							
Absent:	1					X		

The Board entered into Executive Session at 4:22 p.m.
The Board returned to Open Session at 5:06 p.m.
No legal action was taken by the Board during Executive Session.

MOTION: Dr. Cunningham moved for the Board enter into Executive Session to obtain legal advice and to discussion confidential information pursuant to A.R.S. §§ 38-431.03(A)(2) and (3).
SECOND: Dr. Maitem
VOTE: 6-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

	Vote	Mr. Landau	Dr. Erbstoesser	Dr. Cunningham	Dr. Maitem	Mr. Burg	Dr. Walker	Dr. Ota
Yay:	6	X	X	X	X		X	X
Nay:	0							
Abstain/ Recuse:	0							
Absent:	1					X		

The Board entered into Executive Session at 5:25 p.m.
The Board returned to Open Session at 5:26 p.m.
No legal action was taken by the Board during Executive Session.

MOTION: President Landau moved for counsel to work with staff on a Consent Agreement pursuant to the Board's discussion in Executive Session.
SECOND: Dr. Cunningham
VOTE: 6-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

	Vote	Mr. Landau	Dr. Erbstoesser	Dr. Cunningham	Dr. Maitem	Mr. Burg	Dr. Walker	Dr. Ota
Yay:	6	X	X	X	X		X	X
Nay:	0							
Abstain/ Recuse:	0							
Absent:	1					X		

8. REVIEW, CONSIDERATION, AND ACTION ON APPLICATIONS FOR LICENSURE PURSUANT TO A.R.S. § 32-1822; PERMITS PURSUANT TO A.R.S. § 32-1829; AND RENEWALS OF LICENSES PURSUANT TO A.R.S. § 32-1825 (C-D) AND A.A.C. R4-22- 207.

A. DO-20-0019A, Adam Edward Hansen, DO, LIC. #N/A

Dr. Hansen was present during the Board's consideration of this matter.

MOTION: Dr. Cunningham moved for the Board to enter into Executive Session to discuss confidential information pursuant to A.R.S. § 38-431.03(A)(2).
SECOND: Dr. Maitem
VOTE: 6-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

	Vote	Mr. Landau	Dr. Erbstoesser	Dr. Cunningham	Dr. Maitem	Mr. Burg	Dr. Walker	Dr. Ota
Yay:	6	X	X	X	X		X	X
Nay:	0							
Abstain/ Recuse:	0							
Absent:	1					X		

The Board entered into Executive Session at 11:47 a.m.
The Board returned to Open Session at 12:10 p.m.
No legal action was taken by the Board during Executive Session.

MOTION: Dr. Cunningham moved for the Board to offer the physician the opportunity to withdraw the application. If the physician reapplies before the end of Fiscal Year 2020, the prior licensing fee shall be applied to the reapplication.
SECOND: Dr. Maitem
VOTE: 6-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

	Vote	Mr. Landau	Dr. Erbstoesser	Dr. Cunningham	Dr. Maitem	Mr. Burg	Dr. Walker	Dr. Ota
Yay:	6	X	X	X	X		X	X
Nay:	0							
Abstain/ Recuse:	0							
Absent:	1					X		

B. <u>DO-20-0035A, Mark Burroff, LIC. #N/A</u>

Dr. Burrof was present during the Board's consideration of this matter.

MOTION: Dr. Cunningham moved for the Board to enter into Executive Session to discuss confidential information pursuant to A.R.S. § 38-431.03(A)(2).
SECOND: Dr. Maitem
VOTE: 6-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

	Vote	Mr. Landau	Dr. Erbstoesser	Dr. Cunningham	Dr. Maitem	Mr. Burg	Dr. Walker	Dr. Ota
Yay:	6	X	X	X	X		X	X

Nay:	0							
Abstain/ Recuse:	0							
Absent:	1					X		

The Board entered into Executive Session at 12:11 p.m.
The Board returned to Open Session at 12:17 p.m.
No legal action was taken by the Board during Executive Session.

MOTION: Dr. Cunningham moved for the Board to grant licensure.
SECOND: Dr. Maitem
VOTE: 6-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

	Vote	Mr. Landau	Dr. Erbstoesser	Dr. Cunningham	Dr. Maitem	Mr. Burg	Dr. Walker	Dr. Ota
Yay:	6	X	X	X	X		X	X
Nay:	0							
Abstain/ Recuse:	0							
Absent:	1					X		

9. REVIEW, DISCUSSION AND ACTION ON THE FOLLOWING MISC ITEMS.

A. Board Member Terms: Martin Reiss, D.O.

Executive Director Bohall reported that Dr. Reiss' term expired in 2016 and had been serving until a new member was appointed to the Board. The Board noted that Dr. Reiss served on the Board for a total of 17 years, and thanked him for his extensive service on the Board. Executive Director Bohall informed the Board that Dr. Reiss was provided a plaque in recognition of his service to the State of Arizona, and the Board requested that Dr. Reiss be invited to the Board's next meeting.

B. Windows 10 Upgrade report from the Arizona Medical Board

Executive Director Bohall reported that Windows 10 is now live on all platforms, and requested that Board members select the Windows 10 option when logging in remotely. He also stated that IT has requested that the Board members utilize their azdo.gov emails for logging in remotely.

C. Washington University Medical School Study of Medical Board Best Practices

Executive Director Bohall reported that the Washington University Medical School was awarded a grant to study the best practices of medical boards across the Country. President Landau stated that he was asked to serve on the panel, and that a survey will be conducted by the Medical School.

D. Case Review Process – Required Physician Attendance

The Board discussed issuing non-disciplinary sanctions during the Case Review process for cases that do not warrant Investigative Hearing.

10. QUESTION AND ANSWER SESSION BETWEEN THE MEDICAL STUDENTS

AND MEMBERS OF THE BOARD AND DISCUSSION RELATING TO ISSUES SURROUNDING THE PRACTICE OF OSTEOPATHIC MEDICINE.

The Board met the medical students in attendance and discussed current issues surrounding the practice of Osteopathic Medicine.

11. COMMITTEE APPOINTMENTS PURSUANT TO A.R.S. § 32-1802(E).

A. Committee Appointments

1. Statute and Legislative Committee

President Landau appointed Vice-President Erbstoesser as Chair of the Statute and Legislative Committee, and appointed Dr. Maitem and Dr. Walker as Committee members. The Board discussed the Statue and Legislative Committee's responsibilities to include review legislation and track anything that may be of interest to the Board.

12. REVIEW, CONSIDERATION AND ACTION ON REPORTS FROM EXECUTIVE DIRECTOR.

A. Report on Executive Director Dismissed Complaints

Executive Director Bohall reported that since the Board's last meeting, 13 cases were reviewed and dismissed.

B. Board Member Appointments

A. Welcoming Ken Ota, D.O.

The Board welcomed Dr. Ota and Dr. Walker.

C. Executive Director Report

A. Financial Report

Executive Director Bohall reported that 66% of the Fiscal Year has lapsed and that the Agency has spent under its appropriated funds thus far. Executive Director Bohall stated that he anticipates the Agency to be on track to spend the appropriated amount by the end of the current Fiscal Year.

B. Current Events that Affect the Board

C. Licensing and Investigations Update

Executive Director Bohall reported that the overall number of complaints is down, and that cases are moving much quicker through the process. He stated that there was another drop in the timeframe for processing licenses, with an average of 36 days to complete the licensing review. He added that 90% of individuals eligible for renewal have completed applications, and that the average timeframe to post final Board Orders is 3 days.

D. Legislative Updates

a. HB2288
b. SB1057
c. HB2254
d. SB1211
e. HB2051
f. HB2054
g. HB2774
h. HB2809
i. SB1493
j. HB2408
k. SB1324

President Landau stated that there are around 16 bills of interest to the Board that are

being tracked during the current legislative session. The Board discussed that a number of the pending bills are a result of the nursing home incident and regards informed consent to perform pelvic examinations on an unconscious patient. The Board noted that one bill regarded drugs not being an automatic disqualifier for licensure. Two of the pending bills concern administrative hearings and the process for appealing Board actions. The Board also discussed the pending legislation that will require several boards to develop a preceptorship awareness campaign on how to become a medical preceptor for students.

The Board's next meeting is scheduled for April 25, 2020.

13. ADJOURNMENT

MOTION: Dr. Maitem moved for adjournment.
SECOND: Dr. Cunningham
VOTE: 6-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

	Vote	Mr. Landau	Dr. Erbstoesser	Dr. Cunningham	Dr. Maitem	Mr. Burg	Dr. Walker	Dr. Ota
Yay:	6	X	X	X	X		X	X
Nay:	0							
Abstain/ Recuse:	0							
Absent:	1					X		

The Board's meeting adjourned at 5:47 p.m.

_____
Justin Bohall, Executive Director