



Governor
Douglas Ducey

**ARIZONA BOARD OF OSTEOPATHIC
EXAMINERS IN MEDICINE AND SURGERY**

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Jerry G. Landau, J.D., Pres.
Gary A. Erbstoesser, D.O., V.P.
Douglas L. Cunningham, D.O.
Jonathan Maitem, D.O.
Jeffrey H. Burg, AIF
Dawn K. Walker, D.O.
Ken S. Ota, D.O.

Executive Director
Justin Bohall

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

Held virtually on Saturday, August 15, 2020

1. CALL TO ORDER

Board President Landau called the meeting to order at 8:31 a.m.

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. June 27, 2020 Open Session

MOTION: Dr. Maitem moved for the Board to approve the June 27, 2020 Open Session.

SECOND: Dr. 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. June 27, 2020 Executive Session Minutes

MOTION: Dr. Maitem moved for the Board to approve the June 27, 2020 Executive Session.

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		

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

A. DO-19-0219A, Shantall Viridiana Hall DO, LIC. #005194

Dr. Hall and Andrew Turk participated in the virtual meeting during the Board’s consideration of this matter. VC, the patient’s daughter, also participated in the virtual meeting.

VC stated that she filed a complaint with the Board due to questions that were raised regarding her mother’s care on the evening of December 23rd through the morning of December 24, 2018. VC stated that her family requested the attending physician provide a statement for life insurance policy purposes, and that the information was not provided and affected the outcome of the life insurance policy situation.

Dr. Hall reported that she has been practicing emergency medicine for the past ten years. She stated that she was not aware that the patient’s family had requested any information from her, and that she did not know that there were issues until she was informed that the hospital staff met with the family. Dr. Hall pointed that as an emergency room physician, she does not deal with death certificates as those matters are referred to the Medical Examiner or the patient’s Primary Care Physician.

Mr. Turk stated that there is no evidence in the records to support the allegations that Dr. Hall misdiagnosed and abandoned the patient. He stated that allegations were made regarding the patient’s condition after she returned home, and that the physician was not afforded the opportunity to address the patient’s condition after discharge from the emergency room. Mr. Turk pointed out

that the Board’s Medical Consultant (MC) who reviewed the case found no errors, omissions, or malpractice on the part of Dr. Hall. He stated that there is no evidence to support any of the claims made and asked that the Board dismiss the case.

Dr. Maitem spoke in favor of proceeding to informal investigative interview in this matter. He stated that he disagreed with the MC, and stated that the patient should not have been sent home.

MOTION: Dr. Maitem moved for the Board to proceed to informal investigative hearing in this matter.

SECOND: Dr. Cunningham

Dr. Cunningham stated that he agreed with Dr. Maitem’s comments, and that the patient should have been admitted for observation in light of the patient’s comorbidities.

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		

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

A. DO-20-0050A, Stephan Stellmacher DO, LIC. #3828

Dr. Stellmacher and Attorney Vinnie Lichvar participated in the virtual meeting during the Board’s consideration of this matter. Dr. Stellmacher reported that he has been practicing internal medicine for 25 years, and that he is board certified in hospice and palliative care. He also reported that for the last 15 years, he has worked as Medical Director for two skilled nursing facilities.

MOTION: Dr. Cunningham moved for the Board to enter into Executive Session to review confidential health information and to obtain legal advice 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 9:00 a.m.
 The Board returned to Open Session at 10:09 a.m.
 No legal action was taken by the Board during Executive Session.

Mr. Lichvar thanked the Board for their time and consideration, and stated that Dr. Stellmacher is willing to do whatever it takes to have the ability to return to practice as soon as possible.

Dr. Erbstoesser spoke in favor of proceeding as discussed in Executive Session. Dr. Cunningham suggested the physician return to the Board for an update after completing what was discussed in Executive Session. Mr. Landau proposed returning the case to the Board at its January 2021 meeting for further consideration and possible conclusion of the case. Mr. Landau instructed the parties to contact the Executive Director with any questions or concerns.

MOTION: Mr. Landau moved for the Board to proceed int his matter as discussed in Executive Session.

SECOND: Dr. 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-19-0190A, Darlene Lynette Jones DO, LIC. #006620

Dr. Jones and Attorney Tori Bryant participated in the virtual meeting during the Board’s consideration of this matter.

Board staff summarized that on September 4, 2019, the Board received notification via a Disciplinary Alert Report from the Federation of State Medical Boards (FSMB) indicating that Dr. Jones was disciplined by the Michigan Board. Dr. Jones had not previously reported this information to the Board, and had indicated that she was not aware of the reporting requirements. In 2007, Dr. Jones was accepted into a fellowship program located in Utah, which required an unrestricted Utah license. Dr. Jones applied to the Utah Board and elected to withdraw the application in lieu of receiving a restricted license. The Utah Board discovered during the application review process that Dr. Jones failed to disclose a criminal offense that occurred in 2001 in Florida. Dr. Jones subsequently applied to the Maryland Board and was disciplined for failure to disclose the Utah situation and the 2001 criminal offense during the application process. Dr. Jones was also disciplined by the Michigan Board for failure to disclose the Utah and Maryland actions.

Dr. Jones reported that she is board certified in physical medicine and rehabilitation. She explained that she applied for both temporary and permanent licenses in Utah, and that she was not aware at the time that the temporary license was denied. She stated that the Utah Board considered issuing her a restricted license, which she did not find of value and because the fellowship was canceled, she elected to withdraw the application. Dr. Jones stated that she did not disclose the information on her Maryland license application as she did not understand the application questions. Ms. Bryant stated that Dr. Jones realizes that having someone else fill out her application was an error in judgment on her part and that she is aware that she has a duty to review documentation that contains her name and information. Ms. Bryant reported that the practice applied for her to obtain an allopathic license rather than the correct osteopathic license, which also caused problems for the

physician. She stated that the court case was dismissed, and that Dr. Jones has learned from the experience with regard to self-reporting.

Dr. Cunningham stated that he was sorry for what the physician has been through, and stated that physicians are responsible for their documentation containing their name and information. He addressed the students in attendance of the virtual meeting and urged them to be diligent in self-reporting to the Board.

MOTION: Dr. Maitem moved for dismissal.

SECOND: Dr. Cunningham

Dr. Maitem stated he felt that the physician has learned her lesson and spoke in support of dismissal. Mr. Landau spoke against the motion and stated he believed there was a pattern of non-reporting from state to state. Mr. Landau spoke in favor of issuing a Letter of Concern for failure to disclose.

VOTE: 5-yay, 1-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:	5		X	X	X		X	X
Nay:	1	X						
Abstain/ Recuse:	0							
Absent:	1					X		

C. DO-19-0116A, Mitchell Elliot Edelstein DO, LIC. #2070

Dr. Edelstein and Attorney Steve Myers participated in the virtual meeting during the Board's consideration of this matter.

Board staff summarized that this case was forwarded to the Board by the Arizona Medical Board reviewed a case involving another physician that practices with Dr. Edelstein. Four patients' charts were pulled for review, one of which had not been seen by Dr. Edelstein. The MC identified deviations from the standard in the other three patients reviewed. Specifically, the MC found that Dr. Edelstein failed to perform a complete physical exam in that he did not perform genital or rectal exams in all three patients who were receiving testosterone replacement therapy (TRT). The MC observed that patients were started on TRT prior to lab results becoming available, and found that Dr. Edelstein failed to obtain lab results in order to make an informed diagnostic impression. The MC found that Dr. Edelstein failed to obtain informed consent with regard to all three patients, and noted that the patients were continued on TRT despite elevated hematocrit levels. Other concerns raised in this case involved the treatment of sexual dysfunction with TRT without first attempting other forms of treatment and without obtaining important information regarding the patient's history including cardiovascular risk factors.

Dr. Edelstein reported that he has been practicing in Arizona for over 35 years, and that he currently works on half day per week at the clinic. He stated that although the clinic's informed consent forms do not list all risks and possible complications associated with TRT, he assured the Board that these are discussed at length with each potential patient at the time of their first visit. Dr. Edelstein informed the Board that he worked with the clinic's management team to make the consent forms more detailed and inclusive. In response to the allegation that he failed to perform complete history and physical exams, Dr. Edelstein stated that patients seeking TRT undergo a thorough medical history as well as a full physical examination, but that not all involve genital or rectal examinations. Mr. Myers stated that Dr. Edelstein completed training 44 years ago and has no

prior disciplinary history. He stated that the patients began treatment at the clinic in 2015 and 2016, and that the standard of care was different back then. Mr. Myers reported that in 2016, Dr. Edelstein and the clinic made great efforts in adopting procedures and practices that have enhanced safety for all patients.

In response to Dr. Erbstoesser's line of questioning, Dr. Edelstein reported that the patients undergo phlebotomies at the clinic without charge, and reiterated that the standard of care in 2015 and 2016 was different from current standards. Dr. Erbstoesser cautioned the physician regarding the treatment of middle-aged to young adult males with sexual dysfunction and stated that secondary causes for the patients' symptoms should be further investigated prior to proceeding with TRT. Dr. Ota stated his concerns regarding the physician's starting testosterone doses as well as recordkeeping issues. Dr. Edelstein stated that he did not recall starting patients at 200mg and that if the blood work showed an elevation in the patient's hematocrit, he would use his discretion to lower the dose to whatever is available at the time. Dr. Ota questioned the physician as to what his treatment goals were with these patients. Dr. Edelstein explained that he is looking for improvement in the patients' levels.

Dr. Cunningham stated his concerns regarding TRT treatment in older patients with risk of cardiovascular events. Dr. Edelstein reported that he sends patients with cardiac issues to their cardiologist for clearance, with the exception of patients with relatively remote issues. Dr. Cunningham questioned the physician regarding phlebotomies and monitoring of patients. Dr. Edelstein explained that he and the nurse practitioner monitor the patients, that they often have the patient return in two months if there are findings suggestive of a trend, and that patients whose levels are not in the safe range are scheduled for another phlebotomy prior to releasing them into the general mix of patients. Dr. Edelstein stated that he often suggests that his patients donate blood voluntarily ever 8-10 weeks. Dr. Cunningham commented that he found the physical exams to be lacking, and stated that the genital and rectal exams are necessary to further investigate the patient's complaints of hypogonadism.

Mr. Landau commented that he also found the physical exams lacking, and stated his concerns regarding the physician administering TRT prior to knowing the results of the patients' bloodwork. Mr. Landau added that there appeared to be no discussion as to the search for a difference cause as compared to simply treating the patients' symptoms. Mr. Landau also expressed concern regarding the physician relying on the clinic's policy rather than his own judgment in treating patients. Mr. Landau recognized that Dr. Edelstein worked with the clinic to improve its policies and procedures. Dr. Edelstein stated that he agreed with Mr. Landau's comments, and that he did express some resistance at the start of his employment with the clinic relating to initiating TRT prior to the return of the results of the patient's blood draw as well as whether to perform a genital exam. Dr. Edelstein assured the Board that digital exams are included in all physicals, and that he has been working with the clinic to improve patient care. Mr. Myers stated that Dr. Edelstein is a salaried employee of the clinic and had no financial advantage in this matter. He stated that the deficiencies were recognized and tremendous steps have been taken since 2016 to ensure patient safety in conformance with current standards.

Dr. Erbstoesser commented that he did not find this matter rises to the level of a statutory violation. He recognized that the licensee has taken steps to improve his practice. Dr. Erbstoesser spoke in favor of issuing a non-disciplinary Letter of Concern.

MOTION: Dr. Erbstoesser moved for the Board to issue a non-disciplinary Letter of Concern for failure to conduct complete physical examinations, failure to obtain full informed consent, and failure to obtain full lab results prior to initiating treatment.

SECOND: Dr. Cunningham

Dr. Cunningham spoke in favor of the motion, and reiterated his concerns regarding the incomplete physicals including the lack of testicular exams. Dr. Cunningham added that he found the lab work and informed consent were also lacking in this case. Dr. Maitem stated that he found this case potentially rises to the level of a violation as there was potential endangerment to the public. Mr. Landau agreed with Dr. Maitem's comments and stated that a non-disciplinary Letter of Concern was appropriate.

**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-19-0112A, Francisco Jaime DO, LIC. #4007

Dr. Jaime and Attorney David Cohen participated in the virtual meeting during the Board's consideration of this matter.

Board staff summarized that this case was reviewed by a board-certified orthopedic surgeon who felt that Dr. Jaime deviated from the standard of care in his treatment of a 75 year-old female with a comminuted humerus fracture in June of 2018. The MC found that Dr. Jaime failed to remove or exchange the hardware after it was noted that screws were extending into the joint space and subsequently found by another surgeon to have caused damage to the glenoid. The MC opined that the licensee could have removed one screw at a time without losing fracture reduction. Dr. Jaime also failed to address the patient's continued pain and immobility. A CT scan was not obtained until the patient saw another orthopedic surgeon for a second opinion. Dr. Jaime saw the patient in October of 2018, 3.5 months following the surgery, and reportedly discussed pin removal with the patient; however, no such discussion was documented in the chart.

Dr. Jaime reported that he graduated medical school in 1992 and has been board certified in orthopedic surgery since 1999. He stated that he currently works as the Chief of Surgery at Yavapai Regional Medical Center and also serves on the Medical Executive Committee. Dr. Jaime stated he believed he met the standard of care in this case in his care and treatment of the patient. He explained that he was aware that the screws had migrated into the joint space, and that he could not remove them as it would cause a reduction in the fracture since it was not yet healed. Dr. Jaime stated that he planned to see the patient in six weeks to discuss whether she was still having difficulty and if so, would consider removing the hardware. Mr. Cohen asked the Board to consider the physician's education, experience, and judgment when determining compliance with the standard of care. He stated that Dr. Jaime met the standard in this case and requested that the matter be dismissed based on the licensee's actions and reasonable inactions. .

Dr. Maitem observed that the patient continued with the retained migrated screws for approximately five months with reports of continued pain. Dr. Maitem commented that the physician failed to adequately evaluate the patient's continued complaints of pain and stated that the chart notes were lacking. Mr. Landau noted that there was discussion regarding the need and lack of a CT scan in follow up. Dr. Erbstoesser noted that the physician's PA saw the patient at her first postoperative visit and further evaluations were not documented. The patient proceeded for at least three months with the continued pain from the migrated screws.

Dr. Jaime stated that it is not unusual to experience pain and discomfort after a proximal humerus fracture at three to four months postoperatively. He reiterated that he knew the screws had migrated and would eventually need to be removed once the fracture healed. Dr. Maitem agreed with the licensee's comments, and recognized that this was a complicated patient and that pain is expected. However, Dr. Maitem stated his concerns that the patient reported her symptoms were not improving over the course of subsequent evaluations. Dr. Cunningham noted that the MC stated the screws could have been removed one at a time so as to prevent reduction of the fracture. Dr. Jaime stated that he disagreed with the MC's comment, and reiterated that the fracture was not healed. He stated that if he removed one screw, it could potentially cause the joint to lose rotation. Mr. Cohen

stated that there is not just one way to practice medicine and that the physician’s treatment in this case was consistent with his training.

MOTION: Dr. Maitem moved for the Board to issue a non-disciplinary Letter of Concern for failure to maintain adequate patient records and for failure to address the patient’s continued pain.

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		

E. DO-19-0135A, Glenn Richard Kunsman DO, LIC. #005538

Dr. Kunsman and Attorney Steve Myers participated in the virtual meeting during the Board’s consideration of this matter.

Board staff summarized that Dr. Kunsman was terminated by the contracted group of emergency room physicians working with Banner Estrella and his medical staff privileges were also terminated at the facility. Ten records were reviewed by a board certified emergency medicine physician. In 3 of the cases, the MC felt the physician met the standard of care, and concerns were raised in the other cases. In the case of a 75 year-old patient with weakness for four days, the MC found that the history and physical were cursory and there was no documentation of baseline ambulation status or history regarding how the weakness started. The MC observed that Dr. Kunsman waited to initiate coagulation in a 74 year-old patient with known pulmonary embolism post lumbar spine surgery after receiving clearance from the inpatient team to restart it. The MC noted that Dr. Kunsman failed to initiate IV fluids for 6.5 hours in an 84 year-old patient with abdominal pain, vomiting and diarrhea. The MC felt that Dr. Kunsman fell below the standard of care in his treatment of a 74 year-old patient with abnormal kidney function and a UTI by failing to evaluate the patient’s bladder for urinary retention even though the patient’s primary care provider suggested this diagnosis and by making the poor choice to prescribe Bactrim for this patient. In another case, the MC found that Dr. Kunsman deviated from the standard of care in his treatment of a 66 year-old patient by failing to address the excess of potassium in the patient’s body. The MC found that Dr. Kunsman deviated from the standard of care in his treatment of a 35 year-old patient post cesarean section by failing to obtain any reasonable diagnostic testing in the emergency room to rule out pulmonary edema or pulmonary embolism.

Dr. Kunsman explained that he envisioned working with Banner to provide care for patients in rural communities as he had done for the vast majority of his medical career. He stated that Banner suspended and terminated him without warning during his one month orientation. He stated that the attending physician assigned to him for orientation spent a total of twenty minutes with him, and that thereafter he was left to figure out the system on his own. Dr. Kunsman stated that he did not receive any feedback from the Director and was not given an opportunity to improve his care as he was unaware that there were any issues. With regard to the patient with abnormal kidney function, Dr. Kunsman explained that the patient was being followed by nephrology and gastroenterology, and that he was treating the patient’s UTI. He stated that the patient elected to follow up with their providers, noting that the patient had already scheduled appointments with the gastroenterologist as well as his primary provider. Dr. Kunsman stated that his choice to prescribe Bactrim to treat the UTI was appropriate in that it provides broad spectrum coverage and can treat a large number of

organisms. He acknowledged that he could have documented in more detail to note the specialists involved with this patient’s care and did not feel that this affected the outcome.

In the matter involving the 84 year-old patient and the allegation relating to initiation of IV fluids, Dr. Kunsman stated that the patient was started on IV fluids by Emergency Medical Services and that it was noted at the time of admission that the patient had received 2 liters of IV fluids with rate adjustments due to concerns of fluid overload based on a history of congestive heart failure. With regard to the patient who was post spine surgery, Dr. Kunsman explained that the patient was admitted to the hospitalist’s services, and that he was asked to contact the spine surgeon because their unit was behind. Dr. Kunsman stated that he contacted the surgeon and then called the hospitalist’s service to relay that the patient was cleared for treatment. He stated that he could not initiate any treatment as the patient was no longer on his service. He clarified that this sequence of events occurred over the course of a three to four hour timeframe from the time of admission. In the case involving a 75 year-old patient with weakness for four days, Dr. Kunsman stated that his notes in this patient’s chart were extensive, and that a CT scan was not warranted as there were no findings of a focal or neurological deficit. He stated that the patient’s condition was chronic and that he refused Dr. Kunsman’s offer for hospital admission.

In the matter of the 35 year-old patient, Dr. Kunsman stated that he saw the patient in the emergency room, diagnosed pulmonary embolism, and admitted the patient to the OB/GYN service for continued treatment. In the case involving the 66 year-old patient, Dr. Kunsman explained that the patient’s hyperkalemia was a chronic condition and was likely caused by the patient’s underlying renal insufficiency. He stated he treated the patient with insulin and glucose, and that it resolved without consequence or harm. Mr. Myers stated that due to deficiencies in Banner’s Peer Review processes, a number of cases have been dismissed or resulted in non-disciplinary action by the Arizona Medical Board. He pointed out that Dr. Kunsman has no prior disciplinary history, and stated that the preponderance of evidence in this case supports that the physician met the standard of care for all patients reviewed. Dr. Maitem questioned the physician regarding what he believes caused the filing of a complaint to the Board. Dr. Kunsman stated that he believed the Board’s process was being used to circumvent HR.

The Board discussed the MC’s findings as well as the licensee’s responses and explanations. Dr. Maitem stated that while he agreed with the licensee’s comments for a number of the cases reviewed and did not identify a pattern of inappropriate care, he did find that the matter rises to the level of a non-disciplinary Letter of Concern for inadequate records and lack of coordination of care.

MOTION: Dr. Maitem moved for the Board to issue a non-disciplinary Letter of Concern for lack of medical record documentation and lack of coordination of care.

SECOND: Mr. Landau

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-19-0220A, DO-18-0155A, Joseph Christopher Thompson DO, LIC. #007732

Dr. Thompson participated in the virtual meeting during the Board’s consideration of this matter.

Board staff summarized that Dr. Thompson entered into a confidential stipulation with the Board in October of 2018 for PHP monitoring, relapsed in October of 2019, and entered into a non-confidential agreement for five years PHP monitoring in November 2019. Dr. Thompson was restricted to working no more than 40 hours per week. In April of 2020, the Board voted to increase the physician’s hours to 52 hours per week. Board staff added that Dr. Thompson recently reported that he has started medication to help control his alcohol cravings, and had a request for the Board’s consideration.

Dr. Thompson stated his concerns regarding the current state of the drug screening sites and requested the Board allow him to proceed with virtual therapy sessions, and to eliminate the requirement for hair and urine drug screens due to the current health crisis. Board staff reported that Dr. Thompson has been attending virtual group meetings as well as virtual therapy sessions due to COVID and that this has not been a concern.

Mr. Landau spoke against removing the drug screen requirements. Dr. Cunningham agreed with Mr. Landau’s comments and stated that it would not be in the physician’s best favor to remove this probationary term at this time. He stated that it is imperative that the physician continue to undergo drug screen monitoring, and suggested that the physician present to a different testing site for the drug screens.

MOTION: Dr. Cunningham moved for the Board to deny the physician’s request to modify the terms of Probation to remove the requirement for random urine and hair drug screens.

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		

Mr. Landau instructed the licensee to contact the Executive Director for information on other testing sites.

B. DO-20-0067A, Jeffery Ray Gamber DO, LIC. #4326

Dr. Gamber participated in the virtual meeting during the Board’s consideration of this matter.

MOTION: Mr. Landau moved for the Board to enter into Executive Session to review confidential health 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 2:57 p.m.
The Board returned to Open Session at 3:29 p.m.
No legal action was taken by the Board during Executive Session.

Dr. Gamber questioned the Board as to whether he would be subject to a re-entry program after five weeks of continuous unemployment. Executive Director Bohall explained that as long as the physician maintained an active license and complies with CME renewal requirements, returning to practice should not be an issue.

C. DO-19-0145A, DO-19-0005A, Anthony Christopher Pozun DO, LIC. #3684

Dr. Pozun and Attorney Steve Myers participated in the virtual meeting during the Board’s consideration of this matter.

Board staff summarized that Dr. Pozun was placed on a two-year Probation for PHP participator in May of 2019. Dr. Pozun violated his Board Order by consuming alcohol in July of 2019, and his Probation was changed to five years. In addition to the usual PHP monitoring terms and conditions, Dr. Pozun’s work hours were restricted to 40 hours per week. In January 11, 2020, Dr. Pozun was granted an increase of his work hours to 52 per week.

Dr. Pozun stated that he has been in interventional cardiologist in private practice in Arizona and has taken care of thousands of patients. He stated that prior to June 2019, his record was unblemished and that he has not be involved in any malpractice claims. He stated that he has never been accused of practicing medicine while impaired, and that he has acknowledged the fact that he has a substance abuse problem. Dr. Pozun reported that since being placed on Probation, he has been terminated from insurance plans, and expects to lose the remaining four or five if he continues in Probation for the next four years. He requested the Board consider modifying the Order by terminating the Probation and allowing him to continue with PHP monitoring through a confidential stipulation.

Mr. Myers stated that attorneys are growing extremely concerned regarding hospital and health plan credentialing based upon Board actions. He recalled the Arizona Medical Board meeting of December 9, 2019 and that the Chairman expressed concern that placing a physician on Probation would affect their health plan participation, and recognized what health plans are doing based on actions taken by that Board. Mr. Myers stated that the health plans do not conduct independent investigations, and that their actions routinely exceed the actions of the Board. He requested that Dr. Pozun’s Probation be terminated and replaced with a confidential agreement as there has been no evidence in this case of actual or potential patient harm.

The Board discussed Dr. Pozun’s initial Board Order, his violation of that Order, and the subsequent modification for five years of PHP monitoring. Board staff reported that this matter stemmed from receiving a report from a hospital indicating that Dr. Pozun tested positive for THC on a random urine drug screen. Dr. Cunningham spoke in support of the licensee continuing with his current Probation, and stated that the Board has a duty to protect the public. Dr. Pozun stated that if he continues on Probation, there is a good chance that his career was over. Mr. Myers stated

that a mechanism exists for the Board to change the PHP monitoring to a confidential agreement. Mr. Landau agreed with Dr. Cunningham’s comments and stated that while there is a mechanism for the Board to allow the licensee to participate in PHP through a confidential agreement, such an agreement was not appropriate in this case given the prior violation of the first Order for Probation.

MOTION: Dr. Cunningham moved for the Board to deny the request to terminate the Probation and continue in PHP monitoring through a confidential stipulation.
SECOND: Dr. Maitem

Dr. Erbstoesser stated his concerns regarding the issue with health plans and stated that the Board needs to understand the gravity of the issues and be a little more sensitive with these situations. Mr. Landau agreed with Dr. Erbstoesser’s comments and stated that the Board needs to explore this issue from a global viewpoint. However, Mr. Landau stated that the issues the licensee has encountered with the health plans is not new as his license has been on Probation since 2019. Board staff reported that the licensee is a very different person than he was when he first appeared before the Board. Dr. Pozun has made significant changes in his demeanor since that time, and has been compliant with the terms of Probation since July of 2019.

VOTE: 5-yay, 1-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:	5	X	X	X	X		X	
Nay:	1							X
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-20-0126A, Brittany Woodall, LIC. #N/A

Dr. Woodall participated in the virtual meeting during the Board’s consideration of this matter. Mr. Landau stated that he recommended this matter be forwarded for the full Board’s review and to obtain further explanation from the applicant regarding the prior DUI charge.

Dr. Woodall explained that in September 2018, she was arrested for DUI with a blood alcohol level of 0.1 and that the charge was reduced based on her cooperation and lack of criminal history. Dr. Woodall reported that she complied with the terms of her conviction, and that the Judge has signed off on expungement based on her compliance. In response to Dr. Cunningham’s line of questioning, Dr. Woodall stated that she currently consumes around 1-2 alcoholic beverages weekly, and that she does not drink on a daily basis. She assured the Board that she does not drink and drive, and stated that she uses a designated driver or calls an Uber/Lyft if consuming alcohol while out.

MOTION: Dr. Maitem moved for the Board to grant post-graduate training (“PGT”) permit.
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		

Dr. Woodall informed the Board that she will be working at Chandler Regional Medical Center in an orthopedic trauma surgery rotation. She stated that she will be returning for another PGT permit in a year to attend a rotation at Phoenix Children’s Hospital, and questioned whether the Board would require her to again present regarding the prior criminal case at that time. AAG Galvin stated that the physician would be required to disclose criminal history on the application. Mr. Landau clarified that the criminal history should be reported, and that if and when the physician applies for another permit, the Board will be considering whether anything has transpired since the time of the criminal matter.

Dr. Cunningham clarified that in the event that expungement is granted, the matter still needs to be disclosed to the Board.

B. DO-20-0087A, Timothy James Degan, LIC. #N/A

Dr. Degan participated in the virtual meeting during the Board’s consideration of this matter. Mr. Landau stated that he forwarded this case to the full Board for consideration as he did not believe there was enough information in the file and wanted the applicant to expand further on the DUI incident.

Dr. Degan reported that he recently completed a fellowship in sports medicine. Dr. Degan explained that he made the poor decision to drive home after consuming alcohol, clipped his neighbor’s car, and was pulled over and charged with DUI. Dr. Degan stated that he complied with the court’s requirements and admitted that he made a mistake. If granted licensure, Dr. Degan stated that he will be working for the CORE Institute.

MOTION: Dr. Cunningham moved for the Board to grant an unrestricted license.

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-20-0071A, Paul Edward Burk, LIC. #N/A

Dr. Burk participated in the virtual meeting during the Board’s consideration of this matter. He stated that was hoping to transition into semi-retirement in Arizona, and acknowledged that he did not disclose a shoplifting charge on his license application. Dr. Burk explained that he did not understand that he had been arrested at the time. He stated that his counsel handled the court case and informed him that the case was resolved and the charge was reduced.

Dr. Burk explained that he was stopped by Loss Prevention at Walmart for taking fishing lures, and that the authorities were called. Dr. Cunningham stated his concerns regarding Dr. Burk’s poor judgment, as well as his statements that he did not understand that he was arrested. Dr. Burk stated that when he spoke to his counsel, he was told that the attorney took care of it. He stated that if granted licensure, he plans to practice otolaryngology and help colleagues who have waiting lists for patients to be seen given the current circumstances. Dr. Cunningham spoke in support of granting an unrestricted license and stated that he hoped the physician has learned from the experience.

MOTION: Dr. Cunningham moved for the Board to grant an unrestricted license.

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		

D. DO-20-0084A, Kolton Giles Fraser DO, LIC. #N/A

Dr. Fraser participated in the virtual meeting during the Board’s consideration of this matter. He stated that he tried to be as forthcoming as possible on his application, and that he is currently attending his third year of postgraduate training in emergency medicine. Mr. Landau stated that he recommended this matter be referred for the full Board’s consideration in light of the applicant’s extensive history of traffic violations.

In response to Dr. Maitem’s questioning, Dr. Fraser reported that his last interaction with law enforcement occurred six years prior for using a telephone while operating a motor vehicle. Dr. Fraser explained that he was on-call and responding to an attending, and admitted that he should have pulled over in order to do so.

MOTION: Dr. Maitem moved for the Board to enter into Executive Session to review confidential health information pursuant to A.R.S. § 38-431.03(A)(2).

SECOND: Dr. Ota

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 12:30 p.m.
The Board returned to Open Session at 12:37 p.m.
No legal action was taken by the Board during Executive Session.

MOTION: Dr. Maitem moved for the Board to grant an unrestricted license.
SECOND: Dr. Ota
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-20-0099A, Hannah Rosamond Tilden, LIC. #N/A

Dr. Tilden participated in the virtual meeting during the Board’s consideration of this matter. She reported that she graduated from medical school in Arizona in 2016, and that she completed her residency in obstetrics and gynecology in June of this year. Dr. Tilden explained that in February of 2017, she was arrested and charged with DUI with a blood alcohol level of 0.09. She stated that the charge was subsequently reduced, and she complied with all court-ordered requirements.

In response to Mr. Landau’s questioning, Dr. Tilden reported that she occasionally has a glass of wine with dinner. Dr. Tilden informed the Board that she did not hold a California license at the time, and that she provided the California Board with extensive documentation while her California license application underwent special review. Dr. Tilden stated that she was humiliated and embarrassed by the situation, and that she is more conscious of any drinking. She added that under no circumstances does she get into a car to drive if she has consumes alcohol, and that she uses a designated driver or calls Uber/Lyft when out.

MOTION: Dr. Cunningham moved for the Board to grant an unrestricted license.
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		

F. DO-20-0072A, Gens Pierce Goodman, LIC. #N/A

Dr. Goodman participated in the virtual meeting during the Board’s consideration of this matter. He reported that he is currently in the process of transitioning out of active duty after serving 12 years in the United States Army.

Board staff summarized that Dr. Goodman was arrested on June 7, 1999 when he was 19. Dr. Goodman attempted to ascertain the court records relating to the case, and was informed that the records from the original case were destroyed. According to Dr. Goodman, he did not disclose the arrest on his application based on advice he received from counsel after the case concluded and the conviction expunged. Dr. Goodman had also pointed out that throughout applying for multiple licenses, US Army credentialing, and hospital credentialing, the arrest was not disclosed and was not brought into question. The underlying criminal matter involved an argument that occurred between Dr. Goodman and his teenage sister, that resulted in a misdemeanor charge that was later dismissed and the records were expunged following the physician’s completion of a diversion program.

MOTION: Dr. Maitem moved for the Board to grant an unrestricted license.

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		

9. REVIEW, DISCUSSION, CONSIDERATION, AND POSSIBLE ACTION RELATING TO A PROPOSED CONSENT AGREEMENT.

A. DO-17-0201A, John Nicholas Gietzen DO, LIC. #4158

Dr. Gietzen did not participate in the virtual meeting during the Board’s consideration of this matter. Attorney Rick Carter participated in the virtual meeting on behalf of Dr. Gietzen. Jeanne Galvin, Assistant Attorney General (AAG); and, Mary D. Williams, AAG, participated on behalf of the State. AAG Seth Hargraves participated in the virtual meeting to provide the Board with independent legal advice.

AAG Galvin summarized that Mr. Carter requested a settlement agreement prior to the matter proceeding to the Office of Administrative Hearings for a Formal Hearing, and that the AAGs worked with Board staff to draft the proposed Consent Agreement. AAG Galvin stated that the deficiencies set forth in the Consent Agreement are what they feel are supported by the evidence, and that they believe the Consent Agreement is a fair resolution of this matter. She explained that Probation was not included as it was their understanding that the physician planned to relocate and no longer practice in Arizona. She added that the proposed Consent Agreement for an Administrative Warning, Continuing Medical Education (CME), and Civil Penalty is sufficient to rehabilitate the physician in this instance. AAG Galvin informed the Board that if accepted, the licensee has agreed to dismiss the pending litigation in Superior Court.

Mr. Carter stated that Dr. Gietzen was fully accepting of the proposed Consent Agreement and is ready to put this matter behind him. He apologized for the physician's inability to participate in today's proceedings, and thanked the Board's staff and AAGs for their efforts. Mr. Landau spoke against the Administrative Warning and stated that he found this matter rises to the level of Decree of Censure. Mr. Landau stated that the pending litigation had no bearing on this matter, and also stated his concerns regarding whether or not a term of Probation was warranted given the nature of the actions. Dr. Cunningham agreed with Mr. Landau's comments, and stated that this case has been ongoing for more than three years and has been an arduous process. Dr. Cunningham stated that the Board does not have any idea as to the licensee's fund of knowledge, and opined that a complete PACE evaluation was warranted. Dr. Cunningham spoke against the agreement and stated that the number of CME hours should be no less than 30. Dr. Maitem agreed with Dr. Cunningham's comments.

AAG Galvin stated that the State believes the proposed Consent Agreement in its current form satisfies the Board's obligation to protect the public. AAG Galvin stated that the case was reviewed very thoroughly, and that the allegations included are what they believe could be proven if the Board proceeded to Formal Hearing. AAG Williams stated that the proposed Consent Agreement involved a substantial CME requirement, including completion of PACE courses in medical recordkeeping and controlled substances prescribing, totaling over 50 hours, in addition to the 10 hours in prescribing controlled substances to pregnant breastfeeding patients. AAG Williams pointed out that this case did not undergo an investigative case review before the Board as the physician elected to proceed to Formal Hearing in lieu of the investigative case review. In response to Dr. Cunningham's questioning, Mr. Carter confirmed that Dr. Gietzen planned to practice after he relocated from Arizona. Dr. Cunningham reiterated his concerns that a fund of knowledge evaluation was warranted.

Mr. Carter stated that the disagreements and issues embodied in the civil action should not influence the Board's decision with regard to the proposed Consent Agreement. He stated that the physician is ready to move on and is willing to dismiss the lawsuit completely. Mr. Landau clarified that Dr. Cunningham appeared to disagree with the proposal as he felt an evaluation was warranted to address concerns relating to the physician's ability to practice medicine in certain areas. Mr. Landau also briefly summarized the procedural process for cases that proceed to Formal Hearing and later return to the Board for final action. AAG Galvin urged the Board to adopt the proposed Consent Agreement as they believe it is in the best interest of the Board and State to resolve this matter without proceeding to Formal Hearing. She stated that based on the allegations that could be proven at Formal Hearing, the discipline offered in the proposed Consent Agreement is sufficient to protect the public and remediate the physician.

Mr. Carter informed the Board that Dr. Gietzen plans to work in Wisconsin and Michigan, that the physician has been issued a Michigan license, and that his license application is currently pending with the Wisconsin Board. Dr. Erbstoesser thanked the parties for their efforts in negotiating and drafting the proposed Consent Agreement. He spoke in favor of accepting the proposed Consent Agreement and moving forward. Dr. Cunningham also stated his appreciation to the parties for their efforts. He stated that if the State felt the agreement was sufficient, he would support accepting the proposed Consent Agreement. Mr. Landau stated that while he too would like to see the physician undergo a PACE evaluation, he agreed that this was not the appropriate juncture for that. Mr. Landau spoke in support of accepting the proposed Consent Agreement with modification to the CME requirement, to specify a minimum of 65 CME hours.

In response to Mr. Landau's questions regarding a timeframe to complete the CME, AAG Galvin stated that the physician is required to complete the CME within six months from the effective date of the

Board's Order, and that given the current COVID situation, would have the ability to request an extension if he encounters difficulty with scheduling the PACE courses. AAG Galvin stated that the licensee will be obligated to renew his license for one more cycle to ensure that he completes all requirements. Mr. Carter confirmed that the physician would be agreeable to the modification to specify the minimum number of CME hours.

MOTION: Mr. Landau moved for the Board to accept the proposed Consent Agreement as amended to specify a minimum total of 65 CME hours.

SECOND: Dr. 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		

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

1. Discussion on the delay and suspension of the USMLE and the COMLEX in-person examinations and the effect on licensing and PGT permits.

The Board discussed the suspension of the USMLE and COMLEX in-person examinations due to COVID, and how that may affect licensing and permits. Executive Director Bohall explained that concern was raised for each Board to review their respective rules to determine whether they specifically require that in-person exam for licensure. He stated according to the Board's rules, the applicant needs to have completed exams appropriate for that level of position, and that there was no immediate concern regarding PGT permits.

2. Draft Policy on the Review and Approval of Continuance Requests (draft Policy).

The Board discussed the draft Policy and noted that if approved, parties would be placed on notice to submit requests for continuances at least 8 days prior to the Board's scheduled meeting and shall be reviewed by the Executive Director. Continuance requests received within 8 days of the Board's scheduled meeting would be forwarded to the President or Vice-President for review.

Dr. Erbstoesser spoke in favor of approving the draft Policy which would provide guidelines for individuals requesting a continuance. Dr. Cunningham spoke in favor of the draft Policy and proposed changing the 8 days to 10. Mr. Landau informed the Board members that he went through the draft Policy and made some minor modifications. Executive Director Bohall shared his screen for the Board members to review the changes proposed by Mr. Landau.

MOTION: Dr. Cunningham moved for the Board to approve the draft Policy as written and authorized the Board's President to make technical changes or revisions to shorten the language.

SECOND: Dr. 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		

11. 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 participating in the virtual meeting and discussed current issues surrounding the practice of osteopathic medicine.

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

A. Report on Director Dismissed Complaints

Executive Director Bohall reported that a total of 12 cases were dismissed since the Board’s last regular meeting.

B. Executive Director Report

1. Financial Report

Executive Director Bohall provided an update on the closing of FY20 and the budget for FY21.

2. Current Events that Affect the Board

Executive Director Bohall provided an update to the Board.

3. Licensing and Investigations Update

Executive Director Bohall reported that the Board encountered a 20% increase in licensing from the previous year. He stated that this did not include the 75 temporary licenses issued since the Board approved the Emergency Temporary COVID license process in April.

4. Legislative Update

Executive Director Bohall noted the Legislature adjourned early and was considering a special session.

5. Update of COVID-19 Temporary Licensing Process under A.R.S. § 32-3124

Executive Director Bohall reported that 75 temporary licenses issued since the Board approved the Emergency Temporary COVID license process in April.

The Board’s next meeting is scheduled for September 26, 2020.

The Board discussed potentially holding its next meeting in-person and via Zoom to allow for parties to participate in person or virtually. Board staff confirmed that masks will be required if attending the meeting in person and that masks will be provided if needed.

13. ADJOURNMENT

MOTION: Dr. Maitem moved for the Board to adjourn.

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 4:36 p.m.



Justin Bohall, Executive Director