



## Arizona Medical Board

1740 W. Adams St., Suite 4000 • Phoenix, Arizona 85007

Home Page: <http://www.azmd.gov>

Telephone (480) 551-2700 • Fax (480) 551-2705 • In-State Toll Free (877) 255-2212

### FINAL MINUTES FOR TELECONFERENCE MEETING

Held on June 9, 2022

1740 W. Adams St. Phoenix, Arizona

#### **Board Members**

R. Screven Farmer, M.D., Chair

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

Lois E. Krahn, M.D., Secretary

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

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

David C. Beyer, M.D., F.A.C.R., F.A.S.T.R.O.

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

Gary R. Figge, M.D.

Pamela E. Jones

Constantine Moschonas, M.D., F.A.A.N.

Eileen M. Oswald

### GENERAL BUSINESS

#### **A. CALL TO ORDER**

Chairman Farmer called the Board's meeting to order at 8:17 a.m.

#### **B. ROLL CALL**

The following Board members participated virtually in the teleconference: Dr. Farmer, Dr. Gillard, Dr. Krahn, Dr. Bethancourt, Ms. Dorrell, Dr. Figge, Ms. Jones and Ms. Oswald.

The following Board members were absent: Ms. Bain, Dr. Beyer and Dr. Moschonas.

#### **ALSO PRESENT**

The following Board staff participated virtually in the teleconference: Patricia McSorley, Executive Director; Kristina Jensen, Deputy Director; Raquel Rivera, Investigations Manager; William Wolf, M.D., Chief Medical Consultant; Michelle Robles, Board Operations Manager. Carrie Smith, Assistant Attorney General ("AAG") also participated in the teleconference.

#### **C. PUBLIC STATEMENTS REGARDING MATTERS LISTED ON THE AGENDA**

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

#### **D. EXECUTIVE DIRECTOR'S REPORT**

No report was provided.

#### **E. CHAIR'S REPORT**

No report was provided.

#### **F. LEGAL ADVISOR'S REPORT**

- *Batty v. Arizona Medical Board*, 1 CA-CV 21-0021

Ms. Smith informed the Board that this case was heard at the Court of Appeals and resulted in a decision favorable to the Board. This case involved a violation of the Board's boundary statute and the question considered by the Court of Appeals was whether or

not the Board had to find that the physician was sexually motivated to sustain the statute, and specifically with regard to the broader provision “engaging in any other conduct”. The Court affirmed that the Board does not have to find that the physician’s conduct was sexually motivated or with that specific intent occurred in order to sustain that violation.

Ms. Jones inquired about the physician’s recourse at this point.

Ms. Smith confirmed that the physician can file a petition with the Supreme Court for consideration. That would be a discretionary decision by the Arizona Supreme Court regarding whether or not to review the Court of Appeals’ decision in this case.

## **G. DISCUSSION REGARDING DEBRIEFING ON BOARD PROCESSES**

Dr. Farmer noted that tomorrow’s meeting is an in-person meeting.

## **H. APPROVAL OF MINUTES**

- March 3, 2022 Special Teleconference Meeting
- April 7, 2022 Teleconference Meeting; including Executive Session

Dr. Figge noted a typo in the April 7, 2022 draft minutes.

**MOTION: Dr. Figge moved to approve the March 3, 2022 Special Teleconference and the April 7, 2022 Teleconference; including Executive Session with the noted Board modification.**

**SECOND: Dr. Bethancourt.**

**VOTE: The following Board members voted in favor of the motion: Dr. Farmer, Dr. Bethancourt, Dr. Gillard, Dr. Krahn, Ms. Dorrell, Dr. Figge, Ms. Jones and Ms. Oswald. The following Board members were absent: Ms. Bain, Dr. Beyer and Dr. Moschonas.**

**VOTE: 8-yay, 0-nay, 0(Ms. Oswald abstained from the March 3, 2022 Minutes)-abstain, 0-recuse, 3-absent.**

**MOTION PASSED.**

## **LEGAL MATTERS**

### **I. MOTION FOR REHEARING/REVIEW (Formal Hearing)**

1. MD-19-0605A, WILLIAM L. SUN, M.D., LIC. #33617

Dr. Sun was not present. AAG Smith participated virtually on behalf of the State. AAG Campbell participated virtually as the Board’s Independent Legal Advisor.

Ms. Smith informed the Board that Dr. Sun received procedural due process in this case despite his absence at the hearing. He received adequate notice that the hearing would be occurring, and the State presented clear and convincing evidence in support of the alleged violations. The ALJ recommended revocation of his license, which was adopted by the Board. The State requested that the Board deny respondent’s motion for rehearing or review since he has failed to meet his burden that any of the provided basis for rehearing or review have been met.

Board staff confirmed that the physician was noticed for today’s meeting via the email address on file.

Dr. Gillard stated that the Board has reviewed the case and the ALJ’s recommendation and moved to deny the rehearing.

**MOTION: Dr. Gillard moved to deny the physician’s motion for rehearing/review.**

**SECOND: Dr. Krahn**

Ms. Campbell confirmed the Board that Ms. Smith and Board staff have confirmed that the physician has been notified of the meeting.

**VOTE: The following Board members voted in favor of the motion: Dr. Farmer, Dr. Bethancourt, Dr. Gillard, Dr. Krahn, Ms. Dorrell, Dr. Figge, Ms. Jones and Ms. Oswald. The following Board members were absent: Ms. Bain, Dr. Beyer and Dr. Moschonas.**

**VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.**  
**MOTION PASSED.**

**J. RESCIND REFERRAL TO FORMAL HEARING AND ACCEPT PROPOSED  
CONSENT AGREEMENT**

**1. MD-16-0946A, RAFAEL N. MENDOZA, M.D., LIC. #27652**

Dr. Mendoza was not present. AAG Smith participated virtually on behalf of the State. AAG Campbell participated virtually as the Board's Independent Legal Advisor.

Ms. Smith summarized that this case was initiated based on a self-report from Dr. Mendoza that he was indicted on multiple criminal charges of child abuse. Dr. Mendoza entered into an Interim Practice Restriction (IPR) in August 2016. SIRC considered the case in 2019 after respondent was convicted in his criminal case of multiple charges and recommended revocation. At the time Respondent was unwilling to enter into a consent agreement for surrender and appealed the conviction. Respondent was successful in that appeal and the case has been delayed based on the continuation of the criminal process. Early this year Respondent pled guilty to two felony counts of child abuse, class five felonies. Respondent's license is expired but has been stayed pending resolution of this case. The Respondent has signed a consent agreement for surrender in this case and the State requests that the Board adopt this consent agreement as proposed.

Dr. Gillard commented that the Board has reviewed this case and in order to get a license in the future this physician would need to reapply to get a license and that this would protect the public.

**MOTION: Dr. Gillard moved to rescind the referral to formal hearing and accept the consent agreement for Surrender of License.**

**SECOND: Dr. Krahn**

Dr. Krahn commented that given the nature of the guilty plea it may be difficult to obtain a license if he were to reapply but this is the correct action.

**VOTE: The following Board members voted in favor of the motion: Dr. Farmer, Dr. Bethancourt, Dr. Gillard, Dr. Krahn, Ms. Dorrell, Dr. Figge, Ms. Jones and Ms. Oswald. The following Board members were absent: Ms. Bain, Dr. Beyer and Dr. Moschonas.**

**VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.**

**MOTION PASSED.**

**2. MD-20-0050A, ASHWIN M. REDDY, M.D., LIC. #48835**

Dr. Reddy and counsel Bob Milligan participated virtually. AAG Smith participated virtually on behalf of the State. AAG Campbell participated virtually as the Board's Independent Legal Advisor.

Ms. Smith summarized that allegations that initiated the case were not substantiated however a Medical Consultant ("MC") review identified several deviations regarding prescribing practices and inadequate medical records. Respondent was offered an Interim Practice Restriction prohibiting prescribing controlled substances while he obtained CME in controlled substances prescribing and medical recordkeeping. Respondent was not willing to enter into the consent agreement at the time and the Board considered this for Summary Action. The Board voted to summarily restrict the physician's prescribing practice and referred the case to formal hearing. Respondent obtained new counsel who reached out to her regarding negotiating a resolution to this case. Respondent has engaged in mitigating steps since the Board looked at this case. Respondent completed the CME as recommended by staff and has submitted revised policies and procedures regarding stimulant and controlled substance prescribing at the facility. Ms. Smith stated that it is the State's understanding that Respondent has stepped back from treating patients at the facility. Respondent has surrendered his DEA registration. The State has negotiated a consent agreement for a Letter of Reprimand for the Board to consider and does support adoption of the consent agreement as proposed.

Dr. Reddy provided a statement to the Board acknowledging that his response to the investigation could have been better and noted that he has learned from this experience. Dr. Reddy stated that he has completed the required CME and based on an assessment of the facility and the investigation new policies have been put in place to improve patient care and prescribing practices. Dr. Reddy confirmed that he has surrendered his DEA license.

Dr. Gillard noted the mitigating circumstances and opined that the physician has learned the lesson.

**MOTION: Dr. Gillard moved to rescind the referral to formal hearing and accept the consent agreement for a Letter of Reprimand.**

**SECOND: Dr. Bethancourt**

**VOTE: The following Board members voted in favor of the motion: Dr. Farmer, Dr. Bethancourt, Dr. Gillard, Dr. Krahn, Ms. Dorrell, Dr. Figge, Ms. Jones and Ms. Oswald. The following Board members were absent: Ms. Bain, Dr. Beyer and Dr. Moschonas.**

**VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.**

**MOTION PASSED.**

## **K. REVIEW OF BOARD DECISION PURSUANT TO A.A.C. R4-16-103**

### **1. MD-19-0463A, IVOR BENJAMIN, M.D., LIC. #40592**

Dr. Benjamin participated virtually with counsel Paul Giancola.

Dr. Gillard noted that the Board has reviewed all case materials.

Dr. Haas addressed that allegation regarding her qualifications in this case. Dr. Haas confirmed that she is a gynecologist and is not currently practicing. Dr. Haas noted that she does not need to be licensed in the expert area, gynecologic oncology, to be an expert. The four cases that were involved did not specifically have problems with the oncology aspect; it was regarding documentation, preoperative evaluation and management that was delayed in a couple of the cases. Dr. Haas opined that an oncologist is not required to review those things.

Dr. Figge commented that although these were complicated cases, during a formal interview if there are not a number of questions asked it does not imply that Board members have not reviewed the entire case file thoroughly prior to the meeting.

Mr. Giancola commented that there was a misunderstanding concerning the facts and circumstances of the four cases and wished that the Board had asked the physician questions and had a thorough discussion. Mr. Giancola noted the case itself and the expert witness reports that have been submitted are all part of the context of the case. The Board is charged with determining the standard of care and if there was a deviation. The burden of proof is clear and convincing evidence. Mr. Giancola opined that these cases are complex and out of the scope of a general OBGYN expertise and further noted that the Board's MC has not practiced in 11 years. Mr. Giancola summarized the circumstances of the four cases and the opinions of the two expert witnesses who provided detailed reports. Mr. Giancola stated that there is sufficient information in the record for the Board to conclude that Dr. Benjamin met the standard of care in these four cases.

Dr. Benjamin stated that he met the standard of care in these cases and did what was reasonable in these situations.

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

**SECOND: Ms. Jones**

**VOTE: The following Board members voted in favor of the motion: Dr. Farmer, Dr. Bethancourt, Dr. Gillard, Dr. Krahn, Ms. Dorrell, Dr. Figge, Ms. Jones and Ms.**

**Oswald. The following Board members were absent: Ms. Bain, Dr. Beyer and Dr. Moschonas.**

**VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.**

**MOTION PASSED.**

The Board entered into Executive Session at 9:31 a.m.

The Board returned to Open Session at 9:57 a.m.

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

Dr. Gillard commented that the Board has reviewed all case material and has enough information to adjudicate the case. Dr. Figge acknowledged the PACE course and monitoring. The physician is qualified and capable of taking care of his patients and that is why there was no probation issued, just a Letter of Reprimand. Dr. Figge opined that the further this goes on there is hindsight and extra reviews provided by the physician. The MC did review the expert witness reviews and it did not change her opinion. The statute violations identified were sustained given the deviations in the records, possible missed opportunities in the preoperative workup and decision making. Dr. Figge opined that physician is capable and was cleared by the institutions review. Dr. Figge spoke in favor of discussing changing the outcome from disciplinary to non-disciplinary action for tracking. The statute violations were sustained but given the mitigating factors Dr. Figge spoke favor of an advisory letter.

**MOTION: Dr. Figge moved to rescind the Board's Findings of Fact, Conclusions of Law and Order for Letter of Reprimand, and issue an Advisory Letter for inadequate documentation, inadequate pre-operative workup of a patient, failure to rule out a benign process prior to engaging in a surgical procedure for a second patient, and failure to timely return to surgery for two patients experiencing post-operative complications. While the licensee has demonstrated substantial compliance through rehabilitation or remediation that has mitigated the need for disciplinary action, the board believes that repetition of the activities that led to the investigation may result in further board action against the licensee.**

**SECOND: Dr. Bethancourt**

Dr. Gillard noted that there were three patient deaths and that the PACE pass was a category 3 pass Dr. Farmer commented that expert medical consultant's qualifications and sub-specialty qualifications should be considered on an individual case basis. Dr. Farmer opined that the MC in this case was qualified to evaluate this case. The Board does give a lot of consideration of the MC's fit for a case. Ms. Jones noted that the lead questioner in the formal interview is a radiation oncologist and that there are a number of qualified Board members who reviewed the entire case.

**VOTE: The following Board members voted in favor of the motion: Dr. Bethancourt, Ms. Dorrell, Dr. Figge and Ms. Jones. The following Board members voted against the motion: Dr. Farmer, Dr. Gillard, Dr. Krahn and Ms. Oswald. The following Board members were absent: Ms. Bain, Dr. Beyer and Dr. Moschonas.**

**VOTE: 4-yay, 4-nay, 0-abstain, 0-recuse, 3-absent.**

**MOTION FAILED.**

Dr. Farmer commented that concerns remain regarding the pattern of practice and regarding the expert's review the Board confident with the Board's MC review over the expert witnesses provided. Dr. Gillard acknowledged the mitigating factors however given the complicated cases discipline is appropriate.

**MOTION: Dr. Gillard moved to revise the Draft order to add findings consistent with the testimony and board deliberations and to uphold the Letter of Reprimand issued by the Board in this case.**

**SECOND: Dr. Krahn**

**VOTE: The following Board members voted in favor of the motion: Dr. Farmer, Dr. Gillard, Dr. Krahn, Ms. Dorrell, Dr. Figge, Ms. Jones and Ms. Oswald. The following Board member voted against the motion: Dr. Bethancourt. The following Board members were absent: Ms. Bain, Dr. Beyer and Dr. Moschonas.**

**VOTE: 7-yay, 1-nay, 0-abstain, 0-recuse, 3-absent.**

**MOTION PASSED.**

## **L. FORMAL INTERVIEWS**

### **1. MD-20-0720A, MD-21-0111A, MARK R. GLASBERG, M.D., LIC. #13763**

Dr. Glasberg participated virtually with counsel Mike Goldberg.

Board staff summarized that this involves 2 cases which were referred to the Board by DHS reporting discrepancies in the amount of Medical Marijuana Certifications and CSPMP queries. In MD-20-0720A, DHS reported that from January 1, 2020 to May 31, 2020, Dr. Glasberg issued 712 certifications but did not perform any CSPMP queries. In his response, Dr. Glasberg reported working with an entity since March 2020 and stated that he reviewed a CSPMP for each patient when issuing certifications noting that his staff provides him with the CSPMP. CSPMP staff maintained that there were no queries for Dr. Glasberg in the timeframe despite his position; therefore, Board staff requested all CSPMP reports he obtained for the individuals certified in the timeframe under review. Board staff identified 7 patients whose reports indicated "no data found"; however, the reports were not pulled at the time of service in March-May 2020 but on December 2, 2020, which Board staff considered misleading. During the investigation, Board staff discovered that Dr. Glasberg had not linked the delegates who pull the CSPMP results for him to his CSPMP account and provided information to him on how to do so. Board staff cross checked the patients reviewed and determined that Dr. Glasberg failed to make 7 queries to the CSPMP at the time of certification. In MD-21-0111A, DHS reported that from June 1, 2020 to December 31, 2020, Dr. Glasberg issued 1,185 certifications but only performed 375 CSPMP queries. Dr. Glasberg maintained his previous response that he reviewed a CSPMP for each individual. Board staff reviewed the CSPMP queries and noted that the queries did not start under his name until September 2020. Dr. Glasberg provided a list of 1,220 patients and Board staff identified 845 individuals missing queries to the CSPMP during the time frame in question. Board staff also identified 10 individuals missing CSPMP queries after Dr. Glasberg reported practice changes. SIRC reviewed both cases together and remained concerned about the lack of process improvement measures to ensure proper CSPMP review. SIRC stated that based on the repetitive nature of the violations and lack of remediation, SIRC determined that the case rises to the level of discipline and recommended a Letter of Reprimand and Probation to require Dr. Glasberg to provide a written plan to the Board outlining how he intends to comply with medical marijuana certifications for every patient.

Dr. Glasberg provided an opening statement to the Board, where he stated his assistants were in charge of providing him with the CSPMP reports. When Board staff requested the records he is unsure why they were not provided. Dr. Glasberg stated that he reviewed all records and is unsure how this occurred.

During questioning, Dr. Glasberg explained the process used to ensure compliance when issuing certifications. The patient was provided by the office via telemedicine. He would discuss the patient complaint and review the CSPMP and make a decision on whether or not to issue the certification. Dr. Glasberg stated that he would then send the records to the office. Dr. Glasberg stated that office staff would pull the CSPMP report and he is still unsure what went wrong.

Board staff explained how staff arrived to the number of patients who were missing queries.

Dr. Glasberg stated he is unsure how the discrepancy occurred and reiterated that he would not have provided a certification without reviewing the CSPMP.

Board staff clarified that the business' sole practice, was to provide medical marijuana certification. After Dr. Glasberg had reported practice changes 10 individuals had not been checked. In first case Dr. Glasberg wasn't sure who his delegates were so staff provided information on how to associate delegates to his account. DHS sends notifications twice a year.

Dr. Glasberg confirmed that these certifications were issued via telemedicine. Dr. Glasberg informed the Board that he currently works in California for an organization that reviews veteran injury compensation cases and no longer issuing medical marijuana certificates in any state.

Ms. Smith informed the Board of the statute regarding patient examinations, does exclude medical marijuana certifications via telemedicine. Ms. Smith noted that at the time care was rendered the Governor's state of emergency order was in place, which would have rendered the requirement void. This statute was not cited for this physician.

Board staff confirmed that of the 1,220 certifications patients who were certified 845 patients had not been queried at all. Board staff explained how the CSPMP pull works and that there was no evidence that the 845 patients had been checked at all. When the physician signs the certification he attests that he reviewed the CSPMP.

In closing, Mr. Goldberg requested that this case be resolved in a non-disciplinary matter.

Board staff confirmed that Dr. Glasberg informed the Board that he stopped issuing medical marijuana certificates in February and that there have been no other reports from DHS.

Dr. Gillard opined that there has been unprofessional conduct in this case.

**MOTION: Dr. Gillard moved for a Finding of unprofessional conduct in violation of A.R.S. § 32-1401(27)(u) and (kk) for reasons as stated by SIRC.**

**SECOND: Ms. Jones**

**VOTE: The following Board members voted in favor of the motion: Dr. Farmer, Dr. Bethancourt, Dr. Gillard, Dr. Krahn, Ms. Dorrell, Dr. Figge, Ms. Jones and Ms. Oswald. The following Board members were absent: Ms. Bain, Dr. Beyer and Dr. Moschonas.**

**VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.**

**MOTION PASSED.**

Dr. Gillard found it troubling that no one had queried the CSMP for these patients but given the circumstances recommended a non-disciplinary advisory letter.

**MOTION: Dr. Gillard moved to issue an Advisory Letter for failure to query the CSPMP prior to issuing medical marijuana certifications and making a false/misleading statement to the Board during the Board investigation. The violation is a minor or technical violation that is not of sufficient merit to warrant disciplinary action.**

**SECOND: Dr. Krahn**

Dr. Bethancourt spoke against the motion given the importance of querying the CSPMP. Dr. Bethancourt opined that the physician was not protecting the patient or the public. Ms. Jones expressed concern regarding the high number of patients where the CSPMP was not checked. Dr. Figge opined that this does rise to the level of discipline as his statements that he checked every CSPMP for his patients is misleading and falsification of the record. Ms. Jones found it aggravating that some of the patients were retrospectively queried.

**MOTION WITHDRAWN.**

Dr. Farmer commented that changing your practice or getting ready to retire does not change the standard of care or the standard of integrity of the physician. Dr. Farmer expresses concern regarding the misleading statements and this was not a onetime situation. Dr. Figge opined that probation won't serve any purpose since the physician is no longer providing certifications.

**MOTION: Dr. Figge moved to Draft Findings of Fact, Conclusions of Law and Order for a Letter of Reprimand.**

**SECOND: Ms. Jones**

**VOTE:** The following Board members voted in favor of the motion: Dr. Farmer, Dr. Bethancourt, Dr. Gillard, Dr. Krahn, Ms. Dorrell, Dr. Figge, Ms. Jones and Ms. Oswald. The following Board members were absent: Ms. Bain, Dr. Beyer and Dr. Moschonas.  
**VOTE:** 8-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.  
**MOTION PASSED.**

## **M. FORMAL INTERVIEWS**

1. MD-21-0823A, CONRAD D. BALLECER, M.D., LIC. #37738

Dr. Ballecer participated virtually without counsel. Dr. Bethancourt recused from this case.

Board staff summarized that this case was initiated after Board staff received a report from CPEP's Probe program that Dr. Ballecer failed the PROBE course. Of note, Dr. Ballecer was issued an Advisory Letter and non-disciplinary CME order in September 2020 requiring him to complete the PROBE course within 6 months and obtain an unconditional or conditional passing grade. Probe staff also disclosed that Dr. Ballecer was a difficult participant; he was late for the first two days session, was distracted; and had to be spoken to twice by faculty regarding his behavior. PROBE staff reported that Dr. Ballecer's essay failed to address his capacities for ethical reasoning and insight regarding his infraction. In his response, Dr. Ballecer admitted that his initial attitude was one of stress, denial, and frustration and explained how he succumbed to the concept of a god complex and thought his boundaries were set different due to his success. He acknowledged his distraction, lack of professionalism and breach of fiduciary responsibility to the patient and Probe staff. Board staff determined that Dr. Ballecer failed to timely and successfully complete his Board ordered CME. SIRC noted that Dr. Ballecer failed to timely enroll in the course then admitted that CPEP staff had to call him to alert him to log in to start the course while he was at work. SIRC determined that this case rises to the level of discipline and recommended a Letter of Reprimand and that he re-take CPEP's Probe course.

Dr. Ballecer provided an opening statement to the Board, where he reiterated the highlights of his CPEP essay and stated that he was a full participant in the Probe course.

During questioning, Dr. Ballecer clarified that he was never tardy and was timely to class. Dr. Ballecer explained that he was required to apologize for his distracting behavior, which he did, and stated it wasn't an issue going forward. Dr. Ballecer further explained how he approached the essay and referenced what he found appropriate. Dr. Ballecer stated that he worked hard on this essay and made reference to his own insights. Dr. Ballecer explained that this course was supposed to teach him of the error of his ways and how to make practice changes to keep him out of trouble. Dr. Ballecer opined that he was a good student but was a victim of getting off on the wrong foot.

Dr. Figge commented that the bottom line is that the physician didn't comply with the Board order which implies he may be difficult to regulate. Dr. Figge opined that the physician is not a danger to the public but it is important for physicians to comply with Board orders so that they can be regulated by the Board and so that the Board can protect the public.

Dr. Ballecer opined that his failing was unfair due to his initial behavior and that he was a good student. Dr. Ballecer requested that the Board consider what the potential benefit would be of him retaking the course but agreed that he would be compliant with the Board's decision.

Board staff clarified the timeline of the physician signing up for the Probe course and the extension granted for the supplemental response.



During deliberations, Ms. Oswald found that there was unprofessional conduct and the order was clear that he must receive a conditional or an unconditional passing grade, which was not met. This issue before the Board today is violation of the Board Order. Ms. Oswald opined that there was not enough evidence to reverse the recommendation. There was not an application of the ethical principles and agree with the faculty's assessment. The purpose of the course was to learn about ethical principles, which was not done here.

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

**SECOND: Dr. Krahn**

Dr. Krahn commented that this was an opportunity for the physician to explain what he learned and what he would do differently. Although, there was a comment that he learned a lot from the course it was not seen in application. Dr. Krahn commented that she still questions whether the licensee has gained significant insight and believes that the physician can learn from taking the course again.

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

**VOTE: 7-yay, 0-nay, 0-abstain, 1-recuse, 3-absent.**

**MOTION PASSED.**

Ms. Oswald opined that this rises to the level of discipline and agreed with the recommendation for Letter of Reprimand and retaking the ProBe course. Ms. Oswald commented that there is a need for additional integration and application of ethical principles to prevent the potential for ethical boundaries or behaviors in the future.

**MOTION: Ms. Oswald moved to Draft Findings of Fact, Conclusions of Law and Order for a Letter of Reprimand and Probation. Within three months, complete PBI's Medical Ethics and Professionalism Course (ME-22EX) Extended Edition. PBI shall provide an AIR letter to the Board upon completion of the CME coursework. The CME hours shall be in addition to the hours required for license renewal. The Probation shall not terminate except upon affirmative request of the physician and approval by the Board, and Dr. Ballecer's request for termination shall be accompanied by proof of successful completion of the CME.**

**SECOND: Ms. Jones**

Dr. Gillard suggested a different course offered by PACE instead of CPEP.

Ms. Rivera informed the Board of the PACE course available and that the Board can request the AIR letter form the PBI course.

Dr. Figge commented that the physician did not comply with the Order but agreed with the option for taking a different course. Dr. Figge noted that this is not to punish the physician but to make him a better person and physician.

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

**VOTE: 7-yay, 0-nay, 0-abstain, 1-recuse, 3-absent.**

**MOTION PASSED.**

## **N. FORMAL INTERVIEWS**

### **1. MD-20-0880A, DOUGLAS M. LAKIN, M.D., LIC. #19362**

Dr. Lakin participated virtually with counsel Bob Milligan. Dr. Groves addressed the Board during the Public Statements portion of the meeting in favor of the physician.

Board staff summarized that the Board initiated this case after receiving a complaint from Blue Cross/Blue Shield (BCBS) regarding Dr. Lakin's care and treatment. BCBS reported that Dr. Lakin was prescribing narcotics and benzodiazepines without monitoring the patients by obtaining UDSs and querying the CSPMP. BCBS found that Dr. Lakin was

overprescribing controlled substances, which is dangerous to their members. BCBS also reported that the medical records were inadequate and failed to document the medication type, dosage, prescription date, and number of approved refill(s). The Board's Medical Consultant ("MC") reviewed three (3) patient charts regarding MK, JR, and SR. Regarding MK, the MC reviewed the case and determined that Dr. Lakin met the standard of care. Regarding JR, the MC reviewed the case and determined that Dr. Lakin deviated from the standard of care by prescribing high dose opioids for long term use without a clinical rationale, prescribing opioids and benzodiazepines concurrently without clinical rationale, and failing to refer the patient to specialists for pain management. Regarding SR, the MC reviewed the case and determined that Dr. Lakin deviated from the standard of care by prescribing opioids and benzodiazepines concurrently without a clinical rationale, failing to query the CSPMP prior to prescribing controlled substances, failing to obtain a urinary drug screen to monitor the patient for compliance, and failing to obtain an opioid consent agreement. The MC stated that the CSPMP showed multiple providers prescribing controlled substances to the patient. The MC noted that the documentation was extremely hard to follow. Dr. Lakin submitted an expert review for all three patients, which supported his care. SIRC recommended a Letter of Reprimand and Probation.

Board staff noted that a letter from the physician's counsel has been provided for their review.

Dr. Lakin provided an opening statement to the Board, where he stated that he has since completed CME due to this case. Dr. Lakin informed the Board of how he began treating these patients and noted the various circumstances.

Mr. Milligan provided an opening statement to the Board, stating that the treatment of patients with chronic pain long term is difficult and complex. Mr. Milligan noted the two reviews that were provided and noted that they spoke in favor of Dr. Lakin's treatment and care for these patients. Mr. Milligan requested that the Board issue an Advisory Letter for failing to do routine CSPMP and urine drug screens.

During questioning, Dr. Lakin confirmed that BCBS did not contact him regarding their concern and discuss the changes with the patients they were insuring but brought it directly to the Board. BCBS did request records which were provided. BCBS stated that the records did not include all the prescriptions. Dr. Lakin confirmed that every prescription he's written is in the electronic medical records, which were provided to the Board. Dr. Lakin stated that other than the completed CME on prescribing controlled substances and pain management in April of last year he has not taken other training. Dr. Lakin explained what the CME course training provided and it was a fairly broad based course. Dr. Lakin noted that this CME did not provide a solution for patient JR's situation, who was a patient that was dependent on the medications but was not addicted to them. Dr. Lakin informed the Board of practice changes that have been put in place, to include regular urine drug screens and querying the CSPMP to meet the standard. Dr. Lakin commented that a collaborative approach between the pain specialist and primary care physician is needed. Dr. Lakin confirmed that he has referred patients to pain specialists before however, alternative medications and tapering does not always work. Dr. Lakin confirmed that he has referred patients to Dr. Grove before but has not personally met him. Dr. Lakin explained patient SR came in weekly over two to three years to get her prescriptions in person, and although they were not pleasant interactions, she was seen frequently for monitoring. Dr. Lakin explained the comment regarding multiple physicians providing prescriptions is due to her ER visits. With regards to patient JR, continuing to work on tapering his morphine while ensuring functionality. Dr. Lakin explained that JR does have urine drug screens and other than an initial discrepancy that was explained he has not had another.

Dr. Figge acknowledged the difficulties and complexity of taking care of these patients. Dr. Figge noted that there were some missed opportunities with JR regarding monitoring and the documentation was clearly lacking.

Dr. Lakin commented that he has made changes regarding his medical records and agreed that his documentation of SR's visits could have been better. Dr. Lakin noted that due to the criticism from the Board he does check the CSPMP regularly.

During deliberation, Dr. Figge opined that there has been unprofessional conduct. This was a difficult case with difficult patients in a general practice setting.

**MOTION: Dr. Figge moved for a finding of unprofessional conduct in violation of A.R.S. § 32-2501(18)(a) (for a violation of A.R.S. § 36-2606(F)), (e), and (r) for reasons as stated by SIRC.**

**SECOND: Dr. Gillard**

**VOTE: The following Board members voted in favor of the motion: Dr. Farmer, Dr. Bethancourt, Dr. Gillard, Dr. Krahn, Ms. Dorrell, Dr. Figge, Ms. Jones and Ms. Oswald. The following Board members were absent: Ms. Bain, Dr. Beyer and Dr. Moschonas.**

**VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.**

**MOTION PASSED.**

Dr. Figge commented that given the mitigating and extenuating circumstances and that there was no patient harm, this does not rise to the level of discipline.

**MOTION: Dr. Figge moved to issue an Advisory Letter for inadequate documentation, inappropriate prescribing of controlled substances, and failing to check the CSPMP prior to prescribing controlled substances. While the licensee has demonstrated substantial compliance through rehabilitation or remediation that has mitigated the need for disciplinary action, the board believes that repetition of the activities that led to the investigation may result in further board action against the licensee.**

**SECOND: Dr. Krahn**

**VOTE: The following Board members voted in favor of the motion: Dr. Farmer, Dr. Bethancourt, Dr. Gillard, Dr. Krahn, Ms. Dorrell, Dr. Figge, Ms. Jones and Ms. Oswald. The following Board members were absent: Ms. Bain, Dr. Beyer and Dr. Moschonas.**

**VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.**

**MOTION PASSED.**

## **O. FORMAL INTERVIEWS**

1. MD-21-0431A, ANDREW H. GOLDSTEIN, M.D., LIC. #29641  
Dr. Goldstein participated virtually with counsel Bob Milligan.

Board staff summarized the Board initiated the case after receiving notification from Abrazo Arrowhead Campus (AAC) that Dr. Goldstein's cardiothoracic surgical privileges were suspended at Arizona Heart Hospital and Abrazo Arrowhead Campus due to concerns regarding the quality and safety of the care provided to three patients with two of the patients expiring post-operatively. SIRC observed that Abrazo issued Dr Goldstein a "letter of education" in 2018 after review of a case by underlying the importance of having a qualified surgical first assistant or an additional surgeon in the room for high level cases. On May 26, 2021, Dr. Goldstein's privileges were reinstated with a corrective action plan and some restrictions on his practice including the inability to take call for the emergency room. The MC identified deviations from the standard of care in two of the three patients. Regarding MK, the MC opined that Dr. Goldstein's deviations included a delay in operating, failure to properly assess and/or document status of mitral valve intraoperatively, long bypass time leading to high transfusions volume, failure to document daily postop visit notes, and failure to consider and timely diagnose postoperative tamponade. Regarding PM, the MC opined that Dr. Goldstein failed to refer to or enlist the help of a congenital cardiac surgeon for an elective case of an anomalous origin of the right coronary artery. Additionally, the MC expressed concerns regarding Dr. Goldstein's documentation, clinical judgment and technical intraoperative management. Dr Goldstein refuted most of the concerns for MV and PM and submitted an expert

review that supported his care of patient PM. The MC reviewed Dr. Goldstein's supplemental response and expert review and stated that his opinion was unchanged from the first report, except to acknowledge that the delay in operating on MV might have been justified by a COVID diagnosis. SIRC recommended a Letter of reprimand and Probation.

Dr. Goldstein provided an opening statement to the Board and noted his disagreement with the MC's findings. Regarding patient CR, Dr. Thompson stated that he met the standard of care. Regarding patient MV, Dr. Thompson stated that the surgery was a complex case and that the patient achieved was good. He was initially critical of the timing of the surgery but withdrew this criticism. Dr. Goldstein explained that under direct visualization there was no vegetation on the mitral valve. Regarding patient PM, Dr. Goldstein stated that the procedure he used was appropriate and has been most often employed for patients with anomalous coronaries.

Mr. Milligan provided an opening statement to the Board and stated that the MC found no criticism in the first case and withdrew one of the criticisms in the second case after Dr. Goldstein's case. With regards to the third case Mr. Milligan clarified the guidelines for the procedure that Dr. Goldstein utilized. Mr. Milligan noted that two expert reviews have refuted the MC's opinions and requested the dismissal or issuance of a non-disciplinary advisory letter with CME.

During questioning, Dr. Goldstein confirmed that he has had no previous history with the Board. Dr. Goldstein explained that he takes documentation seriously and that he typically does not miss a note. Dr. Goldstein explained that he was asked to appear before the Med Exec committee and presented the cases that had been brought up. He was notified later that day that his privileges had been completely restored. Dr. Goldstein explained what occurred with MV. This patient had comorbidities and was doing well after the surgery. He died suddenly 9 days later after a respiratory arrest from a combination of benzodiazepines and morphine. Dr. Goldstein confirmed that the aortic insufficiency was immediately addressed once identified for patient P.M.

In Dr. Goldstein commented that given his history he has good judgement and outstanding technique. Dr. Goldstein informed the Board that his privileges were restored one hundred percent last May and noted that he has had no further input from Abrazo regarding this issue. Dr. Goldstein reported that he continues to take emergency room call at Banner Thunderbird and the hospital is aware that this action took place but there aren't any issues at this hospital.

Board staff commented that it would not be too difficult to see a mitral valve vegetation intraoperatively under the circumstances described.

During deliberations, Dr. Gillard stated that there was a medical records violation even though they have been mitigated. Dr. Gillard commented that these were complicated cases and did not find an r violation.

**MOTION: Dr. Gillard moved for Finding of unprofessional conduct in violation of A.R.S. § 32-1401(27)(e) for reasons as stated by SIRC.**

**SECOND: Dr. Bethancourt**

**VOTE: The following Board members voted in favor of the motion: Dr. Farmer, Dr. Bethancourt, Dr. Gillard, Dr. Krahn, Ms. Dorrell, Dr. Figge, Ms. Jones and Ms. Oswald. The following Board members were absent: Ms. Bain, Dr. Beyer and Dr. Moschonas.**

**VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.**

**MOTION PASSED.**

Dr. Gillard commented that these patients had extreme comorbidities and given the mitigating factors this does not rise to the level of discipline. This physician has learned his lesson regarding keeping notes and CME will not help in this case.

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

**SECOND:** Dr. Bethancourt

**VOTE:** The following Board members voted in favor of the motion: Dr. Farmer, Dr. Bethancourt, Dr. Gillard, Dr. Krahn, Ms. Dorrell, Dr. Figge, Ms. Jones and Ms. Oswald. The following Board members were absent: Ms. Bain, Dr. Beyer and Dr. Moschonas.

**VOTE:** 8-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.

**MOTION PASSED.**

## **CONSENT AGENDA**

### **P. PROPOSED CONSENT AGREEMENTS (Disciplinary)**

**MOTION:** Dr. Gillard moved to accept the proposed consent agreement in item numbers 1-5.

**SECOND:** Dr. Bethancourt

**VOTE:** The following Board members voted in favor of the motion: Dr. Farmer, Dr. Bethancourt, Dr. Gillard, Dr. Krahn, Ms. Dorrell, Dr. Figge, Ms. Jones and Ms. Oswald. The following Board members were absent: Ms. Bain, Dr. Beyer and Dr. Moschonas.

**VOTE:** 8-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.

**MOTION PASSED.**

1. MD-20-1032A, MARK R. AUSTEIN, M.D., LIC. #14196

**RESOLUTION:** Accept the Consent Agreement for Surrender of License.

2. MD-20-0514A, DANIEL M. LIEBERMAN, M.D., LIC. #25819

**RESOLUTION:** Accept the Consent Agreement for a Letter of Reprimand and Probation. Within six months, complete no less than 10 hours of Board staff pre-approved Category I CME in an intensive, in-person course regarding medical recordkeeping; and complete no less than 3 hours of Board staff pre-approved Category I CME in the evaluation and management of traumatic subdural hematomas. The CME hours shall be in addition to the hours required for license renewal. The Probation shall terminate upon proof of successful completion of the CME coursework.

3. MD-21-0183A, ANDREW G. MALCOLM, M.D., LIC. #10932

**RESOLUTION:** Accept the Consent Agreement for Surrender of License.

4. MD-22-0381A, DANIEL R. ALZHEIMER, M.D., LIC. #59957

**RESOLUTION:** Accept the Consent Agreement for Surrender of License.

5. MD-21-0743A, MICHAEL P. RIDGE, M.D., LIC. #15513

**RESOLUTION:** Accept the Consent Agreement for Probation with Practice Restriction. Respondent shall have a female chaperone present while examining or treating all female patients in all settings, including but not limited to office, hospital, and clinic. Within 30 days from the date of this Order, Respondent shall obtain a female chaperone who is an Arizona licensed healthcare provider (i.e. registered nurse, licensed practical nurse or physician assistant) employed by the Respondent, hospital or clinic and may not be a representative or relative who accompanied the patient. From the effective date of the Order until the date a chaperone is obtained who meets these requirements, Respondent shall have a female chaperone who is a medical assistant employed by Respondent's employer. Respondent shall within 6 months of the effective date of this Order, successfully complete the Professional Boundaries and Ethics: Extended Edition (PB-24EX) course offered by Professional Boundaries, Inc. ("PBI"). Respondent shall within thirty days of the effective date of this Order submit

satisfactory proof of enrollment with Board staff. Upon completion of the CME, Respondent shall provide Board staff with satisfactory proof of attendance, including PBI's "AIR" Letter after the completion of the required CME. The CME hours shall be in addition to the hours required for the biennial renewal of medical licensure. Board staff or its agents shall conduct periodic chart reviews to monitor Respondent's compliance with this Board Order. This Order is permanent for the duration of Respondent's licensure and shall not terminate except upon cancellation, expiration, revocation or surrender of Respondent's license.

## **Q. LICENSE APPLICATIONS**

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

**MOTION:** Dr. Gillard moved to grant the license in items 1-10.

**SECOND:** Ms. Dorrell

**VOTE:** The following Board members voted in favor of the motion: Dr. Farmer, Dr. Bethancourt, Dr. Gillard, Dr. Krahn, Ms. Dorrell, Dr. Figge, Ms. Jones and Ms. Oswald. The following Board members were absent: Ms. Bain, Dr. Beyer and Dr. Moschonas.

**VOTE:** 8-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.

**MOTION PASSED.**

1. MD-22-0468A, PADIATH A. ASLAM, M.D., LIC. #N/A

**RESOLUTION:** License granted.

2. MD-22-0395A, ROBERT G. APTEKAR, M.D., LIC. #N/A

**RESOLUTION:** License granted.

3. MD-22-0480A, FREDERICK J. SNOY, M.D., LIC. #N/A

**RESOLUTION:** License granted.

4. MD-22-0439A, KAREN C. ADAMS, M.D., LIC. #N/A

Dr. Adams addressed the Board during the public statements portion of the meeting.

**RESOLUTION:** License granted.

5. MD-22-0442A, TIMOTHY J. PAINTER, M.D., LIC. #N/A

**RESOLUTION:** License granted.

6. MD-22-0477A, TIMOTHY C. ALBION, M.D., LIC. #N/A

Dr. Albion addressed the Board during the public statements portion of the meeting.

**RESOLUTION:** License granted.

7. MD-22-0013A, TAMMY L. TADOM, M.D., LIC. #N/A

Dr. Tadam addressed the Board during the public statements portion of the meeting.

**RESOLUTION:** License granted.

8. MD-22-0050A, MARK H. KEEP, M.D., LIC. #N/A

**RESOLUTION:** License granted.

9. MD-22-0220A, AARON L. GOLDSTEIN, M.D., LIC. #N/A

**RESOLUTION:** License granted.

10. MD-22-0123A, JUSTIN J. WOODS, M.D., LIC. #N/A

**RESOLUTION:** License granted.

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

1. CONSUELA U. HUNT, M.D., LIC. #N/A

Dr. Gillard commented that the physician has board in pediatrics but is unable to get primary source verification from a telemedicine office that is no longer in business.

**MOTION: Dr. Gillard moved to grant the Waiver.**

**SECOND: Dr. Krahn**

**VOTE: The following Board members voted in favor of the motion: Dr. Farmer, Dr. Bethancourt, Dr. Gillard, Dr. Krahn, Ms. Dorrell, Dr. Figge, Ms. Jones and Ms. Oswald. The following Board members were absent: Ms. Bain, Dr. Beyer and Dr. Moschonas.**

**VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.**

**MOTION PASSED.**

### **iii. REVIEW, DISCUSSION AND POSSIBLE ACTION REGARDING LICENSE APPLICATION AND RECOMMENDED ADVISORY LETTER**

#### **1. MD-22-0501A, JOHN B. AMON, M.D., LIC. #N/A**

Dr. Amon addressed the Board during the public statements portion of the meeting.

Dr. Farmer commented that Yuma's legislator requested that the Board have an emergency meeting to grant this license. Dr. Farmer appreciated the legislator's concern and the physician's service to the underserved area. The Board attempted to administratively address this issue in the past, but it may be time to readdress this issue. The law requires a physician to reapply if they allow their license to expire.

**MOTION: Dr. Gillard moved to grant the license and issue an Advisory Letter for practicing with an expired license. There is insufficient evidence to support disciplinary action.**

**SECOND: Dr. Bethancourt**

Dr. Gillard commented that the Board must follow the statute and noted that over the years it has become easier to reapply.

Ms. Jones inquired about how long it takes to issue the license once granted.

Ms. McSorley noted that once the Board makes the decision staff moves to issue the license immediately.

Ms. Jones acknowledged Ms. McSorley's letter to legislator Mr. Finchum.

Dr. Krahn spoke in favor of establishing a process to expedite relicensing a physician who has let their license lapse. Dr. Figge commented that ultimately it is the physician's responsibility to reapply and not just rely on their employer or staff.

**VOTE: The following Board members voted in favor of the motion: Dr. Farmer, Dr. Bethancourt, Dr. Gillard, Dr. Krahn, Ms. Dorrell, Dr. Figge, Ms. Jones and Ms. Oswald. The following Board members were absent: Ms. Bain, Dr. Beyer and Dr. Moschonas.**

**VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.**

**MOTION PASSED.**

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

## **OTHER BUSINESS**

### **R. REQUEST FOR TERMINATION OF BOARD ORDER**

#### **1. MD-20-0154A, DANIEL H. HU, M.D., LIC. #21586**

Counsel Flynn Carey addressed the Board during the public statements portion of the meeting.

Dr. Gillard commented that the physician has completed the requirements of the order and has requested early termination. The chief medical consultant spoke in favor of termination.

**MOTION: Dr. Gillard moved to Grant the request to terminate the December 2, 2021 Board Order.**

**SECOND: Dr. Bethancourt**

**VOTE: The following Board members voted in favor of the motion: Dr. Farmer, Dr. Bethancourt, Dr. Gillard, Dr. Krahn, Ms. Dorrell, Dr. Figge, Ms. Jones and Ms. Oswald. The following Board members were absent: Ms. Bain, Dr. Beyer and Dr. Moschonas.**

**VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.**

**MOTION PASSED.**

**2. MD-06-0683A, MALCOLM G. WILKINSON, M.D., LIC. #21001**

Dr. Gillard noted the physician's discipline history and that the 15 years of probation is almost up. The physician has requested termination of his order so that he can cancel his license.

**MOTION: Dr. Gillard moved to Grant the request to terminate the June 8, 2007 Board Order.**

**SECOND: Dr. Krahn**

**VOTE: The following Board members voted in favor of the motion: Dr. Farmer, Dr. Bethancourt, Dr. Gillard, Dr. Krahn, Ms. Dorrell, Dr. Figge, Ms. Jones and Ms. Oswald. The following Board members were absent: Ms. Bain, Dr. Beyer and Dr. Moschonas.**

**VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.**

**MOTION PASSED.**

**3. MD-20-0255A, ROSS A. MCARTHUR, M.D., LIC. #31910**

Dr. Gillard commented that the one-year term has passed, and the Executive Director is in agreement with the termination.

**MOTION: Dr. Gillard moved to Grant the request to terminate the February 11, 2021 Board Order.**

**SECOND: Ms. Jones**

**VOTE: The following Board members voted in favor of the motion: Dr. Farmer, Dr. Bethancourt, Dr. Gillard, Dr. Krahn, Ms. Dorrell, Dr. Figge, Ms. Jones and Ms. Oswald. The following Board members were absent: Ms. Bain, Dr. Beyer and Dr. Moschonas.**

**VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.**

**MOTION PASSED.**

**S. GENERAL CALL TO THE PUBLIC**

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

**T. ADJOURNMENT**

**MOTION: Dr. Figge moved to adjourn the meeting.**

**SECOND: Ms. Dorrell.**

**VOTE: The following Board members voted in favor of the motion: Dr. Farmer, Dr. Bethancourt, Dr. Gillard, Dr. Krahn, Ms. Dorrell, Dr. Figge, Ms. Jones and Ms. Oswald. The following Board members were absent: Ms. Bain, Dr. Beyer and Dr. Moschonas.**

**VOTE: 8-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.**

**MOTION PASSED.**

The meeting adjourned at 2:20 p.m.





  
Patricia E. McSorley, Executive Director