



Arizona Medical Board

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FINAL MINUTES FOR BOARD REVIEW COMMITTEE B MEETING

Held on Wednesday, April 5, 2023

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

Committee Members

Lois E. Krahn, M.D., Chair

Katie S. Artz, M.D., M.S.

David C. Beyer, M.D., F.A.C.P.

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

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

Pamela E. Jones

GENERAL BUSINESS

A. CALL TO ORDER

Chairwoman Krahn called the meeting to order at 12:45p.m.

B. ROLL CALL

The following Committee members were present: Dr. Krahn, Dr. Beyer, Ms. Dorrell and Dr. Gillard.

The following Committee members were absent: Dr. Artz and Ms. Jones.

ALSO PRESENT

The following Board staff was present: Michelle Robles, Board Operations Manager. Carrie Smith, Assistant Attorney General (“AAG”) was also present.

C. OPENING STATEMENTS

Dr. Krahn read the civility policy for the record.

D. PUBLIC STATEMENTS REGARDING MATTERS LISTED ON THE AGENDA

No individuals addressed the Board during the Public Statements portion of the meeting.

E. APPROVAL OF MINUTES

- February 1, 2023 Board Review Committee B; including Executive Session

MOTION: Dr. Gillard moved for the Committee to approve the February 1, 2023 Board Review Committee B minutes; including Executive Session.

SECOND: Ms. Dorrell.

VOTE: The following Committee members voted in favor of the motion: Dr. Beyer, Dr. Gillard and Ms. Dorrell. The following Committee members abstained: Dr. Krahn. The following Committee members were absent: Dr. Artz and Ms. Jones.

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

MOTION PASSED.

LEGAL MATTERS

F. FORMAL INTERVIEWS

1. MD-21-0977A, ROBERT J. NARVAIZ, M.D., LIC. #24047
Dr. Narvaiz was present without counsel.

Board staff summarized that the Board initiated the case after receiving a complaint regarding Dr. Narvaiz's care and treatment of an 18-year-old female patient (FB) alleging misdiagnosis of bipolar disorder, inappropriate discussion with the patient regarding sex and politics, and inappropriate disclosure regarding the sexual activities of other patients. The Medical Consultant (MC) identified several deviations from the standard of care by Dr. Narvaiz. The MC opined that Dr. Narvaiz made a diagnosis of bipolar disorder without documenting periods of mania or hypomania on an initial encounter and did not consider a diagnosis of borderline personality disorder. The MC also found that Dr. Narvaiz initiated treatment with an atypical antipsychotic without documenting an explanation why a mood stabilizer was not prescribed. The MC also found that Dr. Narvaiz deviated regarding his professional conduct. Based on the complaint, several allegations were made and Dr. Narvaiz confirmed calling the patient "indoctrinated", that he discussed his and his own fiancée's thoughts about the attractiveness of ASU students, and that he described sexual behaviors of two of his other patients without addressing the inappropriate and potentially disturbing nature of his examples. The MC noted that Dr. Narvaiz lacked understanding of appropriate physician – patient boundaries. SIRC stated that Dr. Narvaiz's position that the patient misconstrued or misinterpreted his statements was not persuasive and found that the patient's experience of being uncomfortable and invalidated were supported by the physician's responses. SIRC stated that Dr. Narvaiz confirmation of the statements made above remain concerning for a psychiatrist. SIRC found that Dr. Narvaiz deviated from the standard of care by failing to appropriately diagnose and treat the patient with potential harm due to delayed diagnosis and inappropriate treatment. In addition, Dr. Narvaiz was unprofessional in his interactions and inappropriately crossed boundaries with the patient causing the patient psychological distress. SIRC agreed with the MC that the conduct reported by the patient and admitted responses by Dr. Narvaiz were inappropriate, concerning, and below the standard of care for a psychiatrist.

Dr. Narvaiz provided an opening statement to the Committee, where he stated that he attempts to make a diagnosis to the best of his ability and that he must ask open-ended questions to allow the patient the opportunity to respond. Dr. Narvaiz stated that this patient was referred from ASU and informed the Committee of the discussion he had with the patient regarding hyper sexuality. Dr. Narvaiz explained that he gave a diagnosis of bipolar disorder and prescribed mood stabilizers and recommended cognitive therapy.

During questioning, Dr. Narvaiz explained that the appointment was about an hour and a half to two hours. The goal was to stabilize her mood and ensure that she could function in society at ASU. Dr. Narvaiz explained the ASU referral came from the student health center for bipolar disorder and that his process is to gather symptoms to make a diagnosis. Dr. Narvaiz informed the Committee of the symptoms he found that resulted in his diagnosis and his rationale for prescribing a mood stabilizer. Dr. Narvaiz noted that he couldn't ask about behaviors other than sexual mania since she became upset. Dr. Narvaiz opined that he didn't step over any boundaries and noted that he informed the patient from the beginning that he would need to ask sensitive questions.

Dr. Krahn opined that given the discussion that was described today and the detail of the examples given she could understand how it could be upsetting to a patient.

Regarding the mask issue, Dr. Narvaiz explained that he asked the patient to take off her mask so that he could assess her affect and confirmed that he did question if she was politically correct since he had to ask sensitive questions.

Dr. Krahn commented that it is very important to avoid sensitive issues with a patient you're not familiar with.

Dr. Narvaiz explained that a neutral topic depends on the individual and that his responsibility is to ensure that the patient is not a danger to society or a danger to herself. Dr. Narvaiz informed the Committee that after this complaint he is more careful.

In closing, Dr. Narvaiz opined that credence was not given to him but to the patient's complaints.

During deliberations, Dr. Krahn stated that she can understand how this was upsetting for the physician and that it was an isolated event. Dr. Krahn expressed concern that the physician is not fully aware about how the way and what he chose to talk about could be upsetting to the patient. Dr. Krahn opined that CME regarding boundaries is appropriate, but that this case may not rise to discipline. Dr. Beyer commented that much of this case is he said/she said but without knowing what was spoken in that room there is enough here to be concerned about what happened. Dr. Beyer opined that at moments, the discussion today was uncomfortable, and a vulnerable patient could have felt threatened. Dr. Beyer opined that there is a problem here and supported the complaint. Dr. Gillard commented that these are difficult patients and opined that there is no unprofessional conduct here. Dr. Gillard stated that the formal interview today can be a learning experience for the physician. Dr. Krahn noted that some of the comments shared today were a cause for concern and that it is not a case of he said she said since the physician confirmed that he said these things. Committee members agreed that the medical record was adequate for one encounter.

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

SECOND: Dr. Beyer

VOTE: The following Committee members voted in favor of the motion: Dr. Krahn, Dr. Beyer, Ms. Dorrell and Dr. Gillard

The following Committee members were absent: Dr. Artz and Dr. Jones

VOTE: 4-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

Dr. Krahn commented that the interview has been helpful to understand the physician's intent.

MOTION: Dr. Krahn moved to issue an Advisory Letter for inappropriate questioning of a patient during an initial evaluation and for inadequate maintenance of boundaries. While there is insufficient evidence to support disciplinary action, the board believes that continuation of the activities that led to the investigation may result in further board action against the licensee. Within six months, complete PBI's Professional Boundaries and Ethics Course: Extended Edition (PB24EX). Within thirty days of completing the Board ordered CME, the physician shall enroll into PBI's post-course maintenance and accountability seminars. 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.

SECOND: Dr. Beyer.

Ms. Rivera informed the Committee of the post course maintenance with the PBI Extended Edition with a 12-week course.

Dr. Gillard spoke against the motion due to the physician's 30-year practice history and opined that he's learned a lot from today's interview. Ms. Dorrell opined that the CME course would be beneficial for the physician. Dr. Krahn commented that years of experience can result in a way of doing things and although there are not any other complaints there could have been other patients that may have felt uncomfortable.

VOTE: The following Committee members voted in favor of the motion: Dr. Krahn, Ms. Dorrell and Dr. Beyer. The following Committee members voted against the motion: Dr. Gillard. The following Committee members were absent: Dr. Artz and Ms. Jones.

**VOTE: 3-yay, 1-nay, 0-abstain, 0-recuse, 2-absent.
MOTION PASSED.**

G. FORMAL INTERVIEWS

1. MD-20-0454A, JOHN Z. S. CHEN, M.D., LIC. #32355
Dr. Chen was present with counsel Cody Hall.

Board staff summarized that on June 1, 2020, the Board opened this investigation after receiving a complaint from the managing partner of a Dermatology Practice alleging that Dr. Chen's took more Mohs stages than medically necessary and incorrectly coded procedures. The Practice reported that in September 2018, it was being acquired by a larger health care company. At that time the company withdrew its offer due to concerns that Dr. Chen had "irregularities in the billings for Mohs procedures." Upon the conclusion of the review, the Practice reported the information to the Department of Justice, who notified the Office of the Inspector General (DOJ/OIG) resulting in a settlement of \$512,000 related to the DOJ/OIG contention that Dr. Chen took more stages than medically necessary and incorrectly coded some procedures, including Mohs and excision closure procedures during the review period. The Board's MC reviewed the ten cases and determined that Dr. Chen deviated from the standard of care by excising additional tissue layers during Mohs surgery without clinical justification. The MC stated that a Mohs surgery is to remove only the additional section of skin corresponding to the area of tumor involvement, inflammation, or missing epidermis; however, Dr. Chen averaged 2.75 stages per Mohs procedure in eight of the patients, which was a high average number as at least two of the malignancies should have been completely removed on the first attempt or stage. The MC found that Dr. Chen failed to suture close wounds created from a Mohs excision. The MC noted that Dr. Chen inappropriately documented and billed a "double advancement flap" repair for most of his surgical wound closures. However, the closures did not represent a type of double advancement flap and would be more accurately documented and billed as complex linear surgical repairs. Dr. Chen's response was that his consultants, consisting of five Mohs surgeons and three dermatopathologists, reviewed a total of one hundred fifty-five (155) cases. Four of the five Mohs surgeon reviewers read the slides and unanimously concluded that all stages and closures were medically necessary, and there were no excess stages or improper closures. He stopped coding linear repairs as flaps as soon as he learned that this was an area of debate among Mohs surgeons, and he agreed to a more conservative billing approach with a methodology to resolve the matter with the OIG. SIRC recognized that Dr. Chen provided evidence of his completion of the 2021 Micrographic Dermatologic Surgery Exam. However, based on his knowledge and experience, SIRC determined that his performance of additional excision attempts may have been motivated by some other benefit than patients' optimal outcome. SIRC noted that Dr. Chen presented several outside consultant evaluations which concluded that Dr. Chen's Mohs surgery treatment was within the standard of care, including a favorable review of the patient care evaluated by the Board's MC. SIRC also noted that a complainant had requested to withdraw the Board complaint. However, SIRC observed that the Board's MC maintained his original findings that Dr. Chen took more stages than medically necessary and incorrectly coded excision procedures, which resulted in overpayments to him and the practice.

Mr. Hall provided an opening statement where he stated that SIRC's recommendation for a Letter of Reprimand and Probation is not supported by clear and convincing evidence. Mr. Hall noted the evidence submitted by Dr. Chen that supports the reasonableness of his Mohs surgeries and billing. Mr. Hall noted that Dr. Chen self-reported the possibility of overpayment to OIG and reached a settlement. Mr. Hall noted that this settlement was not an admission of guilt and Dr. Chen has changed his billing coding to the more conservative code.

Mr. Chen provided an opening statement in which he informed the Committee of his training and history with the Mohs procedure. Mr. Chen explained that since a concern was raised regarding his surgeries and billing the practice did an internal review of all aspects of his Mohs care. From the internal review, eight physicians found that there was

no concern of excessive stages and two of the physicians had differing opinions regarding his repair coding. Due to the differing concerns, they reported and settled with OIG. Dr. Chen noted that since this settlement he has learned the correct coding. Dr. Chen requested that the Committee dismiss this complaint.

During questioning, Dr. Chen confirmed that he did self-report prior to his partner's complaint to the Board and that he was not involved in the case selections for the Board's review.

Board staff informed the Committee that Board staff requested the peer review records from the Practice and was provided with a bulk of records. Staff randomly selected 10 charts from the provided records.

Regarding the selected cases, Dr. Chen noted that since the concern was regarding his Mohs staging, the practice decided that all the cases reviewed were multiple stage surgeries. Dr. Chen informed the Committee of how he creates a double flap and described what a complex linear closure is. Dr. Chen further explained that he was not aware of his billing issue with the closure until the differing opinion of the internal review. Dr. Chen further explained that he settled with OIG at the advice of his lawyer. Dr. Chen explained that after his partner filed the Board complaint, he spoke with another dermatologist who opined that Dr. Chen's care was within the standard of care and that's why his partner requested to withdraw his complaint.

In closing, Mr. Hall noted that SIRC acknowledged the 10 reviews submitted by the physician but noted that they did not change the MC's findings. Mr. Hall explained that the MC determined that there are times when it is appropriate to take an extra level of excision but that they should be exceedingly rare and went back to his original statement. Mr. Hall stated that the multiple reviews provided by Dr. Chen cannot be ignored and the evidence is not clear and convincing that there has been unprofessional conduct and requested the case be dismissed.

In closing, Dr. Chen disregarded the MC's comments regarding his Mohs staging and that his cancer detection approach is not practiced by most MOHs surgeons. Mr. Chen reiterated that these cases have been reviewed by Mohs specialists who support his treatment and Dr. Chen opined that he met the standard of care. Dr. Chen explained that he coded repairs based on how he was trained and have been supported by other Mohs surgeons. Dr. Chen stated that he strongly disagreed with the statement that he intentionally coded some of his repair procedures for financial gains. Dr. Chen noted that his partner regrets filing a complaint with the Board and stated that it was wrong.

During deliberations, Dr. Beyer opined that there has been unprofessional conduct but noted that the statistical anomaly has been explained. Dr. Beyer commented that there are so many reasons why a venture capital deal may fall apart so he has no comments regarding that aspect. Regarding the 10 selected cases, Dr. Beyer opined that there is still a concern regarding excessive sections despite the Board's MC and the physician's consultants differing opinions. Regarding Dr. Chen's coding, Dr. Beyer commented that it should not be that difficult to code this correctly and that since the physician has changed his practice there is a convincing argument that there was a violation.

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

SECOND: Dr. Gillard.

VOTE: The following Committee members voted in favor of the motion: Dr. Krahn, Dr. Beyer, Ms. Dorrell and Dr. Gillard. The following Committee members were absent: Dr. Artz and Ms. Jones.

VOTE: 4-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

Dr. Beyer opined that this does not rise to the level of discipline. Dr. Beyer stated that the physician was not intentionally acting unethically, and an ethics course is not necessary. Dr. Beyer opined that the problem has been remediated and that an advisory letter is appropriate.

MOTION: Dr. Beyer moved to issue an Advisory Letter for excising additional tissue layers during Mohs surgery without clinical justification and for inaccurate coding of closures on Mohs procedures. 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. Gillard.

VOTE: The following Committee members voted in favor of the motion: Dr. Krahn, Dr. Beyer, Ms. Dorrell and Dr. Gillard. The following Committee members were absent: Dr. Artz and Ms. Jones.

VOTE: 4-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

H. FORMAL INTERVIEWS

1. MD-19-1018A, PAUL A. AUPPERLE, M.D., LIC. #30485
Dr. Aupperle was present with counsel Paul Giancola.

Mr. Giancola requested any discussion regarding confidential matters be held in executive session.

Board staff summarized that Dr. Aupperle experienced a relapse of a health condition after successfully completing a Letter of Reprimand and Probation requiring PHP Monitoring that ended in 2009. In May 2019 he subsequently pled guilty to one count of possession of drug paraphernalia but failed to timely report this to the Board. His coworkers reported to Board staff that Dr. Aupperle had on previous occasions appeared impaired to work. On May 24, 2019 the Board's Executive Director accepted Dr. Aupperle's request to inactivate his license which closed the open case. He was required to complete long-term treatment and thereafter complete a PHP assessment prior to requesting reactivation of his license. Dr. Aupperle underwent treatment. Dr. Aupperle had a post treatment assessment and the Assessor recommended an additional evaluation. This was done and the Evaluator found Dr. Aupperle functional in the very superior, gifted range and found no cognitive impairment but found variability in executive functioning. The PHP Assessor found Dr. Aupperle was safe to practice medicine provide he enroll in PHP monitoring for five years with additional recommendations. Due to Dr. Aupperle not practicing since 2019, SIRC recommended a competency evaluation. Dr. Aupperle underwent an evaluation by PACE. The final report found Dr. Aupperle's overall performance was satisfactory and that he was safe to practice as long as he adheres to their recommendations for improving knowledge through CME and self-directed study and complete at least 50 hours of CME a year during probation. He should have a period of proctoring/overreading, have PHP monitoring for a minimum of five years, to include random drug testing including nail or hair testing. Additionally, PACE recommended that Dr. Aupperle participate in the wellbeing committee, continue to receive regular psychiatric care and work with his personal physician for his hypertension and health maintenance. Dr. Aupperle's treating provider has provided letters stating that Dr. Aupperle is safe to return to work. SIRC acknowledged this is a complex case and based on multiple professional assessments of Dr. Aupperle's ability to safely practice recommends reactivation of Dr. Aupperle's license with five years of probation for PHP monitoring and compliance with the recommendations of the PHP assessors and PACE. SIRC recommended a Decree of Censure for reporting to work while impaired, for failure to report his arrest within 10 days for felony conviction of the possession of drug paraphernalia. SIRC recommended that Dr. Aupperle be put on notice that another relapse will be considered a "third strike" pursuant to A.R.S. § 32-1452(G) and will result in the revocation or surrender of his license.

Dr. Aupperle provided an opening statement where he informed the Committee of his recovery program and that he supports the recommendations to return to practice.

During questioning, Dr. Aupperle stated that he felt ready to return to practice and explained that he has a better support network and insight this time. Dr. Aupperle further stated that he has more confidence in himself and that his wife and sponsor are his biggest help. Dr. Aupperle stated that he believes in prevention and not putting himself in situations to relapse. Dr. Aupperle confirmed that he understands the Board's three strike rule and that if he makes a mistake his medical career is over. Dr. Aupperle explained that he will begin outpatient working at imaging centers and practicing teleradiology to handle his caseload until he's ready. His plan is to start a few days a week and not for a full day since he will not be required to read a certain amount per day but can slowly build up.

Mr. Giancola informed the Committee that the physician has no objection to SIRC's recommendations and the recommended discipline but there was a comment that he didn't self-report the charges. Mr. Giancola noted that Dr. Aupperle thought that the charge report noted in the Inactive order was a self-report.

In closing, Mr. Giancola stated that there has been significant improvement in Dr. Aupperle's insight, and everyone is in support of reactivation. Mr. Giancola stated that Dr. Aupperle is aware of the third strike rule and acknowledges that this is his final chance.

Ms. Smith clarified that while the license is inactive, he is not required to meet the CME requirements for licensure, but he is held to the PACE report. When the license goes back into effect he will be required to complete the CME recommended in the report and required by statute.

Mr. Giancola confirmed that Dr. Aupperle is up to date on his CMEs.

During deliberations, Dr. Krahn opined there has been unprofessional conduct.

MOTION: Dr. Krahn moved for a finding of unprofessional conduct in violation of A.R.S. § 32-1401(27)((a)(A.R.S. § 32-3208(A)), (d), (f), (g) and (r) for reasons as stated by SIRC.

SECOND: Dr. Gillard

VOTE: The following Committee members voted in favor of the motion: Dr. Krahn, Dr. Beyer, Ms. Dorrell and Dr. Gillard. The following Committee members were absent: Dr. Artz and Ms. Jones.

VOTE: 4-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

Dr. Krahn acknowledged the work that the physician has put in and agreed with SIRC's recommendation.

MOTION: Dr. Krahn moved for a draft Findings of Fact, Conclusions of Law and Order for a Decree of Censure and License Reactivation with Five Year Probation to participate in PHP with terms consistent with the PHP Contractor's and PACE's recommendations. The Probation shall not terminate except upon affirmative request of the physician and approval by the Board, and Dr. Aupperle's request for termination shall be accompanied by a recommendation from his PHP Contractor stating that monitoring is no longer required.

SECOND: Dr. Gillard.

VOTE: The following Committee members voted in favor of the motion: Dr. Krahn, Dr. Beyer, Ms. Dorrell and Dr. Gillard. The following Committee members were absent: Dr. Artz and Ms. Jones.

VOTE: 4-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

I. FORMAL INTERVIEWS

1. MD-22-0514A, JOEL A. HAYDEN, M.D., LIC. #23390
Dr. Hayden was not present.

Dr. Krahn confirmed that Committee members have reviewed the case.

Board staff informed the Committee that she attempted to call the physician and left him a voicemail today. Board staff noted that she contacted the PHP contractor who informed her that the physician informed them that he would request surrender of his license.

MOTION: Dr. Krahn moved to refer the case to formal hearing.

SECOND: Dr. Gillard.

Ms. Smith confirmed that the physician can negotiate with the State prior to the formal hearing.

VOTE: The following Committee members voted in favor of the motion: Dr. Krahn, Dr. Beyer, Ms. Dorrell and Dr. Gillard. The following Committee members were absent: Dr. Artz and Ms. Jones.

VOTE: 4-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

CONSENT AGENDA

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

MOTION: Dr. Gillard moved to approve the draft Findings of Fact, Conclusions of Law and Order in item numbers 1 and 2.

SECOND: Ms. Dorrell

VOTE: The following Committee members voted in favor of the motion: Dr. Krahn, Dr. Beyer, Ms. Dorrell and Dr. Gillard. The following Committee members were absent: Dr. Artz and Ms. Jones.

VOTE: 4-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

1. MD-22-0393A, SUDHAKAR A. REDDY, M.D., LIC. #36640

RESOLUTION: Findings of Fact, Conclusions of Law and Order for a Letter of Reprimand.

2. MD-19-0095A, MD-19-0356A, KEITH G. ZACHER, M.D., LIC. #30227

RESOLUTION: Findings of Fact, Conclusions of Law and Order for a Decree of Censure and One Year Probation with Civil Penalty. Dr. Zacher shall pay a Civil Penalty within twelve months via certified funds in the amount of \$60,000. Within six months, complete PBI's Medical Ethics and Professionalism Course (ME-22) Extended. 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 Board Order shall stipulate that Dr. Zacher not request Probation termination until the Civil Penalty is paid in full. The Probation shall not terminate except upon affirmative request of the physician and approval by the Board, and Dr. Zacher's request for termination shall be accompanied by proof of successful completion of the CME and payment of the Civil Penalty.

GENERAL BUSINESS

K. DISCUSSION REGARDING DEBRIEFING ON COMMITTEE PROCESSES

Dr. Krahn commented that things went fairly smoothly with a few bumps. Dr. Beyer noted that the scheduling was an issue today.

L. ADJOURNMENT

MOTION: Dr. Gillard moved for adjournment.

SECOND: Dr. Beyer.

VOTE: The following Committee members voted in favor of the motion: Dr. Krahn, Dr. Beyer, Ms. Dorrell and Dr. Gillard. The following Committee members were absent: Dr. Artz and Ms. Jones.

VOTE: 4-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

The meeting adjourned at 3:36 p.m.



A handwritten signature in black ink that reads "Patricia E. McSorley".

Patricia E. McSorley, Executive Director