



Arizona Medical Board

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FINAL MINUTES FOR REGULAR SESSION MEETING Held on Wednesday, February 5, 2025 At 1740 W. Adams St., Board Room A • Phoenix, Arizona

Board Members

Gary R. Figge, M.D., Chair
Bruce A. Bethancourt, M.D., F.A.C.P., Vice-Chair
Lois E. Krahn, M.D., Secretary
Katie S. Artz, M.D., M.S.
Jodi A. Bain, M.A., J.D., LL.M.
David C. Beyer, M.D., F.A.C.R., F.A.S.T.R.O.
Laura Dorrell, M.S.N., R.N.
R. Screven Farmer, M.D.
James M. Gillard, M.D., M.S., F.A.C.E.P., F.A.A.E.M.
Jessyca Leach
Gail Guerrero-Tucker, M.D., M.P.H., F.A.A.F.P., D.A.B.F.M.

GENERAL BUSINESS

A. CALL TO ORDER

Chairman Figge called the meeting to order at 8:01 a.m.

B. ROLL CALL

The following Board members were present: Chair Figge, Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Ms. Dorrell, and Dr. Gillard. The following Board members participated telephonically via Zoom: Ms. Bain, Dr. Beyer and Dr. Farmer. The following Board members were absent: Dr. Guerrero-Tucker and Ms. Leach.

ALSO PRESENT

The following Board staff were present: Patricia McSorley, Executive Director; Raquel Rivera, Deputy Director; Claude Deschamps, M.D., Chief MC; Nicole Samaradellis, Investigations Manager; and Heather Foster, Public Records Coordinator. Carrie Smith, Assistant Attorney General ("AAG") also participated in the teleconference, as well as AAG Elizabeth Smith.

C. PUBLIC STATEMENTS REGARDING MATTERS LISTED ON THE AGENDA

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

D. EXECUTIVE DIRECTOR'S REPORT

- Update, Discussion, and Possible Action on Proposed Legislation, including but not limited to:
 - SB 1125, SB 1214, HB 2583

The Board observed that SB 1125 would grant prescribing authority to psychologists and would require the Board to review complaints filed against a psychologist if it

related to a prescription. SB 1214 would allow pharmacists to conduct independent testing and treat a list of illnesses. HB 2583 would allow physical therapists to order imaging and lab work.

Board members stated concerns regarding the use of the Agency's resources to review complaints against professionals that are not licensed by this Board. The Board noted that the AMA has taken a position in opposition of SB 1125 and are actively working against that bill. The Board also discussed concerns regarding standards of practice and questioned which regulating body would establish such standards when reviewing matters involving pharmacists, physical therapists and psychologists.

MOTION: Chair Figge moved for the Board to direct the Executive Director to sign in as opposed to SB 1125, SB 1214 and HB 2583 on behalf of the Board.

SECOND: Dr. Gillard

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Dr. Beyer, Ms. Dorrell, Dr. Farmer and Dr. Gillard. The following Board members were absent: Ms. Bain, Dr. Guerrero-Tucker and Ms. Leach.

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

MOTION PASSED.

- SB 1072

The Board observed that SB1072 would allow the Board to administratively close cases that have nothing to do with public health and safety within one year of receiving them. Executive Director McSorley stated that the Board opens cases when complaints are received regarding possible violation of the Medical Practice Act and also conducts substantial reviews of license applications to review applicant credentials, all of which involve public health and safety. She stated that this bill was confusing and that she planned to meet with the bill's sponsor to obtain clarification on the intention of the bill. Chair Figge stated concerns regarding the possibility of individuals purposefully delaying cases in order to reach the deadline for administrative closure.

MOTION: Dr. Gillard moved for the Board to direct the Executive Director to sign in as opposed to SB 1072 on behalf of the Board.

SECOND: Vice-Chair Bethancourt

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Ms. Bain, Dr. Beyer, Ms. Dorrell, Dr. Farmer and Dr. Gillard. The following Board members were absent: Dr. Guerrero-Tucker and Ms. Leach.

VOTE: 9-yay, 0-nay, 0-recuse, 0-abstain, 2-absent.

MOTION PASSED.

- SB 1235

The Board observed that SB 1235 would increase the number of public members on regulatory boards to represent the majority on the board. The Board noted that the FSMB has stated that while public member expertise is very much valued and needed, there is currently no medical board with a greater number of public members than professional members.

MOTION: Dr. Krahn moved for the Board to direct the Executive Director to sign in as opposed to SB 1235 on behalf of the Board.

SECOND: Dr. Gillard

Board members discussed that the current representation from the public on the Board is adequate and recognized the importance of input from public members. The Board noted that some cases that come before the Board involve very complex medical issues that require expertise and input from the licensed professional members on the Board. Several Board members spoke in favor of the motion stating that the current

make up of the Board has worked very well over the years. Additionally, the Board recognized the length of time and amount of work involved with serving on the Board, and noted that it has been challenging to fill the current public member vacancy on this Board.

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Ms. Bain, Dr. Beyer, Ms. Dorrell, Dr. Farmer and Dr. Gillard. The following Board members were absent: Dr. Guerrero-Tucker and Ms. Leach.

VOTE: 9-yay, 0-nay, 0-recuse, 0-abstain, 2-absent.

MOTION PASSED.

- SB 1447

The Board observed that SB 1447 would require all health boards to, within two business days, refer a complaint that may be a misdemeanor or felony to law enforcement prior to investigating the complaint and would require the Board to complete investigations within one year.

MOTION: Dr. Krahn moved for the Board to direct the Executive Director to sign in as opposed to SB 1447 on behalf of the Board.

SECOND: Dr. Artz

The Board noted that if this bill were to pass, it would delay the Board's ability to adjudicate cases.

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Ms. Bain, Dr. Beyer, Ms. Dorrell, Dr. Farmer and Dr. Gillard. The following Board members were absent: Dr. Guerrero-Tucker and Ms. Leach.

VOTE: 9-yay, 0-nay, 0-recuse, 0-abstain, 2-absent.

MOTION PASSED.

- SB 1395, SB 1108

The Board observed that SB 1395 would reduce the requirement for an international medical school graduate to complete one year of US residency training versus the 36 months that is currently required. The Board recognized that these applicants have had the ability to apply to the Board to request education equivalency analysis and approval. Executive Director McSorley stated that she is working on compiling data to demonstrate how often the Board has made this determination in the past and will forward the information to the Board once completed. The Board noted that the applicant would be required to practice medicine for at least five years in their country, and they would only be allowed to practice in rural areas after licensure. Board members stated their concerns that patients receiving care in rural areas is not an excuse for substandard care. It was also noted that the bill was vague in terms of what, if any, licensing exams are required for such applicants to qualify for licensure.

Executive Director McSorley reported that SB 1108 would require regulatory boards to outsource all administrative functions of the licensing department to a private entity by the end of 2026. Concerns were raised regarding the requirement to maintain confidentiality of the information obtained during the licensing review process, and there is currently no known private entity that performs this type of licensing administrative work. Board members also discussed concerns regarding the associated costs of outsourcing this work and other challenges including the ability to identify issues and referral to other regulatory agencies.

MOTION: Dr. Gillard moved for the Board to direct the Executive Director lobby on behalf of the Board for SB 1395 and SB 1108.

SECOND: Ms. Dorrell

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Ms. Bain, Dr. Beyer, Ms. Dorrell, Dr. Farmer and Dr. Gillard. The following Board members were absent: Dr. Guerrero-Tucker and Ms. Leach.

**VOTE: 9-yay, 0-nay, 0-recuse, 0-abstain, 2-absent.
MOTION PASSED.**

MOTION: Dr. Gillard moved for the Board to direct the Executive Director to sign in as opposed to SB 1395 on behalf of the Board.

SECOND: Ms. Dorell

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Ms. Bain, Dr. Beyer, Ms. Dorrell, Dr. Farmer and Dr. Gillard. The following Board members were absent: Dr. Guerrero-Tucker and Ms. Leach.

**VOTE: 9-yay, 0-nay, 0-recuse, 0-abstain, 2-absent.
MOTION PASSED.**

- Update on the Executive Budget for FY26

The Board noted that there was no change in the appropriated funding, and discussed the need to increase the budget in order to operate the Agency.

E. CHAIR'S REPORT

F. LEGAL ADVISOR'S REPORT

- Department of Health and Human Services ("HHS") amended Privacy Rule

AAG Smith updated the Board regarding a new requirement affecting the responses to Board staff's subpoena requests for medical records. She explained that HHS adopted a new rule in 2024 that became effective December of 2024 that requires covered entities to obtain attestations from the requestor relating to the use of the information contained in the medical records. AAG Smith stated that the Attorney General's Office has been discussing this issue and will provide direction to its client agencies. AAG Smith stated that they will continue to work on these challenges as they come up.

- Update on *Dworkin v. Arizona Medical Board*, LC2024-000429

AAG Campbell informed the Board that a Judicial Review has been filed in this case and that they will update the Board of any new developments as the matter progresses.

G. DISCUSSION AND POSSIBLE ACTION REGARDING ELECTION OF OFFICERS

Dr. Gillard spoke in favor of retaining Dr. Figge and Dr. Bethancourt as Board Officers and nominated Ms. Dorrell for Board Secretary.

MOTION: Dr. Gillard moved to nominate Dr. Figge for Chair, Dr. Bethancourt for Vice-Chair, and Ms. Dorrell as Secretary.

SECOND: Dr. Krahn

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Ms. Bain, Dr. Beyer, Ms. Dorrell, Dr. Farmer and Dr. Gillard. The following Board members were absent: Dr. Guerrero-Tucker and Ms. Leach.

**VOTE: 9-yay, 0-nay, 0-recuse, 0-abstain, 2-absent.
MOTION PASSED.**

H. DISCUSSION REGARDING DEBRIEFING ON BOARD PROCESSES

Chair Figge stated concerns regarding Board quorum, noting that there were a total of seven members present during the afternoon portion of today's meeting. Chair Figge encouraged members to avoid scheduling meetings/appointments in conflict with the Board's meetings. He

pointed out that the Board members are made aware of the monthly meetings at least one year in advance and allows members ample time to arrange their schedules accordingly.

Dr. Beyer recognized the use of a new timer during the Public Statements and expressed his gratitude to the Board's staff for their hard work.

I. APPROVAL OF MINUTES

- December 13, 2024 Regular Session Meeting Draft Minutes
- January 8, 2025 Special Teleconference Meeting Draft Minutes

The Board requested the following revisions to the December 2024 Minutes:

1. Accurately reflecting that the Chairman was recused from the vote under item number L7,
2. Replacing "hypoglycemic" with "hypovolemic" under item number L7; and
3. Replacing "Albernicke's encephalopathy" with "Wernicke's encephalopathy".

MOTION: Dr. Krahn moved for the Board to approve the December 13, 2024 Regular Session Meeting Minutes with the proposed revisions; and, the January 8, 2025 Special Teleconference Meeting Minutes.

SECOND: Dr. Gillard

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Ms. Bain, Dr. Beyer, Ms. Dorrell, Dr. Farmer and Dr. Gillard. The following Board members were absent: Dr. Guerrero-Tucker and Ms. Leach.

VOTE: 9-yay, 0-nay, 0-recuse, 0-abstain*, 2-absent.

MOTION PASSED.

**Dr. Artz and Vice-Chair Bethancourt abstained from the vote for the January 8, 2025 Special Teleconference Meeting Minutes.*

LEGAL MATTERS

J. DISCUSSION, CONSIDERATION AND POSSIBLE ACTION ON SETTLEMENT OFFER IN LIEU OF FORMAL HEARING

1. MD-23-0878A, JOHN A. SORTERBERG, M.D., LIC. #29032

Dr. Sorterberg was present during the Board's consideration of this matter. AAG Seth Hargraves was present on behalf of the State.

Dr. Sorterberg stated that he agreed with the Advisory Letter, but did not agree with the Non-Disciplinary CME Order. He stated that the CME course is pricey and time consuming, and that he has been retired from the practice of medicine since October of 2023. Dr. Sorterberg asked the Board to reconsider the CME requirement and stated that he has no intention of returning to active practice.

The Board observed that Dr. Sorterberg is not licensed to practice medicine in any other state, has no prior Board history, and that an Advisory Letter with Order for Non-Disciplinary CME was issued in December of 2024 for signing a patient's signature and failing to maintain accurate records. AAG Hargraves stated that the physician has indicated that his appeal is due to retirement and cost of compliance, and that the State took no position on the matter.

Dr. Gillard recognized that Dr. Sorterberg's license is currently active, and he noted that there were a number of issues identified in this case. Dr. Gillard stated that while he appreciated the cost associated with completing the CPEP ProBE course, the issues identified in this case warranted the requirement for the physician to complete additional training. He spoke in favor of modifying the CME Order to allow the physician to complete the CME online in lieu of an in-person, intensive course. Dr. Krahn stated that CME was warranted based on the significant concerns that were raised in this case.

MOTION: Dr. Gillard moved for the Board to modify the Non-Disciplinary CME Order to replace the requirement to complete the ProBE Course with a requirement to complete no less than 3 hours of Board staff pre-approved Category I CME in ethics, and no less than 2 hours of Board staff pre-approved Category I CME in unstable angina. The CME shall be completed within six months and shall be in addition to the hours required for license renewal.

SECOND: Vice-Chair Bethancourt

Dr. Krahn spoke against the motion and stated that given the nature of the case, in-person CME was appropriate.

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Ms. Bain, Dr. Beyer, Ms. Dorrell, Dr. Farmer and Dr. Gillard. The following Board members voted against the motion: Ms. Bain, Dr. Farmer and Dr. Krahn. The following Board members were absent: Dr. Guerrero-Tucker and Ms. Leach.

VOTE: 6-yay, 3-nay, 0-recuse, 0-abstain, 2-absent.

MOTION PASSED.

K. MOTION FOR REHEARING/REVIEW

1. MD-22-0694A & MD-21-0984A, WILLIAM M. JACOBSEN, M.D., LIC. #21620

Dr. Jacobsen was not present during the Board's consideration of this matter. AAG Smith informed the Board that Dr. Jacobsen's correspondences from December 2, 2024 and January 17, 2025 may be considered as the physician's motion for rehearing/review. The Board discussed the process for considering such a motion and noted the different options available to the Board. Dr. Gillard stated that the Board considered this matter at its October 2024 Regular Session Meeting where a long, detailed discussion was had, and that the physician had ample opportunity to plead his case to the Board. Dr. Gillard spoke in favor of denying the motion.

MOTION: Dr. Gillard moved for the Board to deny the motion for rehearing/review.

SECOND: Dr. Krahn

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Ms. Bain, Dr. Beyer, Ms. Dorrell, Dr. Farmer and Dr. Gillard. The following Board members were absent: Dr. Guerrero-Tucker and Ms. Leach.

VOTE: 9-yay, 0-nay, 0-recuse, 0-abstain, 2-absent.

MOTION PASSED.

L. FORMAL INTERVIEWS

1. MD-22-0342A, DANIEL J. PARA, M.D., LIC. #22450

Dr. Para was present with Attorney Jay Fradkin during the Board's consideration of this matter.

The Board observed that Dr. Para resigned from the medical staff at a Hospital while under investigation of practice and conduct issues relating to lack of responsiveness to staff concerns regarding postoperative patients as well as operative technique in three surgical patients. The Board's Medical Consultant (MC) identified deviations from the standard of care in all three cases including the failure to properly perform an appendectomy with injury to the iliac artery in patient SD, and failure to evaluate and treat a postoperative complication in patients JM and EV. The MC also identified concerns regarding the physician's lack of responsiveness as well as lack of preparation and poor technique overall. During the Board's investigation, Dr. Para completed a competency evaluation at PACE, which identified minor deficiencies related to medical recordkeeping. PACE's recommendations included a period of proctoring for at least 10 consecutive laparoscopic cases, and improvement in recordkeeping.

During opening statements, Dr. Para stated that he was a founding physician of the Hospital and served as President and Vice President for years. He stated that the hospital was small and minimally staffed, and that the hospitalist and nurse could rely on him day and night to help with any surgical needs or advice. Dr. Para asked the Board to consider the cases in context and stated that he has complied with all Board requests with complete transparency. Additionally, Dr. Para asked the Board to resolve this matter without disciplinary action as his surgical skills have never been challenged. Mr. Fradkin stated that this matter stemmed from cases that occurred in 2021 and involved recognized postoperative complications that were all known potential risks of the procedures. He stated that PACE found the physician to have competently demonstrated sound clinical judgment, perfect laparoscopic testing, performed satisfactorily and was more thorough than most who participated in the program. Mr. Fradkin asked the Board to dismiss the case as the physician has demonstrated surgical competency, complied with Board requests and passed all testing.

In response to Dr. Artz's questioning, Dr. Para stated that he currently works at his clinic in West Phoenix and focuses his practice on vein work. Dr. Para explained that in the case of patient JM, he worked in conjunction with the gastroenterologist and determined that surgery was appropriate. He stated that JM was not in any extremis or unstable and they proceeded as planned after patient was admitted to the hospital. In the case of patient EV, Dr. Para stated that the patient underwent a straightforward appendectomy in the day and he had no reason to suspect any postoperative issues. He stated that he was not the physician on call that evening but was contacted in the middle of the night when the patient was being transferred for complications. In the case of patient SD, Dr. Para stated that he identified that this patient had an arterial bleed that he was able to stop with two clips. He stated that he recognized the possibility of retroperitoneal bleeding and that there was no blood in the intraperitoneal space when done. The patient was taken to recovery where she later crashed, and after discussing with the nurse, they agreed to transfer the patient to a facility that had a blood bank in the event of a rebleed. Dr. Para clarified that there was no access to a vascular surgeon at the hospital and stated that he was capable of handling the situation, but agreed to transfer the patient where a more broad approach to care and immediate response can happen if needed.

In closing, Mr. Fradkin stated that probation and proctoring served no purpose in this matter and asked that the Board consider Dr. Para's extensive experience and his somewhat transition away from laparoscopic procedures. He stated that the case does not merit discipline or probation, which he stated would hamper the physician's practice. Dr. Artz stated that she found the physician engaged in unprofessional conduct and spoke in support of the findings by SIRC relating to the statutory violations identified in this case.

MOTION: Dr. Artz moved for findings of unprofessional conduct in violation of A.R.S. § 32-1401(27)(e) and (r).

SECOND: Dr. Krahn

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Ms. Bain, Dr. Beyer, Ms. Dorrell, Dr. Farmer and Dr. Gillard. The following Board members were absent: Dr. Guerrero-Tucker and Ms. Leach.

VOTE: 9-yay, 0-nay, 0-recuse, 0-abstain, 2-absent.

MOTION PASSED.

Dr. Artz noted the findings in each patient case and stated that Dr. Para was unavailable at times, all three patients required transfusions and two of the cases required reoperation. Dr. Artz stated that she did not believe that proctoring was warranted and spoke in favor of issuing an Advisory Letter and Non-Disciplinary CME Order to complete the recommended training.

MOTION: Dr. Artz moved for the Board to issue an Advisory Letter and Order for Non-Disciplinary CME for failing to properly perform an appendectomy with injury to the iliac artery, failing to evaluate and treat a postoperative complication, and inadequate documentation. The violation is a minor or technical violation that is not

of sufficient merit to warrant disciplinary action. Within six months, complete no less than 5 hours of Board staff pre-approved Category I CME in medical recordkeeping. The CME hours shall be in addition to the hours required for license renewal.

SECOND: Dr. Krahn

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Ms. Bain, Dr. Beyer, Ms. Dorrell, Dr. Farmer and Dr. Gillard. The following Board members were absent: Dr. Guerrero-Tucker and Ms. Leach.

VOTE: 9-yay, 0-nay, 0-recuse, 0-abstain, 2-absent.

MOTION PASSED.

M. FORMAL INTERVIEWS

1. THIS CASE WAS PULLED FROM THE AGENDA.

N. FORMAL INTERVIEWS

1. MD-21-0305A, JOHN C. CORY, M.D., LIC. #36154

Dr. Cory was present with Attorney Cody Hall during the Board's consideration of this matter.

Board staff summarized that the Board's MC identified multiple deviations from the standard of care relating to Dr. Cory's treatment of patient TS. Specifically, the MC stated that Dr. Cory used an improper hardware implantation technique, provided insufficient evaluation of osteomyelitis, inappropriately recommended surgery without trial of non-operative treatment, failed to obtain an MRI with contrast, failed to timely address the patient's surgical site incisional drainage, failed to inform the patient of concerning x-ray findings, failed to address postoperative complaints, and failed to inform the patient of unproven treatment methods.

During opening statements, Mr. Hall stated that they agreed the documentation was not appropriate. He asked the Board to consider the qualifications and experience of the MC who he stated is not board certified in orthopedic surgery and is not currently practicing. Mr. Hall stated that Dr. Cory is board certified and has been practicing since 2009 and his opinion should be given more consideration and credence in regards to the burden of proof in this case. Mr. Hall reported that Dr. Cory completed 17 hours of CME in recordkeeping in 2022 that have resulted in improvements in the physician's practice. Dr. Cory stated that he was cognizant of the fact that the documentation lacked cohesiveness along with some transcriptional and translational errors. He stated that this occurred during COVID during which time he lost his entire staff. Dr. Cory stated that he has since joined a larger organization with processes and systems that not only help physicians concentrate on patient care issues and documentation but also performs frequent auditing processes of which he has succeeded since 2022. Dr. Cory stated he completed PBI's CME course in medical recordkeeping which has made a significant difference in his documentation and that his conversations with patients continue to improve.

In response to Chair Figge's line of questioning, Dr. Cory stated that he has taken care of foot and ankle patients his entire career. He explained that the patient in this case had re-incision through the prior incision and that it is not unusual to have some minor wound dehiscence. He stated that unless there is clear evidence of an infectious process, he does not always start patients on antibiotics for fear of creating higher pathogens in terms of existent organisms. Dr. Cory stated that he did a three layer closure on this patient and at the time, he did not feel that there were circumstances that necessitated antibiotics. He explained that the patient called with new onset of swelling and redness noted, he was brought into the office where Dr. Cory saw him first thing in the morning. The patient was then sent for an MRI and admitted through the hospital. Dr. Cory stated that he spoke to the infectious disease specialist and they admitted the patient for emergent incision and drainage of both proximal tibial abscess as well as hind foot. He stated the patient did well with change to antibiotics, physical therapy and shoe inserts. Chair Figge recognized that Dr. Cory and his expert reviewer are extensively trained and experienced in foot and ankle patients.

Dr. Gillard recognized that this matter took place in 2020 and that Dr. Cory completed medical recordkeeping CME in 2022. Dr. Gillard questioned the physician with regard to his current practice. Dr. Cory stated that his clientele in the group he is in now are of a higher number of comorbidities than his prior private practice. He reiterated that his current practice utilizes quality assurance measures and frequent auditing that he continues to meet and exceed. Dr. Beyer noted that Dr. Cory was issued an Advisory Letter for medical recordkeeping in 2020. Dr. Cory stated that he changed EMR systems and sent staff to train on how to use the software at a high level. Dr. Cory clarified that the prior record keeping case did not involve his in-office records and was related to an issue of informed consent documentation. Dr. Beyer questioned what the physician has learned since completing CME in recordkeeping and how he has applied that to his current practice. Dr. Cory stated that he has learned that the records are not just for his office, but for other health care team members to be able to follow along with the patient's care. He stated that he has improved his documentation of patient conversations and decision-making rationale.

In his closing statement, Mr. Hall stated that this patient was lost to follow up. He stated that Dr. Cory has taken to heart the Board's concerns and is now working in a different practice setting. He asked the Board to consider issuing an Advisory Letter and reiterated that the physician has already completed the recommended CME in recordkeeping.

MOTION: Chair Figge moved for findings of unprofessional conduct in violation of A.R.S. § 32-1401(27)(e) and (r).

SECOND: Dr. Gillard

The Board clarified that of the concerns raised by the MC, there was evidence to support findings that Dr. Cory failed to inform the patient of aberrant postoperative x-ray results and failed to adequately evaluate and treat a postoperative surgical site infection in addition to documentation concerns.

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Ms. Bain, Dr. Beyer, Ms. Dorrell, Dr. Farmer and Dr. Gillard. The following Board members were absent: Dr. Guerrero-Tucker and Ms. Leach.

VOTE: 9-yay, 0-nay, 0-recuse, 0-abstain, 2-absent.

MOTION PASSED.

Chair Figge stated he found that this matter does not rise to the level of discipline after reviewing the case and hearing testimony. He spoke in favor of issuing an Advisory Letter and noted that the medical recordkeeping concerns have been addressed given the physician's completion of an in-person CME course.

MOTION: Chair Figge moved for the Board to issue an Advisory Letter for inadequate medical records, failure to inform a patient of aberrant postoperative x-ray results, and for failing to adequately evaluate and treat a postoperative surgical site infection. 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.

SECOND: Dr. Krahn

Dr. Beyer stated concerns of repeated medical recordkeeping issues and stated that he struggled with whether or not this matter rises to the level of disciplinary action. Chair Figge found it mitigating that Dr. Cory has changed record systems, that he no longer uses a scribe and that he proactively completed further education in recordkeeping. Dr. Farmer stated that he shared Dr. Beyer's concerns and was reluctant to vote in favor of the motion. Dr. Krahn noted that Dr. Cory has changed his practice setting to one with more support and resources. Dr. Artz spoke in favor of the motion and stated that while physicians may use scribes to help with documentation, it is the physician's responsibility for what is documented in the patient's chart.

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Ms. Bain, Dr. Beyer, Ms. Dorrell, Dr. Farmer and Dr. Gillard. The following Board members were absent: Dr. Guerrero-Tucker and Ms. Leach.

VOTE: 9-yay, 0-nay, 0-recuse, 0-abstain, 2-absent.

MOTION PASSED.

O. FORMAL INTERVIEWS

1. MD-20-0664A, JEFFREY B. MONASH, M.D., LIC. #37196

Chair Figge and Dr. Farmer were recused from this matter. Dr. Artz stated that she knew Dr. Monash professionally, but it would not affect her ability to adjudicate the case. Dr. Monash and Attorney Chris Smith were present during the Board's consideration of this matter. Complainants MM, JL and AH addressed the Board during the Public Statements portion of the meeting.

The Board observed that the MC found Dr. Monash deviated from the standard of care in this case by delay in examining the patient when signs of sepsis were present that may have contributed to the outcome. Mr. Smith asked the Board to evaluate the case based on the medicine and stated that following a different course of treatment than what is followed by some physicians is not sufficient to establish malpractice. Mr. Smith stated that there was no clear and convincing evidence that Dr. Monash's care contributed to the outcome in this case. Dr. Monash stated that a CT ruled out a leak, and that the autopsy did not show sanguinous fluid in the belly or any abscess or leak. He stated there was no evidence of a leak or that his care was substandard. He asked the Board to review the record and that he believed the evidence showed that the patient died of toxic shock syndrome.

In response to Dr. Krahn's questioning, Dr. Monash stated that JP did not have any risks that required preoperative antibiotics and that preoperative antibiotics were not the standard practice at the time of the patient's surgery. Dr. Monash stated that his ordering sets were reviewed by the governing bodies that monitor their practice and that there were never any concerns raised regarding preoperative antibiotics. Dr. Monash explained that JP was a nurse and that he trusted she knew more than the average patient educated on antibiotics. Dr. Monash clarified that the CT scan was ordered without his knowledge, but that it contributed to the evidence demonstrating there was no leak or surgical abdomen. Dr. Krahn questioned the physician as to why he did not present to the patient's bedside when he was informed in the change of status. Dr. Monash stated that the patient was not stable enough for surgery and that he actively participated in the decision-making process by communicating directly with the ICU physician and nurse as well as the anesthesiologist. Dr. Krahn stated concerns that there was no opportunity to physically examine the patient while participating in the patient's care telephonically from home. Dr. Monash stated that physical examination would not have made a difference as the plan was to take the patient to the operating room once stable.

In response to Dr. Artz' line of questioning, Dr. Monash stated that his practice began including antibiotics in preoperative orders after a discussion was held regarding making it their practice standard. Dr. Artz stated concerns regarding the patient crashing and the physician not being at the bedside. Dr. Monash explained that he was told the patient was hypotensive and it was determined that she needed surgery. He stated that he immediately contacted the intensivist and worked with the team to get the patient to surgery, and that his partner was in the hospital and available to see the patient. The Board observed that several hours passed from the time Dr. Monash was notified of the change in JP's status to the time he presented to the patient's bedside, and that it was 1-1.5 hours prior to surgery. Dr. Beyer questioned the physician regarding the surgery. Dr. Monash stated that they were shocked when they did not find contamination or abscess upon exploration and that there was no evidence of infection.

Dr. Krahn questioned the physician regarding the findings of ischemic bowel. Dr. Monash stated that they had left the patient's abdomen open with plans for reassessment the next

day. Dr. Krahn stated concerns that ischemic bowel was not resected at the time of discovery. Dr. Monash stated that he no longer performs bariatric surgery. He stated this case affected him and caused him to look at everything he did in the case for a patient that passed in an unexpected and unprecedented way. Dr. Monash stated that the patient had an infection, died of septic shock from bacteria in her blood that no surgery could have fixed, and that he did nothing wrong here.

In his closing statement, Mr. Smith stated that the records demonstrate the nurse ordered the CT scan, that Dr. Monash did not delay anything, and that the physician was waiting and ready to return the patient to the operating room when she was stable. He stated that there was no evidence that preoperative antibiotics were recommended in this setting to decolonize an infection that no one had reason to suspect. He asked the Board to dismiss the case based on the evidence presented.

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

SECOND: Dr. Gillard

Dr. Beyer stated that he struggled with this case and stated concerns that this was a surgical complication. Dr. Krahn stated that the patient was rapidly deteriorating and it was the physician's responsibility to come in under the circumstances to evaluate the patient and be at the bedside. Vice-Chair Bethancourt stated concerns that whether the issue is surgical or not, it is the obligation of the treating physician to evaluate the patient and decide how to proceed rather than relying on the hospitalist. Dr. Artz noted that the patient passed within ninety days of surgery, classifying this as a surgical complication/death. She observed that the patient became septic from surgery and that a bacterial source was later identified. Dr. Beyer stated that he was troubled by this case, but that given what was known at the time, he was not sure that the physician was required to be onsite.

VOTE: The following Board members voted in favor of the motion: Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Ms. Bain, Ms. Dorrell and Dr. Gillard. The following Board member voted against the motion: Dr. Beyer. The following Board members were recused: Chair Figge and Dr. Farmer. The following Board members were absent: Dr. Guerrero-Tucker and Ms. Leach.

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

MOTION PASSED.

Dr. Krahn recognized that this was a difficult case and that she found disciplinary action was warranted. Dr. Krahn spoke in support of issuing a Letter of Reprimand for failing to play a more active role and being involved during the time when the patient was unstable several hours after a surgical procedure, in violation of the standard of care.

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

SECOND: Dr. Gillard

VOTE: The following Board members voted in favor of the motion: Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Ms. Bain, Ms. Dorrell and Dr. Gillard. The following Board member voted against the motion: Dr. Beyer. The following Board members were recused: Chair Figge and Dr. Farmer. The following Board members were absent: Dr. Guerrero-Tucker and Ms. Leach.

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

MOTION PASSED.

P. FORMAL LICENSING INTERVIEWS

1. MD-24-0506A, PETER G. FELBECK, M.D., LIC. #69556

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

Dr. Felbeck applied for Arizona licensure and disclosed post graduate training probation and 11-year lapse in practice. Dr. Felbeck's probation occurred in 1992 during his PGY-3

prior to transferring to another program where he successfully completed his training in 1994. Dr. Felbeck reported that he intended to enter into the physician re-entry program at University of Arizona ("U of A") and was seeking licensure to alleviate the physician shortage. Board staff recommended issuing a probationary license restricting the physician's practice to the re-entry program.

Dr. Felbeck stated that he retired in 2011 in good standing, to pursue other interests. He stated that the growing concern with the ever-increasing shortage of anesthesiologists in this Country and reached out to the anesthesia department at the U of A and learned of the re-entry program. Dr. Felbeck stated that the U of A program is administered through Banner Hospital in Tucson, Arizona and that they require him to hold an active, unrestricted Arizona medical license in order to enter the program. He reported that he obtained an unrestricted license in North Dakota and made a pledge to their board that he will not practice until the re-entry program is successfully completed, and that he will make the same pledge to this Board and return to request for permission to enter practice after he successfully completes the re-entry program.

The Board discussed whether there was a licensing pathway for the physician to enter the re-entry program while restricting the license to the confines of the training program. Dr. Gillard questioned whether the Board had any other pathway available for the physician to proceed with his plans to enter the training program. Dr. Bethancourt questioned whether the physician could obtain a training license similar to that of a resident joining the program. Dr. Felbeck explained that he proposed the possibility of entering the program with a training license; however, the hospital advised him that a full unrestricted medical license was required in order for him to enter the program. Dr. Gillard spoke in favor of granting an unrestricted license, noting that the physician is lifetime board certified, has completed a significant amount of CME, has been granted an unrestricted medical license in North Dakota and has no history of discipline.

MOTION: Dr. Gillard moved for the Board to grant licensure.
SECOND: Dr. Krahn

Dr. Artz questioned the U of A's process for entering their re-entry training program with the requirement for physicians to hold an unrestricted medical license. Dr. Artz noted that Dr. Felbeck has recognized the physician shortage as his reasoning for returning to practice; however, she stated concerns regarding the length of time that he has been out of active practice. Dr. Beyer noted that historically, the Board has not issued unrestricted licenses to applicants that have been out of active practice for ten years without some guardrails in place to protect the public. Dr. Beyer spoke against granting an unrestricted license in this instance and supported offering a probationary license to allow the physician to participate in the re-entry program to remain consistent with the Board's process and reflect that the physician's need for further training. Dr. Felbeck reiterated that Banner is requiring that he hold an unrestricted medical license in order to participate in the training program, and that upon his inquiry of having either a training license or probationary license, Banner informed him that neither of these licenses would be acceptable.

Dr. Gillard stated that the physician would have difficulty obtaining credentials at any other hospital given his lapse in practice, and recognized that the re-entry program has confirmed the acceptance of the physician entering the program upon the granting of an unrestricted license. Dr. Beyer noted that the granting of an unrestricted license would allow the physician to practice medicine in the State of Arizona without restrictions or safeguards in place for monitoring. Dr. Felbeck stated that he understood the Board's concerns and assured the Board that he had no plans of practicing outside the confines of the re-entry program with Banner. He reported that he has held an unrestricted license in North Dakota for almost a year and has not been in active practice. He stated that he made a verbal agreement with that board that he will not practice outside the confines of the training program and return to their board to request permission to enter active practice after completion of the program. Dr. Felbeck requested the Board to consider accepting the same verbal agreement from him.

Chair Figge recognized the Board's mission to protect the public and that granting a license in this instance is not consistent with what the Board has done in the past. Chair Figge stated that despite this, he spoke in support of granting the license. Dr. Gillard stated that the Board has not encountered this situation in the past and that exceptions can be made. Vice-Chair Bethancourt spoke in favor of the motion and stated he believed the applicant was trying to do the right thing and retrain before returning to active practice. Dr. Artz questioned the physician regarding his North Dakota license. Dr. Felbeck explained that he obtained his North Dakota license first in order to apply for an Arizona license via the endorsement pathway. Executive Director McSorley informed the Board that the applicant would qualify for licensure via universal recognition in three more months as an alternative pathway. Dr. Felbeck stated that Banner's anesthesia department is anxious to have him start. Dr. Krahn spoke in favor of granting the license and stated that three months would not make a difference. She stated that this was a unique situation that the applicant has demonstrated he is trying to do the right thing and that she does not believe this would set a precedent for other situations that the Board often sees with licensing applications.

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Krahn, Dr. Beyer, Ms. Dorrell and Dr. Gillard. The following Board member abstained: Dr. Artz. The following Board members were absent: Ms. Bain, Dr. Farmer, Dr. Guerrero-Tucker and Ms. Leach.

VOTE: 6-yay, 0-nay, 0-recuse, 1-abstain, 4-absent.

MOTION PASSED.

Dr. Krahn instructed Board staff to communicate with the U of A re-entry program administrators that while the Board has granted the license in this case, what they require for physicians to join their re-entry program places the Board in a difficult position.

Q. FORMAL LICENSING INTERVIEWS

1. MD-24-0246A, SERGIO A. ALVAREZ, M.D., LIC. #70943

Dr. Alvarez was present with Attorney Sarah Stark during the Board's consideration of this matter.

The Board observed that Dr. Alvarez applied for Arizona licensure and disclosed multiple malpractice claims; actions taken by Florida, Texas and Georgia; and, a 2021 clinical privilege revocation that was reinstated in 2024. The Board noted that Dr. Alvarez complied with the terms of the orders from Florida, Texas and Georgia and that he currently holds active, unrestricted licenses in those states. The Board also noted concerns with Dr. Alvarez's history of complications and that he intended to continue performing these same procedures in Arizona if granted licensure.

Ms. Stark stated the Medical Practice Act allows the Board the ability to determine whether the physician's actions rise to the level of unprofessional conduct and whether that conduct has been remedied and resolved to the Board's satisfaction in order to qualify for licensure. She stated that Dr. Alvarez fully disclosed the situations on his application, completed all requirements of the sanctions imposed by the other state boards, and that he has subsequently obtained other state licenses that remain in good standing.

In response to Dr. Bethancourt's questioning, Dr. Alvarez stated that the medical records demonstrate his responsive communications for patients experiencing complications and that the situation in Texas was resolved via peer review in that it was discovered the ER staff was not utilizing the contact information he had provided for paging the physician. The Board noted that Dr. Alvarez reported plans to extend his practice to Nevada and Colorado in addition to Arizona and concern was raised regarding the physician's ability to respond to patient complications in other states. Dr. Alvarez clarified that he planned to relocate his family to Arizona while working on the corporate side of the surgical centers and to occasionally assist with surgery.

Dr. Krahn questioned the applicant regarding his care and treatment of patient DP. Dr. Alvarez explained that the procedure was relatively new at the time, and that they were

trained to inject patients into the muscle. He stated that a taskforce was subsequently created to increase awareness and better define the procedure. Dr. Alvarez stated that he had performed approximately four thousand of these procedures safely with no serious outcome before performing DP's procedure. He noted that the autopsy revealed the patient had fat in the muscle when he had intended to stay above the muscle. Dr. Alvarez stated that a lot was learned from this event and that Florida later enacted a statute that stipulated patients are no longer injected into the muscle, and a standard was set. More recently, Florida passed another statute that introduced the use of ultrasound to help with visualization to identify cannula placement and fat deposits.

Ms. Stark reiterated that the law allowed the Board to grant licensure if past unprofessional conduct has been successfully resolved to the Board's satisfaction. She stated that it was clear the past incidents have been resolved given the physician's compliance with board orders and restoration of clinical privileges. Ms. Stark stated that for these reasons, they believed Dr. Alvarez successfully resolved past concerns to the Board's satisfaction and requested the license be granted.

MOTION: Vice-Chair Bethancourt moved for the Board to grant licensure.

SECOND: Dr. Gillard

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Artz, Dr. Beyer, Ms. Dorrell and Dr. Gillard. The following Board member voted against the motion: Dr. Krahn. The following Board members were absent: Ms. Bain, Dr. Farmer, Dr. Guerrero-Tucker and Ms. Leach.

VOTE: 6-yay, 1-nay, 0-recuse, 0-abstain, 4-absent.

MOTION PASSED.

CONSENT AGENDA

R. CASES RECOMMENDED FOR DISMISSAL

1. MD-23-0677A, SCOTT SCHRAFF, M.D., LIC. #36508

Complainant JAW addressed the Board during the Public Statements portion of the meeting. Dr. Schraff also addressed the Board during Public Statements.

The Board members discussed that this case was previously heard by the Board and sent back for further investigation to obtain a new specialty review given the serious nature of the case and the tragic patient outcome. Dr. Gillard noted that the MCs agreed that Dr. Schraff's care and treatment of the patient was appropriate and that an MRI was not required at the time. Dr. Artz recognized that this was a difficult case and stated her concerns that an MRI was not ordered. Dr. Beyer spoke in favor of dismissal and stated that there was no clinical indication for an MRI at the time according to the standard of care. Dr. Beyer recognized that this was a difficult case with a tragic outcome, and stated he could not find fault in the physician's care.

MOTION: Dr. Beyer moved for dismissal.

SECOND: Dr. Krahn

Dr. Krahn spoke in favor of the motion and stated that both MCs found that the physician was not negligent in this case and there was no violation identified.

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Ms. Bain, Dr. Beyer, Ms. Dorrell, Dr. Farmer and Dr. Gillard. The following Board members were absent: Dr. Guerrero-Tucker and Ms. Leach.

VOTE: 9-yay, 0-nay, 0-recuse, 0-abstain, 2-absent.

MOTION PASSED.

2. MD-22-0515A, WLADISLAW FEDORIW, M.D., LIC. #35835

MOTION: Vice-Chair Bethancourt moved for dismissal.

SECOND: Dr. Krahn

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Ms. Bain, Dr. Beyer, Ms. Dorrell, Dr. Farmer and Dr. Gillard. The following Board members were absent: Dr. Guerrero-Tucker and Ms. Leach.

VOTE: 9-yay, 0-nay, 0-recuse, 0-abstain, 2-absent.

MOTION PASSED.

S. CASES RECOMMENDED FOR ADVISORY LETTERS

MOTION: Dr. Beyer moved for the Board to issue an Advisory Letter in item numbers 1 and 2.

SECOND: Dr. Artz

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Ms. Bain, Dr. Beyer, Ms. Dorrell, Dr. Farmer and Dr. Gillard. The following Board members were absent: Dr. Guerrero-Tucker and Ms. Leach.

VOTE: 9-yay, 0-nay, 0-recuse, 0-abstain, 2-absent.

MOTION PASSED.

1. MD-24-0314A, ANAND TARAPARA, M.D., LIC. #65019

Attorney Leanne Hay addressed the Board during the Public Statements portion of the Board's meeting on behalf of Dr. Tarapara.

RESOLUTION: Issue an Advisory Letter for failing to follow anatomical landmarks during an elective temporal artery biopsy causing a facial nerve palsy. 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.

2. MD-24-0461A, DAVID HU, M.D., LIC. # 44862

RESOLUTION: Issue an Advisory Letter for performing a nasal endoscopy without a documented clinical indication. 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.

T. REVIEW OF EXECUTIVE DIRECTOR DISMISSALS

MOTION: Dr. Krahn moved for the Board to uphold the dismissal in item numbers 1-3.

SECOND: Ms. Dorrell

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Ms. Bain, Dr. Beyer, Ms. Dorrell, Dr. Farmer and Dr. Gillard. The following Board members were absent: Dr. Guerrero-Tucker and Ms. Leach.

VOTE: 9-yay, 0-nay, 0-recuse, 0-abstain, 2-absent.

MOTION PASSED.

1. MD-24-0025B, TODD MICHAEL KRAVETZ, M.D., LIC. 34440

RESOLUTION: Uphold Dismissal.

2. MD-23-0565A, MICHAELA HYUN-JOO LEE, M.D., LIC. 53573

Complainant BA addressed the Board during the Public Statements. Attorney Margaret Dean and Dr. Lee also addressed the Board during the Public Statements portion of the meeting.

RESOLUTION: Uphold Dismissal.

3. MD-23-0886A, CALEB BEHREND, M.D., LIC. 54025

RESOLUTION: Uphold Dismissal.

U. PROPOSED CONSENT AGREEMENTS (Disciplinary)

1. MD-22-1103A, DENNIS L. LITTLE, M.D., LIC. #13890

MOTION: Dr. Gillard moved for the Board to accept the proposed Consent Agreement for Letter of Reprimand and Two-Year Probation. Within six months, complete no less than 15 hours of Board staff pre-approved Category I CME in an intensive, in-person/virtual course regarding controlled substance prescribing and no less than 10 hours of Board staff pre-approved Category I CME in an intensive, in-person/virtual course in medical recordkeeping. The CME hours shall be in addition to the hours required for license renewal. Within 30 days of completion of the CME, Dr. Little shall enter into a contract with a Board-approved monitoring company to perform periodic chart reviews, at his expense. After three consecutive favorable chart reviews, Dr. Little may petition the Board to terminate the Probation with evidence establishing that he has successfully satisfied all of the terms and conditions of the Board's Order.

SECOND: Vice-Chair Bethancourt

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Ms. Bain, Dr. Beyer, Ms. Dorrell, Dr. Farmer and Dr. Gillard. The following Board members were absent: Dr. Guerrero-Tucker and Ms. Leach.

VOTE: 9-yay, 0-nay, 0-recuse, 0-abstain, 2-absent.

MOTION PASSED.

V. LICENSE APPLICATIONS

i. REVIEW, CONSIDERATION AND POSSIBLE ACTION REGARDING LICENSE REACTIVATION, OR TAKE OTHER ACTION

1. MD-22-1091A, MONTE J. SCHWARTZ, M.D., LIC. #33951

Dr. Farmer stated that he knew Dr. Schwartz professionally and that it would not affect his ability to adjudicate the case. Dr. Artz also stated that she knew Dr. Schwartz professionally and that it would not affect her ability to adjudicate the case.

The Board noted that Dr. Schwartz has been out of practice since 2013 and that he completed a two-day assessment at CPEP in 2023 with a passing score and recommendations for structured education as well as proctoring in relation to laparoscopic surgery. The Board also noted that Dr. Schwartz has reported he does not plan to perform surgery going forward and that his board certifications have expired. The Board discussed the Consent Agreement offered to Dr. Schwartz for license reactivation with restriction, which he declined to sign and requested to reactivate an unrestricted license. The Board further noted that granting an unrestricted license would not prohibit Dr. Schwartz from performing surgery in the event that he wanted to return to performing surgical procedures, and that taking the physician at his word is not enforceable.

Dr. Gillard spoke in support of offering the physician a revised Consent Agreement for non-disciplinary probationary licensure with restrictions, prohibiting the physician from performing general surgery. Dr. Farmer spoke in support of offering a revised agreement with the practice restriction. Dr. Artz stated concerns regarding the physician's reports of having no interest of performing surgery while refusing to sign the offered agreement with surgical restrictions. She also proposed including laparoscopic and robotic surgeries in the language of the revised agreement as robotics are becoming more common in surgery. The Board also discussed including the requirement for proctoring and completion of the recommended re-entry program in order to be considered for an unrestricted license.

MOTION: Dr. Gillard moved for the Board to offer Dr Schwartz a revised Consent Agreement for License Reactivation and Two-Year Probation with Non-Disciplinary Practice Restriction. Dr. Schwartz shall be prohibited from performing general surgery, including laparoscopic and robotic procedures, for the duration of Probation. After two years, the physician may petition the Board to request Probation termination and the granting of full licensure. In the event that the physician requests Probation termination and the Practice Restriction is in effect at the time of the request, the Board may require any combination of examinations and/or evaluations in order to determine whether or not the physician is safe to perform general surgery, including laparoscopic and robotic procedures. The Board may continue the Practice Restriction or take any other action consistent with its authority. The Probation shall not terminate except upon affirmative request of the physician and approval by the Board. If he declines to enter into the revised Consent Agreement, Dr. Schwartz's request for license reactivation shall be denied.

SECOND: Dr. Artz

Dr. Krahn spoke against the motion and stated that she believed Dr. Schwartz would benefit from employing a preceptor to ensure his ability to provide non-surgical patient care and satisfactory communication given the length of time he has been out of practice. The Board recognized that Dr. Schwartz currently holds an active, unrestricted license to practice medicine in New York. Dr. Artz noted that Dr. Schwartz mentioned plans to practice administrative medicine and possible wound care. Dr. Farmer pointed out that wound care has changed significantly over the years and stated that a proctor or preceptor would benefit the physician in the setting of a wound care clinic. Dr. Gillard spoke for his motion and stated that he believed the Board's concerns were addressed in the revised agreement. Dr. Krahn reiterated her concerns that a preceptorship was prudent to protect the public.

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Artz, Dr. Beyer, Ms. Dorrell and Dr. Gillard. The following Board members voted against the motion: Dr. Krahn, Ms. Bain and Dr. Farmer. The following Board members were absent: Dr. Guerrero-Tucker and Ms. Leach.

VOTE: 6-yay, 3-nay, 0-recuse, 0-abstain, 2-absent.

MOTION PASSED.

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

MOTION: Dr. Gillard moved for the Board to approve the request and grant licensure in item numbers 1 – 4.

SECOND: Dr. Artz

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Ms. Bain, Dr. Beyer, Ms. Dorrell, Dr. Farmer and Dr. Gillard. The following Board members were absent: Dr. Guerrero-Tucker and Ms. Leach.

VOTE: 9-yay, 0-nay, 0-recuse, 0-abstain, 2-absent.

MOTION PASSED.

1. KAREN L. CRUEY, M.D., LIC. #N/A

RESOLUTION: Approve request and grant licensure.

2. BARRY S. DONNER, M.D., LIC. #N/A

RESOLUTION: Approve request and grant licensure.

3. CHARLES T. HUMPHRIES, M.D., LIC. #N/A
RESOLUTION: Approve waiver request and grant licensure.
4. STEPHEN T. NEWMAN, M.D., LIC. #N/A
RESOLUTION: Approve waiver request and grant licensure.

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

1. MD-24-1030A, IKSHVANKU A, BAROT, M.D., LIC. # N/A

Dr. Gillard noted that the Virginia Board did not take action against Dr. Barot and noted the applicant's board certifications. Dr. Gillard spoke in favor of granting the license.

MOTION: Dr. Gillard moved for the Board to grant licensure.

SECOND: Vice-Chair Bethancourt

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Ms. Bain, Dr. Beyer, Ms. Dorrell, Dr. Farmer and Dr. Gillard. The following Board members were absent: Dr. Guerrero-Tucker and Ms. Leach.

VOTE: 9-yay, 0-nay, 0-recuse, 0-abstain, 2-absent.

MOTION PASSED.

iv. CONSIDERATION AND POSSIBLE ACTION TO APPROVE OR DENY LICENSE APPLICATION WITH DETERMINATION ON EQUIVALENCY

MOTION: Dr. Krahn moved for the Board to grant licensure in item numbers 1-3.

SECOND: Dr. Gillard

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Ms. Bain, Dr. Beyer, Ms. Dorrell, Dr. Farmer and Dr. Gillard. The following Board members were absent: Dr. Guerrero-Tucker and Ms. Leach.

VOTE: 9-yay, 0-nay, 0-recuse, 0-abstain, 2-absent.

MOTION PASSED.

1. AREFIN SIDDIQUE, M.D., LIC. #N/A

RESOLUTION: Grant Licensure.

2. AHMET F. ATIK, M.D., LIC. #N/A

RESOLUTION: Grant Licensure.

3. SIBEL I. MUTCALI, M.D., LIC. #N/A

RESOLUTION: Grant Licensure.

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

OTHER BUSINESS

W. REQUEST FOR TERMINATION OF BOARD ORDER

1. MD-19-0883A, LISA S. EMMANS, M.D., LIC. #29814

Dr. Gillard recognized that Dr. Emmans has been compliant with his monitoring agreement and has had five years of sobriety. He spoke in favor of terminating the Board Order. The Board noted that the Monitor supported the request to terminate the Order based on Dr. Emmans' compliance for the last five years.

MOTION: Dr. Gillard moved for the Board to grant the request to terminate the Board Order.

SECOND: Dr. Krahn

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Ms. Bain, Dr. Beyer, Ms. Dorrell, Dr. Farmer and Dr. Gillard. The following Board members were absent: Dr. Guerrero-Tucker and Ms. Leach.

VOTE: 9-yay, 0-nay, 0-recuse, 0-abstain, 2-absent.

MOTION PASSED.

X. GENERAL CALL TO THE PUBLIC

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

Y. ADJOURNMENT

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

SECOND: Dr. Krahn

VOTE: The following Board members voted in favor of the motion: Chair Figge, Vice-Chair Bethancourt, Dr. Krahn, Dr. Artz, Dr. Beyer, Ms. Dorrell and Dr. Gillard. The following Board members were absent: Ms. Bain, Dr. Farmer, Dr. Guerrero-Tucker and Ms. Leach.

VOTE: 7-yay, 0-nay, 0-recuse, 0-abstain, 4-absent.

MOTION PASSED.

The Board's meeting adjourned at 3:17 p.m.



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

Patricia E. McSorley, Executive Director