



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 REGULAR SESSION MEETING Held on Tuesday, April 1, 2025 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
Laura Dorrell, M.S.N., R.N., 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.
R. Screven Farmer, M.D.
James M. Gillard, M.D., M.S., F.A.C.E.P., F.A.A.E.M.
Gail Guerrero-Tucker, M.D., M.P.H., F.A.A.F.P., D.A.B.F.M.
Lois E. Krahn, M.D.
Jessyca Leach

GENERAL BUSINESS

A. CALL TO ORDER

Chair Figge called the meeting to order at: 8:07 a.m.

B. ROLL CALL

The following Board members were present: Dr. Figge, Dr. Bethancourt, Ms. Dorrell, Dr. Artz, Ms. Bain, Dr. Beyer, Dr. Farmer, Dr. Gillard, Dr. Guerrero-Tucker, Dr. Krahn and Ms. Leach.

ALSO PRESENT

The following Board staff participated in the meeting: Patricia McSorley, Executive Director; Raquel Rivera, Deputy Director; Claude Deschamps, M.D., Chief Medical Consultant; Nicole Samaradellis, Investigations Manager; and Michelle Robles, Board Operations Manager. Carrie Smith, Assistant Attorney General ("AAG") also participated in the meeting.

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 case.

D. EXECUTIVE DIRECTOR'S REPORT

- Acknowledgement of Dr. Coffey's Retirement and Service to the Arizona Medical Board

Ms. McSorley thanked and acknowledged Dr. Coffey's 17 years of service to the AMB and ARBoPA.

- Review, Discussion, and Possible Action Regarding Substantive Policy Statement #14 and Addressing Pending Malpractice Claims Disclosed During the Licensing Process

Ms. McSorley noted that in 2016 the Board gave the Executive Director (ED) the authority to grant licenses when there have been certain malpractice cases through a Substantive Policy Statement (SPS). However, it did not address pending malpractice cases. Ms. McSorley requested approval to grant licenses for applicants with pending malpractice claims, if the Chief

Medical Consultant does not recommend specialty review. Ms. McSorley noted that the Board would have the ability to review if a settlement or judgment occurs.

MOTION: Dr. Gillard moved to allow for the Executive Director to grant licensure after the disclosure of no more than two pending malpractice claims, after review and concurrence by the supervising medical consultant. This process would allow the supervising medical consultant to review the pending malpractice claim(s) to determine whether the matter should be sent for specialty review by a medical consultant, or whether the license may be granted without further review. If sent for a specialty review and a deviation from the standard of care is found, the matter will be forwarded to the Board to determine whether a license should be granted. If no deviation from the standard of care is found, a license may be granted by the Executive Director.

SECOND: Dr. Farmer.

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

VOTE: 10-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.

MOTION PASSED.

Ms. Smith noted that the revised SPS would need to come back to the Board for review.

- Update on Pending Legislation, including but not limited to:
 - SB1108-International medical licensees; provisional licensure
Ms. McSorley noted that this bill is moving forward and noted that on March 17th she testified before the House Health Committee on the bill. She tried to impart that the Board already has the ability to grant licenses to those who may have been trained in another country. Ms. McSorley opined that this has a lot of potential to move forward. Ms. McSorley informed the Board that she did work with the sponsor of the bill in order to make the language of the bill match the Board's existing statutory language and be more equivalent to the Board's current processes.
 - SB1214-Pharmacists; independent testing; treatment
Ms. McSorley noted that this bill allows pharmacists to do independent testing and treatment. This bill appears to be moving forward. There was a change to the bill, the treatment by a pharmacist could only occur for those 12 and older. Originally it was 6 years old and older, and the independent testing would be for very specified situations. There is a provision that the Department of Health Services could add to that list and grant standing orders for what a pharmacist may treat.
 - HB2025-Scope of practice; medical assistants
Ms. McSorley reported that the Governor signed the expansion of the scope of practice for medical assistants, which would now allow them to place catheters under direct supervision.

Ms. McSorley further noted that there was a bill that would expand the scope for PhD psychologists to prescribe, and it looks like it has stalled.

Dr. Artz inquired about SB1235 that would change the Board members from five MD members to two.

Ms. McSorley reported that it appears to be moving forward. This bill addresses all health regulatory boards, and it would make the majority all public members.

Dr. Farmer inquired about HB2808 which states that we're not allowed to have people waive their rights and yet anytime we do a formal interview aren't people waiving their rights.

Ms. McSorley informed the Board of the situation that led to this bill and explained that staff is unclear as to what the language means.

Dr. Farmer inquired about HB2927 that talks about the Call to the Public and says that the Board cannot delay the call to public or general call to public to the end of the meeting.

Ms. McSorley informed the Board that she will follow up with an email regarding this bill as she is not familiar with it.

E. CHAIR'S REPORT

- Acknowledgement of Ms. McSorley's Retirement and Service to the Arizona Medical Board

Dr. Figge thanked and acknowledged Ms. McSorley for her years of service to the AMB.

F. LEGAL ADVISOR'S REPORT

No report was given.

G. DISCUSSION REGARDING DEBRIEFING ON BOARD PROCESSES

Dr. Figge inquired about the Board being provided handouts at the start of the meeting since the Board does not have adequate time to review the material.

Ms. Smith stated that if it is the Board's wish language, it can be included in the Formal Interview confirmation letter stating that demonstrative information will not be accepted day of the meeting.

Dr. Farmer inquired about when the Board receives a settlement conference with no offer, and does the Board have to consider it.

Mr. Smith explained that in general, the issue is that the formal hearing statute states that the licensee is entitled to a settlement conference and noted that different boards handle this differently. This board has a notice letter that states that a settlement offer is required two weeks in advance for the board to review it but without a statute it would be hard for the board to deny the request as there is no legal basis. Ms. Smith stated that there would need to be a statute or rule change.

Dr. Krahn commented that it would be great for this to be suggested for legislators to consider.

Mr. Hargraves explained that in title 41, it stated that the licensee is entitled to the settlement conference, but they are not entitled to a settlement. Mr. Hargraves noted that it is vague and the process is not clear, however, it is tough to put in additional restrictions.

Ms. Smith explained that some agencies handle these at a staff level. The nursing board handles them with staff members, the ED, the party and the AAG. They propose alternatives and the parties can agree or disagree with whatever outcome and come to a staff recommendation before it goes to the Board.

Mr. Hargraves noted that the issue is with title 41, the parties need to include someone with the authority to settle and there is a requirement that it be held within 15 days. With this Board the parties agree to wait until the next meeting.

Dr. Farmer commented that it would be in everyone's best interests to provide something in writing for consideration.

Ms. Smith informed the Board that they can change the wording of the letter but without a statutory legal back up it is hard to uphold.

Mr. Hargraves agreed that we can look at the notice letter to see if it can be worded better.

Dr. Farmer noted that the Board frequently hears about the implications of Board actions and inquired if there is any way that the Board can have a better understanding of how disciplinary actions are received. Dr. Farmer opined that it is important to see how the public is impacted. Dr. Krahn opined that it would be important to know the hospitals' bylaws. Dr. Figge noted that it could be a product of contracts.

Ms. Smith stated that the Board has directives set in statute and rule for factors to consider when determining the appropriate outcome in a case. Future employment outcome or ability to not obtain malpractice coverage or credentials is not one of those factors. Prior Board actions are appropriate factors to consider. The Board could have the ED reach out to stakeholders to better understand it however, Ms. Smith directed the Board to the statutes and rules that govern the discipline process.

H. APPROVAL OF MINUTES

- AMB February 12, 2025 Regular Session Meeting Draft Minutes
- AMB March 5, 2025 Special Teleconference Meeting Draft Minutes; including Executive Session

MOTION: Dr. Gillard moved to approve the February 12, 2025 Regular Session minutes and the March 5, 2025 Special Teleconference minutes; including Executive Session.

SECOND: Dr. Krahn.

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

VOTE: 10-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.

MOTION PASSED.

LEGAL MATTERS

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

1. MD-23-0694A, AMMAR ALSHEIKH, M.D., LIC. #34235

Dr. Alsheikh and counsel Paul Sheston were present. Seth Hargraves, AAG was present on behalf of the State. Ben Norris, AAG was present as the Board's Independent Legal Advisor.

Mr. Hargraves informed the Board that this was a settlement conference regarding an appeal of a CME Order however, no proposal was offered.

Mr. Sheston informed the Board that his client and office were never notified of the October 9, 2024 Board meeting and during that time, the complaining party appeared and made statements to the Board. Mr. Sheston stated that the problem was that the Board's decision was obviously influenced by the statement of the complaining party, which we were not present to be able to rebut. The Board heard the same matter again on December 13, 2024, and issued the current order, which is dated December 19, 2024. Mr. Sheston noted that the SIRC Report indicated that this patient had been noncompliant with prior recommendations for surveillance colonoscopies by 3 different physicians, the GI specialist, a colorectal surgeon, and a primary care provider before Dr. Alsheikh. In the subsequent years, Dr. Alsheikh made other recommendations, including a recommendation for a stool sample, which was also not initially followed through with by the patient. Ultimately, she did one stool sample test, which was negative, and she never presented to his office with any symptoms or signs related to any abdominal issue. When she reached the age of 85 Dr. Alsheikh told her for the first time that she was no longer indicated for the colonoscopy because of her age. The complainant daughter was never present at any of these visits, but yet she told this Board that the patient had asked for a colonoscopy which is not true. Dr. Alsheikh maintains that his care and treatment of this patient was appropriate and met the standard of care. Mr. Sheston stated that Dr. Alsheikh understands that he's not allowed to appeal the non-disciplinary advisory letter, however he does not want the CME Order to be reflected on his public profile. Dr. Alsheikh is willing to take additional CME but it would be with the condition that it not be a public order that would appear on his profile for patients to see if they look him up.

Dr. Figge commented that we are not rehearing the case today and that a written settlement proposal was required about two weeks prior to the meeting.

Ms. Sheston confirmed that he received the notice letter and stated that he was informed by Mr. Hargraves that he could make an oral offer at the meeting in lieu of a memo.

Mr. Hargraves stated that he does not recall stating that however, noted that he was informed that a memo would be offered.

Mr. Norris informed the Board that it is at their discretion to consider the oral proposal even though a written offer was not provided.

MOTION: Ms. Bain moved for the Board to enter into Executive Session pursuant to A.R.S. § 32-431.03(A)(3) to obtain legal advice.

SECOND: Dr. Bethancourt.

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

VOTE: 11-yay, 0-nay, 0-astain, 0-recuse, 0-absent.

MOTION PASSED.

The Board entered into Executive Session at 8:41 a.m.

The Board returned to Open Session at 9:12 a.m.

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

Dr. Figge noted that a written offer has not been received and requested that the physician clearly state what the offer is for the record.

Dr. Alsheikh stated that he tries to stay up to date on education and is willing to complete CME for charting.

Mr. Sheston stated that the physician will complete the three CME hours in that are in the Order with the agreement that it would not be on the physician's public profile.

Dr. Figge clarified whether they are requesting that the CME order be removed and the Board issue an Advisory Letter only.

Mr. Sheston confirmed that is what they are requesting and noted that the physician is willing to complete the CME within the timeframe the Board seems fit.

Dr. Figge inquired whether the physician has completed any CME.

Mr. Sheston confirmed that the CME has not been completed.

Dr. Krahn opined that this whole thing is hard to track and the lack of not having anything in writing makes it difficult.

MOTION: Dr. Krahn moved to deny the settlement offer for an Advisory Letter and refer to formal hearing.

SECOND: Dr. Farmer

Dr. Farmer noted that if the Board issues CME, the Order appears on the website since that is the law. The redress for that would be through the legislature. If everyone agrees the CME is appropriate then a deal on handshake is not the intent of the law and is not appropriate. Dr. Gillard opined that the physician has researched enough and CME is no longer needed and would move forward with the Advisory Letter. Dr. Artz spoke for the motion as the Board heard everything in December and agreed CME was needed. Ms. Bain stated that this is not a rehearing of the decision that was done in December and that the Board did not receive in writing a formal offer for consideration. Ms. Bain noted that there is specific statute that applies, and we cannot do what is being requested. Dr. Figge spoke for the motion and noted that the physician would have had an argument if he had already completed the CME.

Mr. Hargraves addressed Mr. Sheston's comment that he had advised that a verbal presentation could be provided. Mr. Hargraves noted that while the Board was in executive session, he had reviewed their prior email communications, and could confirm that he did not tell Mr. Sheston that he could present a verbal request rather than a written proposal.

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

VOTE: 11-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.

MOTION PASSED.

2. MD-22-0977A, ERIK M. RAMNATH, M.D., LIC. #28391
Mr. Carey present on behalf of the physician.

Mr. Hargraves stated that he would defer to the physician's counsel as he may request an extension.

Mr. Carey stated that the physician is currently on an interim order so he is not a risk to the public. Given the fluid situation and the ability to reach a different outcome with Mr. Hargraves, Mr. Carey requested that the Board postpone the settlement conference for 30 days.

MOTION: Ms. Bain moved to table the discussion until the next AMB meeting May 7, 2025.

SECOND: Dr. Krahn

Mr. Carey stated that he has no objection to this being scheduled for the May 7th virtual meeting. The preference would be about 30 days since there is a scheduled preconference with OAH.

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

VOTE: 11-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.

MOTION PASSED.

J. FORMAL INTERVIEWS

1. MD-18-0884B, OMAR ABDUL-HADI, M.D., LIC. #49298
T.K. addressed the Board during the Public Statements portion of the meeting.

Board staff summarized that this case came to the attention of the Board because of a complaint against Dr. Omar Abdul-Hadi regarding the care rendered to patient JK. JK was 86-years-old when he was admitted to Banner Boswell Medical Center 11 days after a fall in a parking lot. After a cardiology clearance was obtained, he underwent open reduction and internal fixation of his post traumatic left patella fracture on December 20, 2017. Included in the discharge instructions from the hospital to the skilled nursing facility were the specifications that JK's post-operative dressing was to be left in place until he presented for follow-up at the orthopedist's office and these directions were apparently followed. He was admitted at Banner Del Webb on January 3rd with hyponatremia and worsening keen pain. Purulent drainage and partial wound dehiscence were noted the following day by a physician assistant (PA). The subsequent clinical course over the next several days was significant for septic shock, leukocytosis, wound drainage, renal failure, and confusion. On January 4th, an orthopedic PA examined JK and discovered a large amount of purulent drainage coming from the surgical incision with an area of dehiscence over the central portion of the incision. The abnormal vital signs were strongly suggestive of sepsis. The PA noted the plan for Dr. Abdul-Hadi to proceed to an irrigation and debridement surgery if the patient was medically optimized. JK's sodium level was 120. At 1820, the hospitalist noted that JK had likely been developing septic shock at the time of admission (approximately 20 hours earlier). JK was hypotensive and exhibited an altered mental status with leukocytosis secondary to sepsis and was being transferred to the ICU. The nephrologist expressed concern with the presence of septic shock apparently

secondary to the knee infection and advised Dr. Abdul-Hadi that the emergent surgery and washout should take precedence over the low sodium levels. On January 5, 2018, JK underwent an irrigation and debridement performed by Dr. Abdul-Hadi. Dr. Abdul-Hadi reported that he utilized the previously made skin incision described as a 'straight, long, midline incision'. Dr. Abdul Hadi noted that purulent material was evident; he then made a mini medial parapatellar incision to access the knee joint. Dr. Abdul-Hadi noted that he did not remove the hardware from JK's recent patella fracture fixation because it consisted only of cerclage cables and he didn't want to compromise the fracture's fixation. A PICO vacuum dressing was applied to remain in place for one week but eventually failed. During the subsequent several days, the wound deteriorated, white cell count remained elevated, there were positive blood cultures with Methicillin Susceptible Staphylococcus Aureus and endocarditis was ruled out with a Trans Esophageal Echocardiogram. On January 12, 2018, JK's WBC had increased to 17.0. Dr. Abdul-Hadi examined JK and noted that the dressing was intact and no erythema was visible. The dressing was not removed, based upon documentation. Dr. Abdul-Hadi recommended follow-up in the clinic upon patient discharge. The patient further deteriorated, and was diagnosed with pneumonia, septic shock, renal failure and placed on a ventilator. Another surgeon later aspirated and irrigated the joint and debrided the wound at the bedside. He brought the patient to the operating room, further irrigated the joint, removed the hardware, evacuated a left thigh abscess and applied a wound VAC. In the following days, notes from the ICU, Hospitalist and ID all noted pus draining from left knee wound. Ventilator weaning attempts failed and JK developed anasarca. Subsequently, JK underwent a PEG tube placement, a tracheostomy, and bilateral pleurocentesis. From January 22, 2018, through January 30, there was no documentation from any orthopedic service providers. For 12 days, from January 19 to January 31, nurse's notes regarding wound dressing changes described JK knee wound as edematous and exhibiting abnormal color, necrotic tissue with slough, foul odor and visible bone and tendon. On January 31, 2018, another orthopedic surgeon recommended continued wound VAC treatment until JK was medically stable to undergo a vascularized muscle flap to cover the open left knee wound. On February 2, 2018, JK was discharged to a long-term care facility and expired on February 15, 2018. The Board's Medical Consultant ("MC") reviewed the case and determined that Dr. Abdul-Hadi deviated from the standard of care by failing to recognize and appropriately treat the patient's septic joint infection. The MC stated that Dr. Abdul-Hadi relied heavily on wound VAC treatment which was contraindicated due to necrotic tissue with eschar being present. The MC found that Dr. Abdul-Hadi failed to evaluate and treat the patient for osteomyelitis of the left knee when the chosen treatment resulted in recurrent sepsis and extension of a joint infection into adjacent soft tissue. The MC noted that information submitted by Dr. Abdul-Hadi regarding when the surgery was performed and the extent of orthopedic follow-up was contradicted by the record. The MC also stated that Dr. Abdul-Hadi failed to appropriately supervise the orthopedic physician assistants' care which was provided to the patient. The MC found mitigating that the lack of continuity of care between multiple orthopedic surgeons may have played a role in the apparent lack of acceptance of responsibility or interest in the patient's well-being. She also found aggravating that there appeared to be an over-riding lack of interest in caring for this patient, evidenced by the entire orthopedic service. The orthopedic service was the sole member of the treatment team that was responsible for addressing and resolving, if possible, the etiology of the patient's near-death condition. The licensee response stated that JK's underlying multiple medical comorbidities, severe hyponatremia, and the development of respiratory complications post-operatively were factors that contributed to JK's poor prognosis, and compromised healing potential, which ultimately led to his gradual deterioration. An extensive supplemental response was supplied on behalf of the licensee which included supportive opinions from an infectious disease physician who opined that earlier surgical intervention would likely have made no difference in the patient's outcome; an anesthesiologist/critical care physician who opined that the patient likely developed sepsis and heart failure while in the rehab facility and his subsequent respiratory distress was likely caused by his progressive cardiomyopathy; and an orthopedic physician who opined that Dr. Abdul Hadi, the other orthopedic physicians, and the involved PAs met the standard of care in their treatment of the patient. The Board's MC maintained her original opinion on the case.

Dr. Abdul-Hadi provided an opening statement and disagreed with the OMC's findings in the report and disagreed with the notion that the orthopedic providers did not care, or did not pay enough attention to JK during his hospitalization. Dr. Abdul-Hadi provided a timeline of event and care that he provided to JK. Dr. Abdul-Hadi informed the Board that he carefully balanced the urgency of surgical invention with the need to stabilize his condition preoperatively, to reduce the risk of intraoperative complications related to his comorbidities. Dr. Abdul-Hadi stated that he has learned from this experience and has since revised his documentation practices to ensure his involvement is clearly reflected in the notes. Dr. Abdul-Hadi further stated that the Board's consultant confused the PICO dressing with a traditional wound bag. The claim that a malfunctioning PICO dressing negatively impacted JK's wound is incorrect. If the PICO device becomes clogged with fluid, an issue that can occur, it simply functions as a standard dressing without suction and despite these challenges between January 5th and January 12th, JK showed signs of improvement. Dr. Abdul-Hadi further stated that JK's blood cultures consistently remained negative with no growth since January 8th directly contradicting the inaccurate claim presented in the SIRC report which stated ongoing positive blood cultures. Dr. Abdul-Hadi clarified that he did not step away from JK's care. His documentation and the PA's notes show that they never signed off. Dr. Abdul-Hadi opined that the care provided was thoughtful, collaborative, and consistent with the standards of care and if faced with a similar situation in the future, he would approach it with the same commitment to prioritizing the patient's safety and well-being.

Mr. Hall provided an opening statement to the Board and asserted that the MC mischaracterized the care provided by the entire orthopedic service, and a conclusion that the entire orthopedic service showed an overriding lack of interest in caring for the patient was not appropriate, not supported by the records and by the number of other providers who were involved in this patient's care. One of the primary allegations from the MC was that the doctor effectively turned over the care of this patient JK from January 6th to January 12th without ever going to see him and turned it over to a PA. As Dr. Abdul-Hadi has stated, he did see the patient every time the PA saw the patient but didn't document it. There's only one physician who has stated that she believed emergent surgery for the washout should take precedence over optimizing JK's levels, that was the nephrologist. Mr. Hall informed the Board that they submitted the opinions of multiple board-certified orthopedic surgeons who disagreed with that opinion. Mr. Hall opined that Board certification signifies an achievement that not all doctors obtain, and it reflects the doctor has demonstrated his or her skills and knowledge in a recognized specialty. Mr. Hall argued that the MC is not a board-certified orthopedic surgeon and has not practiced in years. Mr. Hall stated that poor patient outcome does not mean the medical care was poorly provided. Mr. Hall opined that Dr. Abdul Hadi's actions in January of 2018 were reasonable and appropriate under the circumstances.

During questioning, Dr. Abdul-Hadi explained that two weeks is the standard timeframe for seeing patient post-op but sometimes they are done earlier if closer follow-up is needed. A week would be the earliest and two weeks is the most common timeframe. For elective cases, the PA and him are in the office at the same time and the two week follow up is scheduled with the PA. The PA would check and go over the standard instructions and then the physician sees the patient at the six-week follow-up. Dr. Abdul-Hadi noted that if there are any issues at the two-week visit, he will see them then.

Dr. Artz noted that this is not an elective case.

Regarding the normal timeframe for changing the dressing when the patient is in the hospital, Dr. Abdul-Hadi stated that it depends on the case. If it's a clean case, you would try to keep the dressing on and not change it. In a trauma or infection case, the dressing would be changed every couple of days.

Dr. Artz noted that when this patient came in the patient already had puss coming out of his dressing and inquired if the physician considered this as an emergency.

Dr. Abdul-Hadi stated that the question is whether on the evening of the 4th versus the morning of the 5th would it have altered JK's outcome. Dr. Abdul-Hadi argued that if he were to take JK to surgery on the night of the 4th it would have negatively impacted his outcome. JK was an extremely physiologically frail patient with congestive heart failure and he was already exhibiting signs of septic shock. He was hemodynamically unstable. He had significant hyponatremia. The priority was to stabilize him as much as possible. This is not a patient that he would take urgently to surgery. Dr. Abdul-Hadi informed the Board of the difference between a septic knee and a post-operative wound infection. Actively draining infections already have some degree of source control and JK came in with a wound that was already draining pus, so he already had source control because of the drainage itself. Dr. Abdul-Hadi stated that makes prioritizing stabilization more than the urgency of taking to the OR. Dr. Abdul-Hadi stated that the induction of the anesthesia and the intubation is going to lead to a significant hypotensive effect itself. Dr. Abdul-Hadi further explained that it would put the patient at significant risk for significant intraoperative complication, a cardiac event, a seizure because of his hyponatremia, or even worse, he could have died by taking him without adequately resuscitating him and partially stabilizing him before surgery. Dr. Abdul-Hadi informed the Board that he did his best to balance the need for surgical intervention with trying to make JK as prepared as possible for surgery and try to minimize any intraoperative complications.

Mr. Hall provided a closing statement, and requested that the Board take into consideration the documentation supporting that Dr. Abdul-Hadi's care was reasonable. Mr. Hall requested that the multiple board-certified expert reviews should be viewed as the standard of care. Mr. Hall opined that a Letter of Reprimand is not warranted and the Board does not have clear and convincing evidence that Dr. Abdul-Hadi fell below the standard of care when treating J.K. Mr. Hall suggested the Board issue an Advisory Letter for documentation.

In closing, Dr. Abdul-Hadi stated that he has learned a lot from this experience, and it has helped him become a better physician.

During deliberations, Dr. Artz stated that she understands that this was a difficult case and opined that this case is not a lack of care case. Dr. Artz noted that there was no documentation that the physician was in the room. Dr. Artz stated that when dealing with a difficult patient who may have a poor outcome there should be more documentation not less. The physician's thought process and everything that was explained here should have been in the notes.

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

SECOND: Dr. Bethancourt.

Dr. Beyer commented that this was a horrible case and opined that he is unable to find care and conduct that is harmful to the patient. The physician was making reasoned choices at every step of the way. Dr. Beyer agreed with the (e) and (jj) violation but stated that he could not say that the physician's care led to the bad outcome. Dr. Figge spoke for the (r) violation since given the e violation of not maintaining records it is unclear. Dr. Bethancourt stated that all the notes by the nurse stating the pus is coming out and the decision to not remove the hardware is where the r violation comes in.

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

VOTE: 10-yay, 1-nay, 0-abstain, 0-recuse, 0-absent.

MOTION PASSED.

MOTION: Dr. Artz moved to issue an Advisory Letter and Order for Non-Disciplinary CME for failing to recognize and appropriately treat a post-operative septic joint infection, inadequate documentation, and inappropriate supervision of a PA. 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 no less than 10 hours of Board staff pre-approved Category I CME in an intensive, virtual course regarding medical recordkeeping. The CME hours shall be in addition to the hours required for license renewal.

SECOND: Dr. Beyer.

Dr. Gillard expressed concern that even though the physician stated he was at the bedside without the notes we cannot be sure and the nurses' notes show that the patient was worsening. Dr. Bethancourt spoke against the motion and opined that this does fall in the line of discipline. Not only for the recordkeeping of the physician but the recordkeeping of hearing what is going on with the patient from others, that's caring for the patient and it is egregious. Dr. Beyer stated that a lot hinges on if the Board believes that the physician was there but relied on the PA to make the note. Dr. Beyer opined that the physician was there and has learned from this. Dr. Beyer opined that the medical care does not rise to the level of discipline. It is hard to excuse not writing a note for a week, but a letter of reprimand does not solve this problem and the lesson has been learned. Dr. Artz commented that she deals with foreign bodies and appreciates the three orthopedic expert opinions which makes a difference with how the Board treats this case and how the physician proceeded with the patient. Dr. Figge commented that the physician is very articulate and believable, the issue is that when this was going on the nurses' notes needed to be reviewed and justified and the documentation should have been done. There was some contradicting notes from the other orthopedic surgeon and the nurses, which we know in hindsight. Dr. Krahn spoke against the motion and noted that clearly the family didn't feel the physician was communicating with them. This compounds the medical record violation and makes her feel the care was less than adequate. Dr. Guerrero-Tucker opined that the issue is that this was such an unfortunate case and situation. This was a hearty person who came in and became frail and there were so many treating providers involved and the records read that no one took responsibility and was an overarching person running the show or taking responsibility. Dr. Guerrero-Tucker opined that Dr. Abdul-Hadi's care rises to the level of discipline

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

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

MOTION FAILED.

MOTION: Dr. Bethancourt moved for a draft Findings of Fact, Conclusions of Law and Order for a Letter of Reprimand.

SECOND: Dr. Gillard.

Dr. Beyer spoke against the motion and opined that this does not rise to the level of discipline and does not support probation for CME. Dr. Beyer opined that the physician's notes were fine he just did not document that he wasn't present and that message has been received. Dr. Farmer opined that this process was extensive and opined that CME does not accomplish anything. Dr. Gillard noted for the record that the physician can appeal discipline. Ms. Leach noted that the physician indicated that there were text messages between the other physicians. Dr. Figge confirmed that they were not provided and that there are further avenues available to the physician and his counsel. Dr. Bethancourt agreed with removing the CME since the physician has acknowledged his error in documenting. There is value in the other team members documenting and respecting the contributions that they provide.

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

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

K. FORMAL INTERVIEWS

1. MD-23-0870A, STEPHEN V. WHIPP, M.D., LIC. #41812
Dr. Whipp was present with counsel Cody Hall.

Board staff summarized that In June 2018, the patient presented for prenatal care. A Pap smear was obtained that showed abnormal atypical squamous cells with positive high risk HPV, and a note stating cannot exclude HGSIL. The physician stated that he discussed this with the patient though there is no documentation to that effect. The patient delivered in November 2018 and presented for a post-partum visit in December and a Pap smear was done. Again, atypical squamous cells of undetermined significance with + HPV were present. Dr. Whipp's response noted that this was discussed with the patient and colposcopy was recommended but there is no documentation in regards to this and no further evaluations were noted. Dr. Whipp also noted in his response that the patient contacted him in September 2019 about heavy menses and he reminder her about the colposcopy needed. There is no documentation about this interaction. In June 2020, the patient was seen for abnormal bleeding. OCs, Mirena IUD and ablation were discussed, but no work up of the AUB was done nor was an examination done until September, when a consult for hysterectomy was carried out with no abnormal findings identified on examination. A laparoscopic vaginal hysterectomy was done in November 2020 along with a return to the OR for bleeding. Dr Whipp stated "odd appearing cervix from previous LEEP procedure" in his operative findings along with noting that the cervix was flush with the vaginal vault, though no documentation about a previous LEEP was present in the medical records. Pathology revealed poorly differentiated squamous cell carcinoma grade 3 with extensive associated HGSIL (the note by path stated it was a supracervical specimen). Further treatment with chemotherapy, pelvic radiotherapy and brachytherapy was rendered by oncology. Dr. Whipp noted in his deposition that the reason a colposcopy was not done when the pregnant patient presented was that he had visualized the cervix without any obvious abnormalities and a biopsy might cause a miscarriage. The standard of care is to carry out a colposcopy, especially with the findings as noted in this case. A curettage may or may not be done but is indicated if there is a high suspicion for cancer or a high-grade lesion with the main risk being bleeding. The physician also testified in his deposition that he did not believe that a discussion about the Pap smear needed to be documented since nothing was going to be done at the time. Dr. Whipp stated that there was documentation about the recommendation for colposcopy but it was in Facebook messages, not part of the medical record. According to the deposition, discussion about the abnormal Pap was not in these messages though the messages do indicate that the patient knew about the abnormal findings. She asked if the heavy bleeding might be caused by cervical cancer since she had previously had a LEEP; the physician told her it would not have anything to do with the bleeding but was probably caused by stress. The patient also reported bleeding and pain with intercourse as well as being seen at the hospital for the bleeding; none of these reports are in the medical record.

Mr. Hall provided an opening statement to the Board and noted that SIRC found that the Dr. Whipp deviated from the standard of care by failing to address an abnormal pap smear results. Mr. Hall noted that Dr. Whipp stated in his disposition that the patient was aware of the results and she knew that a colposcopy or biopsy was recommended and necessary. In Dr. Whipp's response. He originally explained that the patient denied any prior surgical history or any gynecological history when she started treating with him. Dr. Whipp was not aware of the prior leap procedure, and the prior pap smears that the patient had had. It was only during the course of the lawsuit that really all came to light. Mr. Hall stated that the patient knew that the results were potentially concerning, and she didn't follow up. She didn't return to Dr. Whip until June of 2020. Mr. Hall further noted that Dr. Whipp has taken CME on the prevention and early diagnosis of uterine cancer and prevention and early diagnosis of ovarian cancer.

During questioning, Dr. Whipp confirmed that he is able to complete colonoscopies in his office and that he did make a referral to a maternal fetal medicine specialist. Dr. Whipp noted that the patient did not followup on the referral. Dr. Whipp informed the Board that the patient was advised of the abnormal pap smear, and the plan going forward was to repeat her pap smear 6 weeks postpartum. Dr. Whipp stated that he believed there was a discussion regarding complications of having biopsies or ecc during pregnancy but it was not documented. The postpartum pap smear was again abnormal. It had gone to a lower grade of atypical, squamous cells of undetermined significance, no demarcation. Dr. Whipp confirmed that a colonoscopy was not done at that time, although it was recommended. Dr. Whipp explained that the patient had ran out of her insurance, and she was lost to follow up. Dr. Whipp stated that at the time he did not have form letters that inform patients that they have an abnormal pap smear with a very high risk of HPV that could lead to cancer but noted that has since changed. Dr. Whipp stated that at the time he worked in Bull Head City and was extremely busy and that he has since moved to Phoenix and practices and does not see as many patients and that his current group does have form letters. Dr. Whipp explained that in a rural area it is a very different social demographic and that it can be very difficult to coordinate care at times. Dr. Whipp further noted that it was not unusual for a patient to contact him through Facebook messenger however, it can lead to scary pathways. Dr. Whipp confirmed that during the malpractice case the patient confirmed that she had knowledge of the abnormal pap smear. Dr. Whipp explained that two years later when she presented with bleeding, they talked about medical therapy versus surgical therapy and he offered her contraception. She had been to the emergency room. We had had an ultrasound that revealed no abnormalities. Three months later she was pleased because she was able to acquire insurance, and she wanted definitive therapy at that time. Dr. Whipp stated that he has learned from this case that his documentation was horrible. Dr. Whipp agreed that before he proceeded with the hysterectomy he should have done a colonoscopy. Dr. Whipp stated that he does not have documentation of how the patient was informed of their pap smear results that was done postpartum due to poor documentation.

Dr. Whipp made a closing statement and noted that he has since changed his practice by moving to Phoenix, and taking a decreased case load.

Mr. Hall stated that Dr. Whipp is willing to complete CME due to the documentation and requested an Advisory Letter with CME versus a disciplinary outcome.

Dr. Haas commented that when looking at the Facebook messages there was the opportunity for follow-up. Staff further noted that the physician was aware of the leap procedure based on the deposition and based on that information and the actual Facebook messaging with the patient. He also obviously was aware at that at the time of surgery, because the comment in the operative note did state that the cervix looked abnormal, due to previous leap.

Ms. Samaradellis noted that Dr. Whipp's address still shows his Fort Mohave address although he has made statements that he has moved to Phoenix.

MOTION: Dr. Guerrero-Tucker 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: Dr. Figge, Dr. Bethancourt, Ms. Dorrell, Dr. Artz, Ms. Bain, Dr. Beyer, Dr. Gillard, Dr. Guerrero, Dr. Krahn, Dr. Farmer, and Ms. Leach.

VOTE: 11-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.

MOTION PASSED.

Dr. Guerrero-Tucker noted that the physician has already completed CME on the management of cancer but opined that CME on documentation is required.

Ms. Smith noted that the CME Certificates have not been submitted and advised that the order should include those CME hours and when they are submitted board staff can accept those in lieu of additional CME.

MOTION: Dr. Guerrero-Tucker moved to issue an Advisory Letter and Order for Non-Disciplinary CME failing to address abnormal Pap smear results and inadequate medical records. 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 no less than 10 hours of Board staff pre-approved Category I CME in an intensive, virtual course regarding medical recordkeeping; complete no less than 3 hours of Board staff pre-approved Category I CME in the prevention and treatment of cervical cancer; and complete no less than 3 hours of Board staff pre-approved Category I CME in the evaluation of abnormal bleeding. The CME hours shall be in addition to the hours required for license renewal.

SECOND: Dr. Gillard.

Dr. Beyer opined that a Letter of Reprimand is appropriate as this rises to the level of discipline. Dr. Beyer further commented that although some of this falls on the patient, in 2020 when the patient came in for the hysterectomy a serious step was missed. The treatment of cancer was compromised by starting with the wrong surgery. Dr. Krahn spoke against the motion given what the Board has heard and that there were some discrepancies. Dr. Krahn opined that the decision making put the patient in a bad position. Dr. Gillard noted that in the deposition of the plaintiff, she admitted that she was aware of the abnormal pap smear and that she needed the biopsy. Ms. Bain questioned how far does a physician need to go to convince a patient to do something versus listening to what the patient tells them they want and act accordingly. Dr. Guerrero-Tucker commented that Dr. Whipp recognized that he was practicing in a rural area with constraints and when you are in a rural area where sometimes there is communication through Facebook and or whatever way they try to text. Dr. Figge commented that he understands that there is ideal and then there is real-world circumstances. However, the standard of care is the same and the physician needs to do what is right and the physician still needs to document the discussion. Dr. Figge acknowledged that practicing in a rural area can be difficult and given the settlement agreement he agreed with the Advisory Letter and CME. Dr. Figge disagreed that this may rise to the level of discipline.

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

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

MOTION PASSED.

L. FORMAL INTERVIEWS

1. MD-23-0524A, HEKMAT HAKIMAN, M.D., LIC. #49709
Dr. Hakiman and counsel Doug Collins were present.

Board staff summarized that the Board initiated case number MD-23-0524A after receiving notification of a malpractice settlement regarding Dr. Hakiman's care and treatment of a 68 year-old female patient ("VJ") alleging improper performance of a laparoscopic hemicolecotomy resulting in removal of a non-cancerous portion of the colon. The MC found that Dr. Hakiman deviated from the standard of care in his failure to remove a cancerous lesion. The MC stated that two lesions were identified via colonoscopy, one was cancerous, both were ink marked by injection by the gastroenterologist. Dr. Hakiman performed surgery and removed only one of the polyps. The pathology verified the presence of one polyp in the excised specimen that was benign. The MC expressed concern that Dr. Hakiman was aware that the cancerous lesion was not removed; however, instead of recommending another procedure to remove the lesion, Dr. Hakiman recommended that the patient should undergo a repeat colonoscopy in approximately six to twelve months. SIRC observed that the patient did complete the colonoscopy approximately seven months later with the cancerous lesion identified in the distal transverse colon and later removed

by a different colorectal surgeon. SIRC noted that portions of Dr. Hakimian's statements in his deposition were inconsistent with his medical records. Also in his deposition, Dr. Hakimian agreed with the statement that he believed the cancer had 'gone away', apparently via the biopsy specimens obtained during the diagnostic colonoscopy. SIRC found it egregious that Dr. Hakimian did not further investigate intraoperatively for the second lesion; and then after presented with evidence that the cancerous lesion was not removed, he did not recommend another surgical procedure in light of the patient's significant genetic predisposition to the development of malignancies.

Dr. Hakimian provided an opening statement to the Board and explained that this patient had a history of colon cancer and further testing revealed that she has Lynch Syndrome, which increases her risk of lifetime cancer by 80 percent. At the time, they discussed the proper management would be a total colectomy. The patient refused and she wanted as little of her colon removed as possible. Dr. Hakimian explained that during the surgery he examined her entire abdomen and only saw one area that was tattooed. He proceeded with the resection where the tattoo marking was, a right colon resection. The final pathology showed tattoo marking and a sessile serrated adenoma. The physician discussed the discordance and recommended more frequent colonoscopy or a sooner colonoscopy. He received a call from the gastroenterologist in October that the repeat colonoscopy showed cancer. He offered to see the patient same or next day and she chose to see another doctor. Dr. Hakimian informed the Board that it was recommended to undergo total colectomy and she refused. She had a resection and in two year developed another cancer. Dr. Hakimian stated that at the time he felt that he had the right piece of her intestine.

Mr. Collins provided an opening statement to the Board, and stated that this was a case of a patient with a genetic condition that really needed to have her entire colon removed, but opted for a different procedure to retain as much colon as she possibly could. Dr. Hakimian removed the tattooed portion of colon that he reasonably believed was the cancer and the intended site of the surgery. While it ended up not being cancerous, it wasn't unreasonable for Dr. Hakimian to have removed that marked area. The patient didn't suffer any advancement of her cancer as a result of this procedure.

During questioning, Dr. Hakimian explained that when she came initially in January, she presented with this new cancer diagnosis and he wanted a CT scan to make sure it hadn't spread and to get genetic testing. When she came back for follow-up, the CT results showed that the cancer hadn't spread anywhere and the genetic testing found that she had Lynch Syndrome. Dr. Hakimian stated that they extensively talked about how the right thing would be to do a total colectomy and the patient refused. She requested to take out just the part that had the cancer in it. Dr. Hakimian stated that he proceeded with surgery to do a partial colectomy based on what he saw intraoperatively. Dr. Hakimian stated that he saw one area of tattoo and noted that it is not uncommon for tattoos to be discordant. Dr. Hakimian stated that after identifying the area, he noted that it should be a right colectomy and he that he biopsied at the time of the surgery. Dr. Hakimian confirmed that he did have a conversation with the patient regarding a total colectomy and that the best way to prevent future cancer is to remove the entire colon, but she didn't want to. Dr. Hakimian explained that he didn't convert to an open procedure to preserve as much of her bowel as possible and keep the case minimally invasive. Dr. Hakimian stated that if he had any doubt he would have considered converting to open, doing a colonoscopy or any of the approaches he's done in the past. Dr. Hakimian stated that he did offer an ileorectal and j-pouch. The patient had issues with diarrhea for a long time and he discussed that an ileostomy would be an option. However, this was not documented in the notes. Dr. Hakimian explained that this was not a wrong site surgery of a patient with left sided cancer that by mistake had the right side removed.

Dr. Figge inquired about the PProBE course recommendation.

Ms. Rivera informed the Board that SIRC noted that portions of the doctor's statements in his deposition were inconsistent with the medical records, and so that is primarily where that PRoBE recommendation came from.

In closing, Mr. Collins requested non-disciplinary action be issued.

Dr. Hakiman requested leniency in this case.

Dr. Beyer opined that there has been unprofessional conduct.

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

SECOND: Dr. Gillard.

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

VOTE: 11-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.

MOTION PASSED.

Dr. Beyer opined that discipline is indicated and that a Letter of Reprimand is appropriate. This is a patient who had invasive adenocarcinoma on the preoperative testing, who did not have invasive adenocarcinoma in the surgical specimen, and where I think that there needed to be some immediate action, either in the operating room to find the second spot, or immediately after to get the cancer out. This was not a small lesion that could have been removed by a biopsy. This was a cancer that that needed treatment and had not been treated and the records are really weak. The ramifications of the decision to do the surgery and the ramifications of the decision not to do the recommended surgery are significant. Dr. Beyer further opined that CME in record keeping are appropriate. Dr. Beyer opined that there isn't an issue with ethics and will not recommend PRoBE. Dr. Beyer commented that there was confusion regarding where the lesions were in the colon. There were two lesions that needed to be removed, one lesion in one area was removed and one was missed, and that that remains the problem.

MOTION: Dr. Beyer moved for a draft Findings of Fact, Conclusions of Law and Order 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. The licensee shall obtain an unconditional or conditionally passing grade. 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.

SECOND: Dr. Krahn.

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

VOTE: 11-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.

MOTION PASSED.

M. FORMAL INTERVIEWS

1. MD-24-0048B, DONNA C. HAMBURG, M.D., LIC. #21436
Dr. Hamburg was present without counsel.

Board staff summarized that A 17 year old pregnant female presented at 33.5 weeks pregnant in active labor. The obstetrician elected to deliver the breech infant vaginally which occurred on January 18th at 0816. The infant was transferred to the NICU with no abnormalities noted and normal muscle tone and movements present. The following day, January 19th, nursing notes indicated bruising of the face, and lower extremities including the feet. By 0900 and again at 1200, decreased movement of the infant's lower extremities was identified. This continued and at 1417, evaluation by a neonatologist documented poor tone and minimal response to painful stimuli. It was noted by the neonatologist that

examined the patient that the findings might be due to the breech delivery and Improvement was anticipated within the ensuing 24 hours but imaging would be needed if it continued. Improvement was not noted and the infant was inconsolable along with a note of no spontaneous urine output requiring a catheter. A neonatologist was informed of these findings at 1924 without any plans noted. Dr. Hamburg came on call and was notified of a low blood glucose level. Nursing notes indicated that Dr. Hamburg had spoken to the patient's mother about the legs. The following day, January 20th at 0000, a pediatric neurosurgeon evaluate the patient and recommended imaging with a spinal U/S done at 0917 noting a likely hematoma and hemorrhage at T 10-12. An MRI was done at 1342 which showed swelling and hemorrhage of the spinal cord with cord compression and the neurosurgeon recommended transfer to Phoenix Children's Hospital (PCH). Transfer was carried out on January 21st with surgery carried out though the paralysis persisted. An additional finding at PCH noted a fracture of the humerus and a possible brachial plexus injury. The MC found that Dr. Hamburg failed to recognize and address signs and symptoms of progressive neurological injury in a preterm newborn especially with a vaginal breech delivery and a history of no abnormal findings until 20 hours of life. There was no documentation by Dr. Hamburg and no evidence that she examined the infant. It cannot be determined how the neurosurgeon was notified of the patient since no orders or notes were present by Dr. Hamburg who was on call at the time.

Dr. Hamburg provided an opening statement to the Board and summarized that the plaintiff AR was awarded a large settlement as the result of a birth injury. He was born at 35 weeks in 2017. In addition to prematurity, the infant suffered an epidural hematoma of the thoracic lumbar spine, a fractured humerus and a brachial plexus injury. These latter injuries, the fractured humerus and brachial plexus injury were also present from birth, but not noted until the transfer to PCH. A fractured humerus and a brachial plexus injury require no urgent intervention. Unfortunately, the infant's injury resulted in paralysis of the lower extremities. Many primary care physicians were involved in the care of AR by 24 hours of age. On morning of 8/19 it was documented by the occupational and physical therapists that the infant's lower extremity tone was flaccid. During the day, it was reported that the infant had normal tone to the primary care physicians at my handoff in the evening of 8/19, at approximately 34 hours of age, no specific plan was addressed by the primary care. It was stated that if there was no change in the infant's lower extremity movement further diagnostic test would be considered in the AM. At approximately 36 to 38 hours, nurses asked for an evaluation of the infant. Dr. Hamburg stated that she inspected the back of the infant for an external abnormality such as a defect, or a birthmark that could suggest an underlying etiology for his abnormal tone. Nursing documentation confirmed her evaluation. There was no documentation, as there was no change from the AM and the infant's condition was stable and unchanged. The infant during the evening developed oliguria. The oliguria persisted, and an ultrasound was ordered by the nurse practitioner under my advisement to obtain a bladder ultrasound, and to look at the kidneys. An MRI was performed at 52 hours. The ultrasound was not done to evaluate the infant's spine. I then gave a checkout report to the oncoming physician. An MRI, and the ultrasound revealed the Hematoma. An MRI was performed at 52 hours of age, and repeated at PCH. The infant underwent a laminectomy at approximately 68 hours of age. There's no information in the literature or through expert testimony, to support if timing or type of intervention would change outcome. The settlement for this infant concluded that the hematoma was the result of a birth injury. Dr. denied that she fell below the standard of care. Dr. Hamburg provided an expert witness who concluded that her care was within the standard. Dr. Hamburg stated that she was not at fault in his injury. Dr. Hamburg noted that 16 additional hours passed before he underwent surgery. Dr. Hamburg further noted that it is unknown if early intervention would have changed the outcome. Dr. Hamburg comments that documentation occurs when there is a change in the infant's condition. The infant's low blood sugar is noted, and the intervention done was not documented, but attended to as part of the nighttime NICU physician duties. Dr. Hamburg opined that there is a real lack of understanding of what a NICU physician's nighttime responsibilities are. It's not for primary diagnosis of new conditions previously not reported.

During questioning, Dr. Hamburg stated that when she came on she knew that he was born at 35 weeks in breech position, had abnormal tone of his lower extremities, which can be seen in a breech delivery, and that he was starting feeds. Dr. Hamburg stated that documentation from the occupational therapist and physical therapy noted that by 8 AM, which was around 23 to 24 hours of age, they reported that the infant had flaccid paralysis or flaccid abnormal movement. Dr. Hamburg informed the Board of the possible complications of a breach delivery. Dr. Hamburg stated that it is pretty well documented that there was normal movement and tone, and then it went downhill. Dr. Hamburg stated that she did not participate in that serial examination, and by AM the infant was not moving the lower extremities with a plan of doing a further investigation if there was no improvement by the AM. Dr. Hamburg did not acknowledge that there was a need for further investigation of the spine, but was not sure that the timing is clear as to when that should have occurred. Dr. Hamburg stated that she was told in checkout that if the mom comes in to inform her that if the baby is not moving the legs normally or well that they would be doing further diagnostic tests. Dr. Hamburg confirmed that she relayed that information to the mom and asked her if she had any additional questions. Dr. Hamburg stated that she did not document this. Dr. Hamburg explained that the urgency and treatment for breach babies is so see the change over time. In terms of the evaluation of a congenital abnormality of the spine, if there is an underlying defect and there is no opening to the outside world, there is no urgency in diagnostic testing. Regarding the IV, Dr. Hamburg explained that there is trust between the staff and the nurses. Information is discussed at the bedside, the determination that there was no response to needle pokes, the lack of leg movement and examining the patient would have all occurred at the same time. Dr. Hamburg stated that on her shift the infant had no urine output, so she asked the nurse practitioner to put an order in for a urinary or a bladder kidney ultrasound at about 48 hours of age. It was at that time that the ultrasound was performed that they noted the hematoma of the thoracolumbar spine. Dr. Hamburg noted that she didn't order it looking for an epidural hematoma, and she didn't order it looking for an abnormality of the spine. The more appropriate test to look for that would have been a more detailed exam with an MRI. The Neurosurgeon was in the hospital that morning so the oncoming physician discussed the ultrasound findings with the neurosurgeon. Dr. Hamburg clarified how much each party had to pay in the settlement.

In closing, Dr. Hamburg stated that there is no literature that supports that timing would have impacted the outcome.

During deliberations, Dr. Farmer stated that this was a complex case. Dr. Farmer questioned the responsibility of a physician who is covering at night. This case came to her attention as a result of urinary retention issues, which seem to have been handled appropriately. Dr. Farmer noted that if this were an adult or patient, a sudden or acute loss of lower extremity function it would indicate a spinal cord injury, a tumor, a vascular problem. Dr. Famer further commented that the common differential in this circumstance appears to be very different from that, and noted that the literature supports the rarity of this complication. Dr. Farmer opined that the documentation could have been better. Dr. Bethancourt commented that if it's not in the literature, it is unclear why the physician would even have it in her differential. Dr. Gillard stated expressed difficulty finding unprofessional conduct given the prior level of care and patient presentation. Dr. Gillard opined that with a very difficult delivery, the day crew should have been more aware of other complications. Dr. Guerrero-Tucker stated that at 24 hours, when an infant is having urinary problems, that's when you start thinking about ordering ultrasounds and kidney ultrasounds and bladder ultrasounds to see why is there some obstruction. When this doctor came on and did order that ultrasound on the night shift everybody's pretty lucky that that happened

because it had been missed before, and it hadn't been done the day it should have been. Dr. Guerrero-Tucker agreed that it is hard to believe that there's any sort of professional issue here. Dr. Artz opined that when Dr. Hamburg got the calls from the nurses, she did all the appropriate things and had a plan with the daytime for further testing. Dr. Artz agreed that there was no wrongdoing. Dr. Farmer stated that it would be nice for the medical records to be better, articulating both the thinking and the conversations with the family. Dr. Farmer commented that for an adult, you know a new onset of paralysis has to be something pretty catastrophic and requires immediate evaluation, but it is difficult to say that is the standard for a newborn. Dr. Farmer agreed that it is difficult to say that the care for the infant was wrong.

MOTION: Dr. Gillard moved to dismiss.

SECOND: Dr. Guerrero-Tucker.

Dr. Farmer spoke in favor of the motion and opined that there was a clear medical records issue here but looking at them incidentally is a valid point. Dr. Figge spoke in favor of the motion since this was unusual due to the breach birth and the physician did the ultrasound appropriately and fortunately saw the hematoma on the spine and further testing got done during the day. Dr. Figge further noted that if you read through the deposition the expert witness had supported her and stated when covering at night it is not uncommon to not do notes if nothing significant changes. It would be great to see documentation about the conversation with the mother and the exam however, if it was standard practice at the time you cannot find fault. Dr. Farmer stated that this does not set a precedent for any of the other providers and their roles, which haven't been considered today.

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

VOTE: 11-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.

MOTION PASSED.

N. FORMAL INTERVIEWS

1. MD-20-1000A, DAVID C. CAMARATA, M.D., LIC. #28451

Dr. Camarata was present with counsel Joey Hamby. S.C. and N.S. addressed the Board on behalf of the physician during the Public Statements portion of the meeting.

Board staff summarized that this case is returning to the Board from the August 6, 2024 Board meeting's formal interview. The Board sent the case back to investigations to allow Dr. Camarata to request early termination of his Interim Consent Agreement for PHP Participation and return to the Board for consideration of this information. Dr. Camarata has since undergone a PHP Assessment as part of his request for early termination. The PHP Assessor, the Board's PHP Monitor and his treating provider all support early termination

Dr. Camarata provided an opening statement to the Board and stated that he accepts full responsibility for the mistakes he has made. Dr. Camarata informed the Board that there have been two changes since the last meeting. The first was that he had a medical condition and during recovery he was prescribed narcotics and took Percocet for one week as prescribed and then stopped. There was no relapse and there was no issue. The second change is the company he works for has since been purchased by HonorHealth and the transition in working environment has been remarkable. Dr. Camarata stated he feels supported and enjoys his working environment. Dr. Camarata requested that the Board give him the opportunity to continue to work with his current employment.

Mr. Hamby stated that Dr. Camarata intends to continue treatment and requested non-disciplinary action. If the Board chooses to issue disciplinary action, Mr. Hamby requested that they make it retroactive to the beginning of the complaint so that he receives credit for the five years.

Dr. Figge noted that this is a continuation of the August formal interview, and the Board tabled this matter to allow Dr. Camarata an opportunity for reevaluation and the option for terminating the interim consent agreement for PHP participation.

MOTION: Dr. Bethancourt moved for the Board to enter into Executive Session pursuant to A.R.S. § 32-431.03(A)(3) to obtain legal advice.

SECOND: Dr. Beyer.

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

VOTE: 11-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.

MOTION PASSED.

The Board entered into Executive Session at 2:43 p.m.

The Board returned to Open Session at 3:07 p.m.

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

During questioning, Dr. Camarata confirmed that since the August formal interview he had a medical procedure and got through the appropriately prescribed opioids without having any problems and that he is now employed through HonorHealth. Dr. Camarata explained that he met with one of the Chief Medical Officers and the head administrator of HonorHealth and they informed him that in their bylaws it states that discipline would result in a loss of privileges for five years. Dr. Camarata confirmed that he does not mind the PHP monitoring and stated that if it is not mandated by the Board he would continue it personally.

In closing Mr. Hamby requested a path forward that will allow Dr. Camarata to keep practicing.

During deliberations, Dr. Bethancourt noted that the Board has already found unprofessional conduct. The Board has letters from multiple providers that things have changed in the physician's life and that monitoring has been a success. Dr. Bethancourt stated that the Board is here to protect the public and believes that it has been done and that at this point how would discipline benefit the public. Dr. Beyer agreed that the facts of the case in 2021 would have called for discipline, however, the facts have changed and information has become available since then. Dr. Beyer opined that monitoring is more important than discipline and believes that the public is best served by the physician continuing in a monitoring program. Dr. Beyer opined that issuing an Advisory Letter and offering the physician an SRA is appropriate. Dr. Gillard agreed that there have been mitigating factors and if the physician is in agreement with an SRA for 5 more years then non-discipline is appropriate. Dr. Krahn commented that there have been cases that are less problematic and the Board has issued discipline. Dr. Krahn opined that there were egregious actions that started this and the Board must be consistent. Dr. Beyer agreed that the facts were egregious but did not involve patient care. Dr. Krahn noted that the prescribing amongst a small number of people has been dealt with harshly before by the Board. Dr. Bethancourt acknowledged that there was egregious actions but the physician has mitigated the need for discipline.

Ms. Smith informed the Board that unless there is a specific requirement for monitoring of prescribing it is not typically in an agreement or Board order.

Dr. Farmer noted that if the Board decides not to issue discipline for this set of facts it is unusual and should not be considered the precedent. Dr. Farmer further stated that it should not be considered when considering another case and there is a set of unusual set of circumstances in this case. Dr. Gillard noted that if there is a violation of the SRA it is a violation of a Board order and can be dealt with severely. Dr. Guerrero-Tucker opined that this would be the outcome the Board would like to see in this type of case. Dr. Figge noted that prescriptions were given and therefore there were patients. Dr. Figge stated that years ago this would have risen to the level of discipline given the egregious actions. However,

some of it is due to addiction and it is difficult to determine which is more important discipline or monitoring in this case.

MOTION: Dr. Beyer moved to issue an Advisory Letter for inappropriate prescribing of controlled substances to two patients including failure to monitor patient compliance with controlled substance prescribing regimen and failure to monitor the CSPMP, for inadequate medical records, and for a pattern of inappropriate use of controlled substance medications. While the licensee has demonstrated substantial compliance through rehabilitation 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. Offer Dr. Camarata a CONFIDENTIAL Stipulated Rehabilitation Agreement for PHP participation for five years with terms consistent with his Interim order.

SECOND: Dr. Gillard.

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

VOTE: 9-yay, 1-nay, 0-abstain, 0-recuse, 1-absent.

MOTION PASSED.

Board staff confirmed that the Interim Consent Agreement will remain in effect until the SRA is signed and then staff will terminate it.

CONSENT AGENDA

O. CASES RECOMMENDED FOR DISMISSAL

1. MD-24-0113A, MICHAEL L. BRUIN, M.D., LIC. #66720

Dr. Artz expressed concern with dismissing this case when this doctor has a notice of intent in Illinois for multiple instances of dishonorable, unethical, unprofessional conduct, character likely to deceive, defraud, or harm the public. He withdrew his application before and then got his license reinstated during COVID and then applied for multiple state licenses and got them approved based on this license. Dr. Artz expressed concern that the SIRC report states that action may include refusing, denying, revoking, suspending a license by that jurisdiction, or surrendering a license to that jurisdiction. Dr. Artz opined that there was a violation and disagreed with dismissing the case.

MOTION: Dr. Gillard moved to return the case for further investigation for SIRC to reconsider

SECOND: Dr. Krahn.

Ms. Smith advised that the Board provide some direction with regard to new information that needs to be looked at.

Dr. Beyer inquired if the Board can issue an Advisory Letter today.

Ms. Smith confirmed that the notice letter to the physician indicates that an advisory letter can be issued.

Dr. Beyer spoke against the motion and opined that a better motion would be to issue an advisory letter for action taken against the physician's license in another state.

MOTION WITHDRAWN.

MOTION: Dr. Beyer moved to issue an Advisory Letter for action taken by another state. 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.

VOTE: The following Board members voted in favor of the motion: Dr. Figge, Dr. Beyer, Dr. Bethancourt, Ms. Dorrell, Dr. Artz, Dr. Farmer, Dr. Gillard, Dr. Guerrero, Dr. Krahn, and Ms. Leach. The following Board member was absent: Ms. Bain.
VOTE: 10-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

P. CASES RECOMMENDED FOR ADVISORY LETTERS

MOTION: Dr. Gillard moved to issue an Advisory Letter in item numbers 1-4.

SECOND: Dr. Bethancourt.

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

VOTE: 10-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.

MOTION PASSED.

1. MD-24-0746A, CHETAN S. GUJRATHI, M.D., LIC. #33545

RESOLUTION: Advisory Letter for failing to provide adequate informed consent and for inadequate documentation. 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-23-0188A, DANIEL E. HEINER, M.D., LIC. #34564

M.T. addressed the Board during the Public Statements portion of the meeting.

RESOLUTION: Advisory Letter for implanting an incorrect femoral component during a right knee replacement surgery. 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.

3. MD-24-0492A, RODNEY M. JACKSON, M.D., LIC. #28940

RESOLUTION: Advisory Letter for failing to properly evaluate a pediatric patient presenting with fever and difficulty breathing. 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.

4. MD-24-0033A, JASON H. LASRY, M.D., LIC. #61976

RESOLUTION: Advisory Letter for action taken by the Nevada State Board of Medical Examiners and failing to disclose the Nevada action at the time of IMLC renewal. 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.

Q. PROPOSED CONSENT AGREEMENTS (Disciplinary)

MOTION: Dr. Gillard moved to accept the Consent Agreement in item numbers 1-4.

SECOND: Dr. Artz.

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

VOTE: 10-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.

MOTION PASSED.

1. MD-24-0602A, DAVID M. YOUNG, M.D., LIC. #56860

RESOLUTION: Consent Agreement for Surrender of License.

2. MD-23-0238A, TIMOTHY R. DOOLEY, M.D., LIC. #27528

RESOLUTION: Consent Agreement for Probation to comply with the Medical Board of California's order. Dr. Dooley shall remain in compliance with the California Board order, and quarterly reports shall be submitted to the Arizona Medical Board regarding the status of his compliance. Once the licensee has complied with the terms of probation, he must affirmatively petition the Board to request that the probation be terminated. Dr. Dooley's request for termination shall demonstrate that the California Board order has been terminated.

3. MD-24-0035A, CLIFFORD T. BAKER, M.D., LIC. #42990

RESOLUTION: Consent Agreement for a Letter of Reprimand.

4. MD-21-0867A, DAVID M. MEDINA, M.D., LIC. #21441

RESOLUTION: Consent Agreement for a Letter of Reprimand and 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 in ethics; and complete no less than 4 hours of Board staff pre-approved Category I CME in arterial embolization. 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.

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

1. MD-20-0664A, JEFFREY B. MONASH, M.D., LIC. #37196
Dr. Figge and Dr. Farmer recused from this case.

MOTION: Dr. Gillard moved to approve the Findings of Fact, Conclusions of Law and Order for a Letter of Reprimand.

SECOND: Dr. Krahn.

Dr. Beyer noted that the physician's counsel submitted documents which have been reviewed.

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

VOTE: 8-yay, 0-nay, 0-abstain, 2-recuse, 1-absent.

MOTION PASSED.

S. 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 item numbers 1, 4, 5 and 6.

SECOND: Dr. Beyer.

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

VOTE: 10-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.

MOTION PASSED.

1. MD-24-0192A, SIM C. HOFFMAN, M.D., LIC. # N/A

RESOLUTION: License granted.

2. THIS CASE HAS BEEN PULLED FROM THE AGENDA

3. MD-24-0710A, AMIR R. BALUCH, M.D., LIC. # N/A

Dr. Farmer inquired about the physician being turned down by the Compact and staff requested documentation for that denial which has not since been provided. Dr. Farmer further questioned if the Board should still request that information.

Ms. Shepherd noted that staff did request that information regarding the Compact denial but it was not reported to the NPDB or FSMB.

Dr. Farmer opined that before the Board takes action, it should get the physician's response. Dr. Figge noted that the physician stated that he did not qualify for the Compact due to the Texas Board action.

MOTION: Dr. Farmer moved to grant the license.

SECOND: Dr. Gillard.

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

VOTE: 10-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.

MOTION PASSED.

4. MD-24-0540A, BASSAM ZAHLAN, M.D., LIC. # N/A

RESOLUTION: License granted.

5. MD-23-1058A, MICHELLE E. REYES, M.D., LIC. # N/A

RESOLUTION: License granted.

6. MD-24-0172A, ASHLEY D. GIBBS, M.D., LIC. # N/A

RESOLUTION: License granted.

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

MOTION: Dr. Gillard moved to grant the waiver request and grant the license in item numbers 1-5.

SECOND: Dr. Artz.

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

VOTE: 10-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.

MOTION PASSED.

1. CARMELINA C. GURRIERI, M.D., LIC. # N/A

RESOLUTION: Request for waiver of documentation and license granted.

2. FERNANDO M. JUMALON, M.D., LIC. # N/A

RESOLUTION: Request for waiver of documentation and license granted.

3. GENE V. LEVINSTEIN, M.D., LIC. # N/A

RESOLUTION: Request for waiver of documentation and license granted.

4. KEVIN L. QUINN, M.D., LIC. # N/A

RESOLUTION: Request for waiver of documentation and license granted.

5. AHMAD M. SHABAN, M.D., LIC. # N/A

RESOLUTION: Request for waiver of documentation and license granted.

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

OTHER BUSINESS

T. REQUEST FOR TERMINATION OF BOARD ORDER

1. MD-20-0673A, MATHEW BENJAMIN, M.D., LIC. #29241
Dr. Gillard noted that Dr. Lott and Dr. Faria are in favor of termination.

MOTION: Dr. Gillard moved to grant the request for termination of the June 11, 2021 Board Order.

SECOND: Dr. Guerrero-Tucker.

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

VOTE: 10-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.

MOTION PASSED.

2. MD-22-0959A, MARIA E. G. BERLARI, M.D., LIC. #41464
Counsel Lynette Odom addressed the Board on behalf of the physician during the Public Statements portion of the meeting.

Dr. Krahn noted that her end date for monitoring is April 18, 2025, so it is only slightly early.

MOTION: Dr. Krahn moved to grant the request for termination of the February 7, 2024 Board Order.

SECOND: Dr. Gillard.

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

VOTE: 10-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.

MOTION PASSED.

3. MD-20-0217A, DAMON M. DELL AGLIO, M.D., LIC. #56560
Dr. Gillard noted that Dr. Karp is in support of termination and the order was due to terminate in a month.

MOTION: Dr. Gillard moved to grant the request for termination of the February 16, 2021 Board Order.

SECOND: Dr. Krahn

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

VOTE: 10-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.

MOTION PASSED.

U. GENERAL CALL TO THE PUBLIC

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

V. ADJOURNMENT

MOTION: Dr. Gillard moved for adjournment.

SECOND: Dr. Artz.

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

VOTE: 10-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.

MOTION PASSED.

The meeting adjourned at 4:36 p.m.



Raquel Rivera

Raquel Rivera, Executive Director