



Arizona Medical Board

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

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

FINAL MINUTES FOR REGULAR SESSION MEETING Held on Monday, October 6, 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.
Lois E. Krahn, M.D.
Jessyca Leach

GENERAL BUSINESS

A. CALL TO ORDER

Chair Figge called the meeting to order at: 8:02 a.m.

B. ROLL CALL

The following Board members were present: Dr. Figge, Dr. Bethancourt, Ms. Dorrell, Dr. Beyer and Dr. Gillard.

The following Board members participated virtually: Dr. Krahn and Dr. Farmer.

The following Board members were absent: Dr. Artz, Ms. Bain and Ms. Leach.

ALSO PRESENT

The following Board staff participated in the meeting: Raquel Rivera, Executive 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

- 2024 CSPMP Annual Report
Ms. Rivera noted highlights of the report for the Board.
- ARBoPA Sunset Audit Report
Ms. Rivera provided the PA Sunset Audit Report for review and consideration.
- AMB Sunset Audit Status Update

Ms. Rivera provided an update on the current audit and stated that she will follow up with any findings at the November meeting.

- Update on AMB Draft Newsletter - October 2025
Ms. Rivera provided the draft newsletter for review which includes relevant topics the Board has encountered since the last newsletter. Ms. Rivera noted that staff may add a quiz to next year's newsletter to obtain future topics from physicians.

Dr. Figge opined that Ms. Rivera did a good job on the newsletter, especially regarding rulemaking.

E. CHAIR'S REPORT

No report was given.

F. LEGAL ADVISOR'S REPORT

- Legislative Update
Ms. Smith provided an update for the Board's review. Ms. Smith highlighted that SB1395 passed, which changed the minimum licensure requirements for graduates for unapproved schools of medicine. Previously, applicants had to complete an additional 24 months of training at an approved program, now applicants are only required to be enrolled in an approved program. There has also been a change in the scope of practice for medical assistants that allows an appropriately trained MA to place and remove urinary catheters while under the general supervision of an appropriate supervisor. Ms. Smith also highlighted that there is a change in the way the Board will review initial licensure applications. HB2173 prohibits agencies from including questions on applications that request information on whether the received a mental health diagnosis or sought mental health treatment. Additionally, if an applicant is in a monitoring agreement in another state that is confidential, they do not have to disclose that information.

Dr. Farmer inquired about a legal issue that was sent via email.

Ms. Smith noted that the matter is not agendaized and she will contact Board members.

G. PHYSICIAN HEALTH PROGRAM (PHP) REPORT

Ms. Downey provided a report for the Board's review. Ms. Downey noted that staff has requested a PHP committee meeting soon and that the Mayo clinic has provided information for the Committee's consideration. Staff would like to add the Federation of State Physician Health Programs (FSPHP) video to the Board's website and send an email to licensees. On October 3, 2025, the Executive Director, PHP Manager, and the Board's PHP Assessors attended the 2025 Wellbeing Summit. Ms. Downey informed the Board that the FSPHP will be holding its education conference and annual meeting from April 29 to May 2, 2026 in Baltimore, Maryland. Board members may consider attending to learn about the essentials of physician health programs and healthcare professional treatment. Interested Board members may contact the Executive Director for more information. Ms. Downey noted that there has been an agenda change for PHP matters which has received positive feedback.

H. DISCUSSION REGARDING DEBRIEFING ON BOARD PROCESSES

Dr. Figge commented on the frustration regarding obtaining a quorum to hold meetings and waiting on new assignments.

I. APPROVAL OF MINUTES

- September 3, 2025 Special Teleconference
- September 17, 2025 Summary Action

MOTION: Dr. Bethancourt moved to approve the September 3, 2025 Special Teleconference Meeting, and the September 17, 2025 Summary Action Meeting.

SECOND: Dr. Gillard.

VOTE: The following Board members voted in favor of the motion: Dr. Figge, Dr. Bethancourt, Ms. Dorrell, Dr. Beyer, Dr. Farmer, Dr. Gillard and Dr. Krahn.
The following Board members were absent: Dr. Artz, Ms. Bain and Ms. Leach.
VOTE: 7-yay, 0-nay, 0 (Dr. Krahn abstained from the September 17th minutes)-abstain, 0-recuse, 3-absent.
MOTION PASSED.

LEGAL MATTERS

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

1. MD-25-0012A, LAURA HARRINGTON, M.D., LIC. #24671

Counsel Melissa Cuddington was present on behalf of the physician. Carrie Smith, AAG was present on behalf of the state. Deannie Reh, AAG was present as the Board's Independent Legal Advisor.

Ms. Cuddington requested executive session to discuss confidential matters.

MOTION: Dr. Farmer moved for the Board to enter into Executive Session pursuant to A.R.S. § 32-431.03(A)(2) to discuss confidential matters.

SECOND: Dr. Krahn.

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

The following Board members were absent: Dr. Artz, Ms. Bain and Dr. Krahn.

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

MOTION PASSED.

The Board entered into Executive Session at 8:47 a.m.

The Board returned to Open Session at 9:05 a.m.

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

Ms. Cuddington requested that the Board approve the alternative treatment solution as discussed in executive session. Ms. Cuddington noted that the Board investigation is not complete and further requested that the matter be tabled for 60 days.

Ms. Smith agreed that continuance is appropriate. The medical records were provided, and the Medical Consultant ("MC") has issued a supplemental report that the physician has not had an opportunity to respond to. Ms. Smith noted that the Board is aware of their stance on the alternative treatment option requested by the physician given in executive session. Ms. Smith stated that she is willing to be guided by the Board's direction in this case.

MOTION: Dr. Krahn moved to reject the settlement proposal regarding alternative outpatient program because it does not meet the Board's requirements.

SECOND: Dr. Farmer.

Dr. Gillard inquired whether tabling the matter would affect the case.

Ms. Reh stated that if the Board rejects the proposal, it would not be tabling for further investigation.

Dr. Figge asked for clarification of whether the case would move towards formal hearing if the Board rejected the settlement proposal. Dr. Krahn stated that her motion was only intended to address the request to approve the alternative treatment solution. Dr. Beyer stated that he understands where Dr. Krahn is coming from but spoke against the motion. Dr. Beyer agreed that the recommended treatment program is better than the proposed alternate, but commented that other things happening in Dr. Harrington's life which may make it a better fit for her recovery. Dr. Krahn expressed concern that the recommended treatment and alternative proposal are very different, and given the longstanding and serious issue, the standard of care would not be met by the alternate proposal.

Ms. Cuddington clarified that the physician did select the evaluating provider.

Dr. Bethancourt inquired whether the matter could be tabled if the motion passes.

Ms. Smith clarified that the parties are requesting for the Board to approve or deny the alternative program, and to table the matter.

Dr. Krahn stated that her motion is for the treatment program specifically and leaves the tabling issue to another motion. Dr. Farmer stated that he shares sympathies for the physician's situation, but the kindest thing would be for this physician to complete the treatment- recommendations that would have the best outcome. Dr. Figge inquired whether this matter would come back to the Board prior to the formal hearing.

Ms. Reh explained the current motion would not affect whether or not the Board tables the matter in a separate motion. If tabled, the case would not go to a formal hearing at this time.

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

VOTE: 6-yay, 1-nay, 0-abstain, 0-recuse, 3-absent.

MOTION PASSED.

MOTION: Dr. Gillard moved to continue the case for sixty days in lieu of Formal Hearing.

SECOND: Dr. Bethancourt

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

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

MOTION PASSED.

2. MD-20-1000B, MD-24-0118A, MARK J. RUBIN, M.D., LIC. #28310

Dr. Rubin and counsel Callie Maxwell were present. Seth Hargraves, AAG was present on behalf of the State. Deanie Reh, AAG was present as the Board's Independent Legal Advisor.

Dr. Rubin stated that regarding the MD-20-1000B matter, all the care he provided was appropriate, within the standard of the care, and well documented. He expressed his confusion as to why there are claims of inadequate record keeping regarding the care provided to the other doctor in this case. Dr. Rubin claims to have provided all requested medical documents to the Board and subsequently never received a deficiency notice over the years. As for the MD-24-0118A matter, Dr. Rubin stated that he was uninformed of the law and that ignorance led to a criminal investigation. Dr. Rubin requested a second chance to practice.

Ms. Maxwell clarified that their alternative proposal is that Dr. Rubin would not return to clinical practice until December 2027, and the Board would grant Dr. Rubin's request to serve as a doctor in the Navy if given the opportunity. Dr. Rubin would also notify the Board of any job offers that require an active medical license to ensure compliance. Ms. Maxwell noted that Dr. Rubin would also accept the previous consent agreement for practice restriction, probation, and completion of CME with the understanding that noncompliance will result in revocation.

Mr. Hargraves summarized that MD-20-1000B was initiated when the Board received a complaint that Dr. Rubin and another physician were inappropriately prescribing medications to each other. The MC found that Dr. Rubin deviated from standard of care by the inappropriate and dangerous prescription of controlled substances, failing to obtain drug screening prior to prescribing controlled substances, failing to comply with CSPMP

requirements, and failing to try nonpharmacological interventions. Mr. Hargraves also explained that Dr. Rubin was issued a letter of reprimand for case MD-12-0175A for acting inappropriately as a supervising physician prior to case MD-20-1000B. SIRC took that discipline into account when reviewing case MD-20-1000B and determined that a more serious discipline was needed for this case. SIRC recommended a decree of censure with probation with completion of CME. Dr. Rubin was incarcerated during the time that the proposal was offered, and he did not respond to the Board in time. When Dr. Rubin did notify the Board that he had plead guilty to one count of Conspiracy to solicit and receive illegal kickbacks in February 2024, that lead to the opening of case MD-24-0118A. Consequently, the proposal for the Decree of Censure had been revoked due to the new investigation. When SIRC reviewed case MD-20-1000B and MD-24-0118A together, they determined that Dr. Rubin had engaged in unprofessional conduct by having action taken against him by the federal government for accepting illegal kickbacks. SIRC recommended that Dr. Rubin be offered a surrender of his license; if he did not accept the proposal, the case would move to a formal hearing for consideration of revocation. Mr. Hargraves noted that when SIRC reviewed the matter, the Office of the Inspector General had not issued an order of exclusion, therefore it was not part of SIRC's findings. Mr. Hargraves recommended that the Board add violation of A.R.S. § 32-1401(27)(q) to the record. Mr. Hargraves clarified that the State does not take a position on the proposed settlement and will defer to the Board.

Dr. Rubin stated that regarding the MD-20-1000B case, the CSPMP was always checked and that he did consider alternative therapies prior to prescribing opioids. Dr. Rubin reiterated that the other doctor involved in this case did prescribe with a third practitioner, but that he had no involvement with that arrangement. Dr. Rubin stated that during the time of case MD-12-0175A, PAs were granted independent national practitioner ID's which led him to believe that his PA could prescribe him medication.

During deliberations, Dr. Gillard noted that the felony conviction does not include patient harm.

MOTION: Dr. Gillard moved to approve the settlement proposal for Decree of Censure, Two Year Probation, and Practice Restriction from clinical practice for a period of three years. A violation of statute A.R.S. § 32-1401(27)(q) shall be added to the order. The matter will return to the Board for approval of the consent agreement.

SECOND: Dr. Beyer.

Dr. Farmer inquired about the actual proposal.

Ms. Maxwell reiterated the terms of the proposal.

Mr. Hargraves requested that once the draft order is ready the Board would have it agendized for review and approve it at the next meeting.

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

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

MOTION PASSED.

K. FORMAL LICENSING INTERVIEWS

1. MD-24-0133A, JUDY H. LUI, M.D., LIC. #N/A

Dr. Lui was present.

Board staff summarized that the Board initiated this case after receiving Dr. Lui's initial application for licensure in Arizona on March 21, 2023, wherein she disclosed three malpractice settlements within 10 years, all of which were dermatology cases. The Board's Assistant Chief Medical Consultant ("CMC") recommended that specialty reviews be conducted by a dermatologist on two of the cases, noting Dr. Lui's training as a pediatrician. A malpractice settlement was made on behalf of Dr. Lui in May 2012, for care rendered in

June 2011. The allegation was that Dr. Lui failed to ensure patient safety when a 45 year-old female received a burn on her left flank during a liposuction procedure because a heating pad was left under MP's left flank. No specialty review was recommended by the CMC on this case. A malpractice settlement was made on behalf of Dr. Lui in July 2021, for care rendered in July 2016. The allegation was that Dr. Lui failed to properly perform a series of skin laser treatments for severe melasma on DW's face, and the 55 year-old Asian female patient developed post-inflammatory hyperpigmentation ("PIH"). DW subsequently received a series of non-invasive treatments for improvement of her PIH but was unsatisfied with the results. The Board's MC reviewed the case and opined that Dr. Lui deviated from the standard of care by failing to recognize that DW was a poor candidate for laser treatments for melasma, resulting in increased hyperpigmentation. The MC stated that the treatment of melasma in an Asian patient is medically with hydroquinone and other less invasive therapies, as energy-based treatments such as lasers can cause hyperpigmentation. A malpractice settlement was made on behalf of Dr. Lui in April 2022, for care rendered in October 2017. The allegation was that Dr. Lui failed to properly calibrate the laser machine used to treat AL's facial telangiectasia with fine superficial capillaries to the nose. After the second treatment, the 41 year-old female patient subsequently developed blistering to the side of her nose and ultimately suffered from 2nd and 3rd degree burns. The MC reviewed the case and determined that Dr. Lui deviated from the standard of care by failing to perform skin testing prior to performing laser treatments. The MC stated that AL sustained 2nd and 3rd degree burns, with deep scarring from overly aggressive treatment with a vascular laser that necessitated plastic surgery requiring skin grafting and flaps to correct to the damage. Dr. Lui provided supplemental information to the Board related to her training and qualifications in Medical Aesthetics, use of lasers and experience in dermatology, which she advised she has been practicing since 2007. This supplemental information included copies of course and seminar certificates for Continuing Medical Education ("CME") she attended in dermatology from 2014 through 2024. SIRC observed that Dr. Lui reported that she intends to move to Arizona from New Mexico to practice pediatrics in Florence or Safford. SIRC recommended a formal licensing interview be held to allow the Board to adequately inform itself with respect to Dr. Lui's competency, safety to practice pediatrics and whether further education, evaluation or monitoring is needed, as Dr. Lui has been practicing medical aesthetics for the last 17 years. Dr. Lui also provided supplemental information for the Board's review, which included a verification from the American Board of Pediatrics dated September 3, 2025, which showed that she was not only Board Certified in General Pediatrics by the American Board of Pediatrics from October 11, 1995, through December 31, 2009, but that she was also certified again from February 26, 2012, through December 31, 2023. Dr. Lui additionally provided an email from the American Board of Pediatrics dated September 8, 2025, which explained the reason for the two year lapse in her pediatrics certification. This email also confirmed that once Dr. Lui completes her current MOC cycle requirements and passes her recertifying exam, Dr. Lui will then regain her General Pediatrics Board Certification immediately.

Dr. Lui clarified that she has been practicing pediatrics since graduating from her residency in 1995. She opened a clinic with her husband, but she never stopped practicing pediatrics. Dr. Lui reported that she took a pause from pediatrics in 2023 due to health issues.

During questioning, she confirmed that she has not formally practiced since 2023 and was only doing consultations. In June of this year, she reapplied for Board Certification and have completed half of the requirements at this time. Dr. Lui explained that she does not know if she will go back to medical aesthetics and currently plans to return to pediatrics. Dr. Lui stated that she has chosen to sit for an exam as that is the quickest way to obtain her recertification. Dr. Lui confirmed that she has done locum tenens prior to COVID as well as her practice. Dr. Lui confirmed that she has kept up with her CME credits.

Dr. Lui provided a closing statement thanking the Board for allowing her to answer the Board's questions.

During deliberations, Dr. Bethancourt commented that even though her Board Certifications lapsed in 2023 she has taken steps toward recertification. Dr. Bethancourt opined that she meets the requirements for licensure.

MOTION: Dr. Bethancourt moved to grant the license.

SECOND: Dr. Gillard.

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

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

MOTION PASSED.

L. FORMAL INTERVIEWS

1. MD-22-0715A. ALI A. ASKARI, M.D., LIC. #20451
Dr. Askari and counsel Claudia Stedman were present.

Board staff summarized that this case came before the Board by way of a female patient complaint alleging that during an examination, Dr. Askari spoke very close, quickly and loud to her face, then rubbed his hand up and down between her breasts while talking about her heart. She also described Dr. Askari touching her throughout the appointment on her arm or the top of her chest without reason. The patient also alleged that he failed to address her concerns or explain why a test was necessary. Following the clinic visit, she stated that Dr. Askari called her on her personal cell to inform her that he heard her concerns that were expressed to staff. In response, Dr. Askari maintained that the patient was seen for a cardiac evaluation and it was standard protocol to call any patients with complaints. An investigational interview was conducted with both the patient and Dr. Askari. During the patient interview, she recalled discussing her condition and anatomy, then Dr. Askari touching the middle of her chest and rubbed up and down, which she felt was unnecessary and that he didn't explain the reasoning for the action. She also reiterated that Dr. Askari touched her inappropriately without consent, was too close, and did not respect personal boundaries or listen or allow KP to explain her medical history and ordered tests without clear explanation. During the interview with Dr. Askari, he maintained that the evaluation and examination was standard and didn't recall any issues. He also reported that there were no other similar issues with any other patients. The Board's MC reviewed the case and determined that Dr. Askari deviated from the standard of care by failing to obtain an EKG as part of a cardiac evaluation. The MC expressed concern that an urgent stress test was ordered prior to obtaining an EKG and without a documented appropriate indication. The MC noted that there was an inadequate history obtained related to the patient's ablation, enlargement of aorta, and inconsistent documentation related to medications. At the time of the investigation, there was insufficient evidence to support KP's allegation of inappropriate touching during an examination. However, KP also alleged care concerns and an MC determined that Dr. Askari deviated from the standard of care by failing to obtain an EKG, for inappropriately recommending a same day stress test, and for inconsistent documentation. The case presented to SIRC wherein they observed that this was his was the second complaint alleging inappropriate touching during an examination, and noted that in 2018, a patient alleged that Dr. Askari grabbed her breast during an exam. Dr. Askari denied a history of similar complaints, which SIRC considered troubling and citing the need for further evaluation as it remained unclear whether Dr. Askari's conduct may be a result of a lack of appropriate boundaries, communication, or both. SIRC recommended returning the case for further investigation to issue an Interim Order for a Neuropsychological evaluation with an emphasis in boundaries. The case was returned for further investigation. Dr. Askari underwent the evaluation and the evaluator determined that Dr. Askari produced a largely normal neurocognitive profile with some mild inefficiency in certain cognitive domains; however, Dr. Askari's tendency toward desirability and impression management as well as his history of a similar complaint was noted. Therefore, the evaluator recommended Dr. Askari complete a boundary course. The case returned to SIRC and committee members remained concerned regarding the similarity of inappropriate touching complaints in 2018 and 2022 as well as the inconsistent responses

throughout this investigation. SIRC noted that in both cases, Dr. Askari reported that an MA was present but left for a portion of the exams; however, the complainants maintained that no chaperones were present and the records do not indicate anyone else was present during Dr. Askari's examinations. SIRC stated that although the evaluator did not make a formal recommendation to require a female chaperone, given that this is Dr. Askari's the second complaint alleging inappropriate touching and the lack of evidence to support that chaperones were present as reported, as well as the inconsistent statements identified, it would be prudent for Dr. Askari to utilize a chaperone on a forward going basis for all female patients.

Dr. Askari provided an opening statement. Dr. Askari explained that this was at the height of COVID-19 which is why he touched the patient's arm rather than a handshake. When the patient presented her issues, it became apparent that she was at high risk for aortic dissection or aortic regurgitation. As a result, Dr. Askari suggested doing an echo cardiogram and to double check for an enlarged aorta. He also ordered a treadmill test for the patient as well, clarifying that it is standard of care to order an EKG before issuing a treadmill test. Dr. Askari stated she had no objections or concerns about any of the testing initially. Dr. Askari stated that the patient began to feel unwell and decided not to do the treadmill test after all, and he made the decision to call her personally at the end of the day to check on her and apologized that she felt that way.

Ms. Steadman provided an opening statement addressing items in the SIRC report. She reiterated that there was communication between Dr. Askari and the patient regarding her treatment plan to which no questions or concerns were brought up. Ms. Steadman also clarified that there was an MA present in the room up until the treadmill test was ordered, and that the patient was fully clothed during the entire exam. Addressing the medical consultant's note that Dr. Askari deviated from the standard of care by not ordering an EKG, Ms. Steadman stated it's important to note that Dr. Askari did order an EKG but didn't properly document it. Ms. Steadman also confirmed that the patient did provide her phone number during registration and that Dr. Askari did not inappropriately reach out to her. Ms. Steadman added that it is Dr. Askari's standard practice to have an MA present in the room when examining female patients, and they are willing to make that a written policy if the Board wishes. She also noted that Dr. Askari is willing to take non-disciplinary CME courses that address SIRC's concerns regarding inadequate documentation. Ms. Steadman reiterated that Dr. Askari did not deviate from the standard of care by not ordering an EKG because the patient left before the EKG or treadmill test could be performed.

During questioning, Dr. Askari stated that he always has an MA in the room with female patients and that the only time the MA left was to get the treadmill for the test. Dr. Askari explained that you don't do a treadmill unless you do an EKG first. If it is a good EKG then we could do a treadmill. Insurance companies, for example, they never pay for EKG and treadmill at the same time. They only pay for the treadmill test, but the treadmill includes the EKG. Dr. Askari further explained that even though it is not ordered in the record, staff does this every day so when we order for a treadmill they do an EKG. Dr. Askari noted that his case regarding an 80 year old patient was dismissed. The patient said he touched her chest but he took his stethoscope to listen to her heart. Dr. Askari stated that he does not know if the patients sign a general consent or an informed consent since it is done by the office manager. Dr. Askari confirmed that he would be willing to take a boundary course if that is the Board's decision.

In closing, Dr. Askari requested that the Board allow him to continue to practice.

During deliberations, Ms. Dorrell opined that there has been unprofessional conduct.

MOTION: Ms. Dorrell moved for a finding of unprofessional conduct in violation of A.R.S. § 32-1401(27)(e), (r) and (kk).

SECOND: Dr. Gillard.

Dr. Bethancourt commented regarding the criticism that there wasn't an order for an EKG is ridiculous as an EKG is done prior to every treadmill test. It would be redundant to order the EKG.

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

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

MOTION PASSED.

Ms. Dorrell opined that this does rise to the level of discipline. When working in rural communities it's important to have a layer of protection for patients by having oversight by an MA during an exam.

MOTION: Ms. Dorrell moved for a draft Findings of Fact, Conclusions of Law and Order for a Letter of Reprimand and Two Year Probation with Practice Restriction. Dr. Askari's practice shall be restricted requiring a chaperone with all female patients for the duration of probation. Within six months, complete PBI's Professional Boundaries and Ethics: Enhanced Edition (PB-24EN) course. PBI shall provide an AIR letter to the Board upon completion of the CME coursework. The CME hours shall be in addition to the hours required for license renewal. If 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 and 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.

SECOND: Dr. Krahn.

Dr. Beyer spoke against the motion as a Practice Restriction may not be necessary. Dr. Beyer opined the CME is appropriate to reinforce the message of these complaints but is not convinced that there is a significant underlying problem. The patient is unhappy that he contacted her at the end of the day, which Dr. Beyer found appropriate. Dr. Beyer opined an Advisory Letter with CME is appropriate. Dr. Gillard agreed that there was a mistake with the MA leaving the room. Dr. Farmer inquired if the Board can consider the dismissed case.

Ms. Smith explained that the basis for including the dismissed case in this matter was Dr. Askari's response to inquiries about whether something like this had happened to him before. Dr. Askari had claimed this was the first time he received this type of complaint; therefore, the dismissed case is relevant to the (kk) violation for a similar complaint.

Dr. Bethancourt spoke against the motion. Dr. Farmer commented that the physician was cooperative and professional, which he found mitigating. Dr. Farmer also found it mitigating that although the MA left the room, the patient wasn't unclothed and it's not a mandate to have an MA. Dr. Farmer opined that it is good practice to have a MA present. Ms. Dorrell noted that the patient's phone call stated that there was no MA in the room.

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

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

MOTION FAILED.

MOTION: Dr. Beyer moved to issue an Advisory Letter and Order for Non-Disciplinary CME for failing to have a chaperone present during an entire cardiac examination, inadequate documentation that a chaperone was present, and knowingly making a false statement to the Board. While there is insufficient evidence to support disciplinary action, the board believes that continuation of the activities that led to the investigation may result in further board action against the licensee. Within six months, complete PBI's Professional Boundaries and Ethics: Enhanced Edition (PB-24EN) course. PBI shall provide an AIR letter to the Board

upon completion of the CME coursework. The CME hours shall be in addition to the hours required for license renewal.

SECOND: Dr. Bethancourt.

Dr. Figge commented that the boundaries violation was for failing to have a chaperone present during the entire examination, and failure to document the presence of the chaperone. Dr. Bethancourt agreed with keeping all the violation, although he believes the MA was present it was not documented. Dr. Gillard inquired if this motion is setting a precedent that an MA is required. Dr. Figge clarified that the motion does not make having an MA present mandatory or set a precedent but noted that it is standard practice. Dr. Farmer commented that it's often a subtext of discussion when an MA or chaperone should be present when a physician interacts with a patient of a different gender and yet it's not a legislated requirement. It is unclear what various specialties and subspecialties view that being a standard of care. Dr. Farmer requested that staff research into what various specialties consider their standard of care in this area. Ms. Dorrell agreed that it's not required but the physician is the one who stated that it is his standard.

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

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

MOTION PASSED.

M. FORMAL INTERVIEWS

1. MD-24-0728A, NIKESH D. SETH, M.D., LIC. #44017
Dr. Seth was present with counsel Frederick Cummings.

Board staff summarized that this case is based upon a complaint by ZA who was a 36 year-old female patient treated with opioids for chronic knee pain alleging failure to timely refill the patient's medication resulting in withdrawals, patient abandonment, improper patient discharge, and inadequate follow-up care and treatment. The Board's First Medical Consultant reviewed the case and determined that Dr. Seth met the standard of care. However, the MC noted that there appeared to be poor communication between the physician and patient and poor documentation. The CMC reviewed the first MC's report and observed that the MC stated that the patient was high risk because of a significant mental health condition of bipolar disorder and concomitant use of benzodiazepines but did not opine further on the prescribing or the initial allegations. Therefore, the CMC requested a second MC review the case. The second MC found Dr. Seth deviated from the standard of care by failing to perform an adequate initial and follow-up evaluations and failing to appropriately discharge the patient. The second MC stated that the patient's pain, functional status, functional goals, and/or psychiatric comorbidity was not evaluated. The second MC observed that the discharge letter was undated, lacked an effective date, and there was no offer to provide care while a new provider was obtained. The second MC stated the patient was unable to contact Dr. Seth after the last visit and suffered opioid withdrawal and mental anguish and was at risk of obtaining opioids from illicit sources and suicide. The MC noted that the visit notes were copied and pasted without any changes. SIRC recognized Dr. Seth's prior Board history and noted that he was previously ordered to complete CME in controlled substance and medical recordkeeping in 2018 and 2019. SIRC recognized that the deviations related to inadequate documentation and questionable controlled substance prescribing has continued and the education has not been incorporated into Dr. Seth's practice. SIRC considered whether Dr. Seth's inability to adhere to basic laws, rules, or policies was due to poor risk management and discussed if CME was warranted. Therefore, SIRC recommended a Letter of Reprimand. SIRC further recommended Dr. Seth complete PBI's Extended Risk Management course (RM-10EX), which includes 12 weeks of post course follow-up. After SIRC met, Dr. Seth provided supplemental information about communications and the discharge letter. The screen shots are blurry and difficult to read. Dr. Seth was instructed to provide all information in the initial letter and had the opportunity to provide this information in his supplemental response after the issues were raised but did not. Dr. Seth also submitted a review from his own consultant which mainly defends his actions on improper dismissal but not quality

of care issues. SIRC primary concerns were on the continuing quality of care issues. Dr. Seth did provide evidence he enrolled in the recommended CME course.

Mr. Cummings provided an opening statement and opined that the second MC expanded beyond the patient's initial abandonment complaint. When Dr. Seth took on the patient for pain management, she was already on low dose opioids and benzodiazepine. As a result, Dr. Seth refused to prescribe the patient benzodiazepine and referred her to her treating psychiatrist as he identified that she was high risk. Mr. Cummings noted that the follow-up visits the patient had with Dr. Seth were primarily to monitor her opioid medications. Mr. Cummings stated that Dr. Seth gave the patient notice in writing and verbally in October and December that he would be discontinuing care and advised her to find another provider. Mr. Cummings asserted that Dr. Seth's records controvert the patient's claim that she could not communicate with Dr. Seth. Mr. Cummings noted that Dr. Seth's expert concluded that standard of care was met and there was adequate communication provided to the patient. Mr. Cummings also noted that Dr. Seth is enrolled in the risk management course.

During questioning, Dr. Seth stated that during the time he treated the patient, she was still seeing the primary care physician that referred her to him. Dr. Seth clarified that he does not prescribe benzodiazepines as he focuses on interventional pain management, which is why he referred the patient to her treating psychiatrist. When they gave the patient the discharge notice, they also provided three other physicians that could take over the patient's pain management treatment. Dr. Seth stated that he also offered to extend treatment for another two weeks during the transition to prevent withdrawals, however, the patient decided against that. Dr. Seth noted that he has applied the information he learned from the previous CME course he took for documentation. However, he understands that he can still improve his record keeping, which is why he enrolled for the course initially recommended by the Board.

Mr. Cummings provided a closing statement, and requested the Board issue an Advisory Letter or to dismiss the complaint.

Board staff commented that on the discharge letter it was scanned in January 2024 and the patient's last visit was on December 21, 2023; Dr. Seth originally claimed that the letter was signed in at the time of the visit.

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

SECOND: Dr. Beyer.

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

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

MOTION PASSED.

Dr. Gillard opined that this does not rise to the level of discipline.

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

SECOND: Dr. Krahn.

Dr. Bethancourt commented that the patient's complaint is that they went through severe withdrawal and noted that the hydrocodone was a small dosage which shouldn't result in withdrawal. The medication the patient was taking that could've caused withdrawal is a benzodiazepine, which was prescribed by the psychiatrist. Dr. Beyer stated that he was comfortable with the way this patient was discharged. Dr. Krahn agreed that there wasn't a problem with the way this physician tried to discharge this patient.

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

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

MOTION PASSED.

N. FORMAL INTERVIEWS

1. MD-24-1094A, DANIEL L. MONTGOMERY, M.D., LIC. #50465

Dr. Montgomery was present with counsel Cody Hall. E.E. and D.C. addressed the Board during the Public Statements portion of the meeting.

Board staff summarized that the Board opened case MD241094A after receiving a complaint regarding Dr. Montgomery's care of DC. DC was a 24-year-old female who arrived at the emergency department by ambulance on September 13, 2024. But the chief complaint of bilateral lower abdominal pain worsened with movement and an episode of near syncope. She had a past medical history of a possible recent miscarriage and endometrial infection. Dr. Montgomery first saw the patient at 1613. In his physical exam, he documented a soft abdomen with moderate lower abdominal tenderness. He ordered a urinalysis, an abdominal pelvic CT, and administered Ketorolac propane and Ondansetron for nausea and vomiting. A serum pregnancy test was positive, though it is uncertain when that result was known. A pelvic ultrasound and Lorazepam was ordered. Lorazepam is a pregnancy category D medication and is generally contraindicated in pregnancy. Dr. Montgomery explained the result of the first HCG was delayed because it was not included in the standing orders. In the MC's opinion, Dr. Montgomery deviated from the standard of care by not approaching this case in a more urgent manner. Patients presenting complaints of severe abdominal pain and near syncope, combined with tachycardia were clues pointing to a possible surgical emergency. Given her presentation, and when the positive pregnancy tests became known, an immediate point-of-care ultrasound of the admin should have been performed, and a stat OBGYN consult made. The MC acknowledged that not all emergency physicians are credentialed in bedside ultrasound or focused assessment with sonography for trauma exams. An ultrasound is not an absolute necessity to diagnose an abdominal surgical emergency. Signs of peritonitis in a pregnant woman should be sufficient information to consult OBGYN. The ultrasound can be obtained after notifying the obstetrician. The diagnosis was eventually made, but the delay of over 4 hours resulted in a significant decrease of the patient's hemoglobin and required 8 units of packed cells, 6 units of plasma, and 1 unit of platelets. A more prompt diagnosis may have avoided the large blood loss. The standard of care for a female patient presenting to the emergency department complaining of severe abdominal pain and a positive pregnancy test is to perform a stat bedside ultrasound and to simultaneously obtain an OBGYN consult due to the potential for a life-threatening ruptured ectopic pregnancy. It is unknown when Dr. Montgomery became aware the patient was pregnant. According to the record, the ultrasound and OBGYN's involvement both occurred several hours after the patient arrived. The MC stated the ultrasound text images clearly demonstrated a large amount of free fluid in the peritoneal cavity, suggesting an internal hemorrhage. The correct diagnosis is made after a significant delay. A potential ruptured ectopic pregnancy should be at the top of the differential diagnosis, and a woman of childbearing age who presents with the aforementioned signs and symptoms. The early information should have been enough for Dr. Montgomery to get an ultrasound and OBGYN consult sooner.

Cody Hall provided an opening statement, and requested the case be dismissed. Mr. Hall noted that the MC concluded that Dr. Montgomery ordered the pregnancy test in a timely manner. The MC did conclude that Dr. Montgomery was unreasonably delayed in the diagnosis of the ruptured ectopic pregnancy. The MC, however, concluded that the delay did not change the outcome for the patient.

During questioning, Dr. Montgomery stated that the patient had moderate tenderness in the lower abdomen, her objective pain score was 7 when she arrived in the ED and he did not appreciate any peritonitis on her physical exam. Regarding syncope versus near syncope, Dr. Montgomery explained that it wasn't in the initial history that came up. He did

notice it looking back at the EMS records. Dr. Montgomery stated that he had training in point-of-care ultrasound but he does not use it on a regular basis in his practice. He would typically reserve it for critically hypotensive patients. Dr. Montgomery stated that he submitted the orders but depending on how busy the department is there are delays, which are out of his control. Dr. Montgomery stated that once he learned that the patient was pregnant, he ordered the ultrasound. There was a couple of hours of delay until the ultrasound was actually done. Dr. Montgomery explained that when the hemoglobin went down to 6 this all happened simultaneously. He consulted OBGYN and put in for blood. Finally realized that there was actually blood in the abdomen. When the OBGYN came to bedside, they changed it to a massive transfusion protocol. Dr. Montgomery explained that he ordered Ativan to help with a panic attack. He ordered it after finding out she was pregnant, which seemed appropriate at the time. Dr. Montgomery stated that he took the patient and her mother's complaint's seriously and that he did the best he could with the information he had at the time.

In closing, Dr. Montgomery acknowledged that there was an emotional component and that the patient and family went through this experience. Dr. Montgomery stated that this was a complicated case and that he tried to do his best with the information he had.

Mr. Hall provided a closing statement and stated regarding the pain complaint that, it's not supported by the medical records. The initial assessment upon her coming in was listed as a seven but argued that Dr. Montgomery would not have had access to the nursing documentation regarding requests for pain medication or to see a doctor. Mr. Hall argued that when she arrived at the ED, her pain level was not out of proportion. Mr. Hall asserted that the MC's opinion that an earlier ultrasound could have depicted the internal bleeding was speculative. Lastly, Mr. Hall argued that the patient was not recorded as hypotensive until right before the OBGYN consult was called. Mr. Hall requested that this case be dismissed.

During deliberations, Dr. Figge stated that in a perfect world this would have gone quicker but it would not have changed the outcome. There was an unusual presentation and once it became clear things were expedited. Dr. Figge opined that the patient was not ignored or dismissed.

MOTION: Dr. Figge moved to dismiss.

SECOND: Dr. Beyer.

Dr. Gillard spoke against the motion. There are things that should be considered for a woman of reproductive age. Dr. Gillard agreed that this doesn't rise to the level of discipline but opined that there should be an Advisory Letter for tracking. Dr. Bethancourt commented that it was obvious that there was a serious problem whether it was in retrospect or not and spoke against the motion. Dr. Beyer commented that there was a significant delay between the time that the ultrasound was ordered and the time the ultrasound was performed. The patient may have continued to deteriorate and lose blood and have more pain but he is not sure that Dr. Montgomery is at fault for the delay of several hours while we waited for that ultrasound. Had that ultrasound been done within 30 minutes of the pregnancy test, Dr. Beyer suspected that things would have gone a little differently, and the patient would have had a different experience. Dr. Beyer opined that there isn't evidence to suggest that the physician could have or should have done anything differently than what he did. Dr. Beyer spoke in favor of the dismissal. Dr. Gillard spoke against the motion since in a very busy hospital, you could ask the tech to bring the ultrasound machine right to the bedside. You can look at capillary refill in the fingers or you can do postural blood pressure checks to get an idea of what is going on. Dr. Krahn inquired if OBGYN could have been consulted just in case. Dr. Gillard and Dr. Figge confirmed that they would want the ultrasound. Dr. Figge commented that point-of-care ultrasound is not standard of care. Ms. Dorrell noted that when the patient arrived by ambulance, the patient's pain was a 10 on 10 scale, and she actually tried to refuse transport, but they did not allow her or encouraged her not to refuse because of near syncope. Dr. Figge noted that she was 7 out of 10 when questioned in the ER which is a little subjective, and she was actually initially declining transport. Given the complicated presentation, Dr. Figge stood by his motion for dismissal.

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

VOTE: 2-yay, 5-nay, 0-abstain, 0-recuse, 3-absent.

MOTION FAILED.

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

SECOND: Dr. Bethancourt.

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

VOTE: 6-yay, 1-nay, 0-abstain, 0-recuse, 3-absent.

MOTION PASSED.

Dr. Gillard expressed concern that you'd go ahead and give something for anxiety when you haven't really ruled out that there wasn't hypovolemia coming. Dr. Gillard spoke in favor of an Advisory Letter for tracking purposes.

MOTION: Dr. Gillard moved to issue an Advisory Letter for failing to timely diagnose a ruptured ectopic pregnancy. 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. Bethancourt.

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

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

MOTION PASSED.

CONSENT AGENDA

O. CASES RECOMMENDED FOR ADVISORY LETTERS

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

SECOND: Dr. Gillard.

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

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

MOTION PASSED.

1. MD-25-0017A, AHMED M. A. ABUAWAD, M.D., LIC. #70089

RESOLUTION: Advisory Letter for failing to confirm that a patient was an appropriate candidate for a blood transfusion. 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-24-0578A, SAM S. FEREIDOUNI, M.D., LIC. #37515

Dr. Fereidouni addressed the Board during the Public Statements portion of the meeting.

RESOLUTION: Advisory Letter for failing to adequately supervise a physician assistant. 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.

3. MD-24-1266A, BRANDON J. ESSINK, M.D., LIC. #75419

RESOLUTION: Advisory Letter for failing to adequately supervise a physician assistant. 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-24-1002A, DAVID D. TIMM, M.D., LIC. #44265

RESOLUTION: Advisory Letter for failing to identify and report a left hip fracture on an x-ray. 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.

5. THIS CASE HAS BEEN PULLED FROM THE AGENDA.

P. CASES RECOMMENDED FOR ADVISORY LETTERS WITH NON-DISCIPLINARY CONTINUING MEDICAL EDUCATION ORDERS

1. MD-24-1232A, CANDICE W. YEE, M.D., LIC. #41680

Dr. Gillard stated that this was a case where the physician dropped the baby. Dr. Gillard agreed with the recommended Advisory Letter but opined that the CME would not help. Dr. Figge noted that the physician has taken steps to ensure that this doesn't happen again. Dr. Beyer noted that when it happened the physician did what needed to be done and took responsibility.

MOTION: Dr. Gillard moved to issue an Advisory Letter for failing to stabilize an infant during examination and/or repositioning. 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. Bethancourt.

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

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

MOTION PASSED.

2. MD-24-0962A, ROBERT H. WOODS, M.D., LIC. #22242

A.S. addressed the Board during the Public Statements portion of the meeting.

Dr. Gillard spoke in favor of SIRC's recommendation.

MOTION: Dr. Gillard moved to issue an Advisory Letter and Order for Non-Disciplinary CME for inadequate informed consent and 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. Within six months, complete no less than 10 hours of Board staff pre-approved Category I CME in an intensive, in-person (virtual) course regarding medical recordkeeping. The CME hours shall be in addition to the hours required for license renewal.

SECOND: Dr. Krahn.

Dr. Krahn commented that this should be a warning to the physician since he has been previously cited for medical records and if this pattern continues it can rise to discipline. Dr. Bethancourt noted a correction needed in the SIRC report.

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

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

MOTION PASSED.

3. MD-24-0995A, SCOTT M. GULINSON, M.D., LIC. #27414

Counsel Cody Hall addressed the Board during the Public Statements portion of the meeting on behalf of the physician. J.H. addressed the Board during the Public Statements portion of the meeting.

Dr. Gillard inquired if there was a complaint from the patient.

Board staff confirmed that the complaint was by just the nurse.

Dr. Gillard noted that the physician has taken CME and opined that an Advisory Letter without CME is appropriate.

MOTION: Dr. Gillard moved to issue an Advisory Letter for performing episiotomies without appropriate indications and for failing to document informed consent prior to an episiotomy. 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. Bethancourt, Ms. Dorrell, Dr. Beyer, Dr. Farmer, Dr. Gillard and Dr. Krahn. The following Board members were absent: Dr. Artz, Ms. Bain and Ms. Leach.

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

MOTION PASSED.

Q. REVIEW OF EXECUTIVE DIRECTOR DISMISSALS

MOTION: Dr. Krahn moved to uphold the Executive Director Dismissal in line items 1-3.

SECOND: Dr. Gillard.

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

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

MOTION PASSED.

1. MD-24-1083A, KAJALBEN B. BUDDHDEV, M.D., LIC. #55590

Counsel Austin Wulf addressed the Board during the Public Statements portion of the meeting on behalf of the physician. P.W. addressed the Board during the Public Statements portion of the meeting.

RESOLUTION: Dismissal upheld.

2. MD-24-1277A, MICHAEL R. HAYMAN, M.D., LIC. #34763

RESOLUTION: Dismissal upheld.

3. MD-24-1157B, MICHAEL J. STAGNER M.D., LIC. #24627

Counsel Cody Hall addressed the Board during the Public Statements portion of the meeting on behalf of the physician. D.W. addressed the Board during the Public Statements portion of the meeting.

RESOLUTION: Dismissal upheld.

R. PROPOSED CONSENT AGREEMENTS (Disciplinary)

MOTION: Dr. Beyer moved to accept the consent agreement in item numbers 1-8.

SECOND: Dr. Bethancourt.

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

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

MOTION PASSED.

1. MD-24-0747A, MOHAMMAD ABBASIAN, M.D., LIC. #32182

RESOLUTION: Consent Agreement for a Letter of Reprimand and Five Year Probation to participate in PHP, retroactive to October 15, 2024, with terms and conditions consistent with his Interim Order. The Probation shall not terminate except upon affirmative request of the physician and approval by the Board, and Dr. Abbasian's request for termination shall be accompanied by a recommendation from his PHP Contractor stating that monitoring is no longer required.

2. MD-24-0561A, MICHAEL T. SOLIS, M.D., LIC. #63175

RESOLUTION: Consent Agreement for a Letter of Reprimand and Probation to comply with the California Board order. Dr. Solis' probation shall run concurrently with the California Board's probationary order. Dr. Solis shall remain in compliance with the California Board's Order, and quarterly reports shall be submitted to the Board regarding the status of his compliance. The Probation shall not terminate except upon affirmative request of the physician and approval by the Board, and Dr. Solis' request for termination shall demonstrate that the California Board's order has been terminated.

3. MD-23-0989A, SYDNEY A. RICE, M.D., LIC. #21534

RESOLUTION: Consent Agreement for a Letter of Reprimand.

4. MD-21-0760A, MARTHA C. MANN, M.D., LIC. #53643

RESOLUTION: Consent Agreement for a Letter of Reprimand.

5. MD-22-0890A, WAI K. LOH, M.D., LIC. #19957

RESOLUTION: Consent Agreement for a Letter of Reprimand.

6. MD-24-0672A, CHRISTOPHER S. CRANFORD, M.D., LIC. #36858

RESOLUTION: Consent Agreement for a Decree of Censure and Five Year Probation, retroactive to January 10, 2025, with terms and conditions consistent with his Interim Order. The Probation shall not terminate except upon affirmative request of the physician and approval by the Board, and Dr. Cranford's request for termination shall be accompanied by a recommendation from his PHP Contractor stating that monitoring is no longer required.

7. MD-23-0806A, CHARLES R. STEVENS, M.D., LIC. #41804

RESOLUTION: Consent Agreement for a Letter of Reprimand and Two Year Probation. Dr. Stevens shall be prohibited from supervising physician assistants for the duration of Probation. Within six months, complete no less than 10 hours of Board staff pre-approved Category I CME in an intensive, in-person course regarding medical recordkeeping; and complete no less than the 15 hour of Board staff pre-approved Category I CME in an intensive, in-person course regarding controlled substance prescribing. The CME hours shall be in addition to the hours required for license renewal. Within thirty days of completing the Board ordered CME, Dr. Stevens shall enter into a contract with a Board approved monitoring company to perform periodic chart reviews, at the physician's expense. After three consecutive favorable chart reviews, Dr. Stevens may petition the Board to terminate the Probation. Dr. Stevens shall not request early termination of Probation without having completed the chart review process. The Probation shall not terminate except upon affirmative request of the physician and approval by the Board.

8. MD-24-0648A, JEDIDIAH J. MALAN, M.D., LIC. #43272

RESOLUTION: Consent Agreement for a Decree of Censure and Five Year Probation, retroactive to February 25, 2025, with terms and conditions consistent with his Interim Order. The Probation shall not terminate except upon affirmative request of the physician and approval by the Board, and Dr. Malan's request for termination shall be accompanied by a recommendation from the PHP Contractor stating that monitoring is no longer required.

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 1-11.

SECOND: Dr. Krahn.

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

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

MOTION PASSED.

1. MD-24-1096A, OMAR N. G. MARAR, M.D., LIC. # N/A

Dr. Marar addressed the Board during the Public Statements portion of the meeting.

RESOLUTION: License granted.

2. MD-25-0573A, REKHA BHANDARI, M.D., LIC. # N/A

RESOLUTION: License granted.

3. MD-25-0233A, PREETIKA K. SIDHU, M.D., LIC. # N/A

RESOLUTION: License granted.

4. MD-25-0453A, MOHAMAD H. OSSIANI, M.D., LIC. # N/A

RESOLUTION: License granted.

5. MD-25-0080A, PEDRO R. C. MALDONADO, M.D., LIC. # N/A

RESOLUTION: License granted.

6. MD-25-0690A, BRENT C. STAGGS, M.D., LIC. # N/A

RESOLUTION: License granted.

7. MD-25-0328A, ERICKA L. CHARLEY, M.D., LIC. # N/A

Dr. Charley addressed the Board during the Public Statements portion of the meeting.

RESOLUTION: License granted.

8. MD-25-0731A, SANJAY V. KAMATH, M.D., LIC. # N/A

RESOLUTION: License granted.

9. MD-25-0650A, JOHN D. HORTON, M.D., LIC. # N/A

RESOLUTION: License granted.

10. MD-25-0251A, ARUN K. SHERMA, M.D., LIC. # N/A

RESOLUTION: License granted.

11. MD-25-0654A, JOSEPH N. CAREY, M.D., LIC. # N/A

RESOLUTION: License granted.

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

1. ELIZABETH M. ZADZIELSKI, M.D., LIC. # N/A

Dr. Zadzielski addressed the Board during the Public Statements portion of the meeting.

MOTION: Dr. Gillard moved to grant the waiver request and grant the license.

SECOND: Dr. Bethancourt.

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

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

MOTION PASSED.

iii. REVIEW, DISCUSSION AND POSSIBLE ACTION REGARDING LICENSURE BY ENDORSEMENT PURSUANT TO A.R.S. § 32-1426(B) AND R4-16-201(F), OR TAKE OTHER ACTION

MOTION: Dr. Gillard moved to grant licensure by endorsement in items 1 and 2.

SECOND: Dr. Bethancourt.

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

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

MOTION PASSED.

1. LILLIAN DE COSIMO, M.D., LIC. # N/A

RESOLUTION: License granted by endorsement.

2. ROMMEL A. I. PEREIRA, M.D., LIC. # N/A

RESOLUTION: License granted by endorsement.

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

OTHER BUSINESS

T. REVIEW, DISCUSSION AND POSSIBLE ACTION REGARDING COMPLIANCE REVIEW FOR CONFIDENTIAL PHYSICIAN HEALTH PROGRAM (PHP) MATTERS

1. MD-24-0446A

MOTION: Dr. Gillard moved to accept the Executive Director's recommendation.

SECOND: Dr. Bethancourt.

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

VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.
MOTION PASSED.

2. MD-22-0400A

MOTION: Dr. Gillard moved to accept the Executive Director's recommendation.
SECOND: Dr. Bethancourt.

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

VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.
MOTION PASSED.

U. REQUEST FOR TERMINATION OF BOARD ORDER

1. MD-14-0549A, REDENTOR T. ESPIRITU, M.D., LIC. #31859
Dr. Gillard noted that the physician has completed the requirements.

MOTION: Dr. Gillard moved to grant the request for termination of the October 8, 2015 Board Order.

SECOND: Dr. Krahn.

Dr. Krahn noted that the physician is close to the 10 years timeframe.

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

VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.
MOTION PASSED.

V. GENERAL CALL TO THE PUBLIC

No individuals addressed the Board during the general call to public.

W. ADJOURNMENT

MOTION: Dr. Krahn moved for adjournment.

SECOND: Dr. Beyer.

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

VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.
MOTION PASSED.

The meeting adjourned at 1:42 p.m.



Raquel Rivera

Raquel Rivera, Executive Director