



Arizona Medical Board

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FINAL MINUTES FOR REGULAR SESSION MEETING Held on Wednesday, December 3, 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.
Lois E. Krahn, M.D.

GENERAL BUSINESS

A. CALL TO ORDER

Chair Figge called the meeting to order at: 8:12 a.m.

B. ROLL CALL

The following Board members participated virtually: Dr. Figge, Dr. Bethancourt, Ms. Dorrell, Dr. Artz, Dr. Beyer, Dr. Farmer and Dr. Gillard.

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

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

- Update regarding Board appointments
Ms. Rivera reported that the Governor’s office is at an impasse with the Senate regarding appointments. Ms. Rivera noted that she will meet with Senator Warner, which will also be a good opportunity for her to discuss the PA Sunset audit results with her and any legislative needs we have in addition to addressing Board appointments.
- IMLCC Update
Ms. Rivera reported that the IMLC is funded primarily through licensing fees, but it's also augmented by grants by HRSA and the FSMB. When an individual applies for an IMLCC license, there's a \$700 application fee with the IMLCC, and then they would pay the application fee for their state of principal licensure. Applicants also pay \$100 for any

additional letters of qualifications they want sent to other states once they are part of the compact. Just for fiscal year 26, the revenue for the Board has been \$839,750, based on the IMLCC applications received. During this time, we processed over 1,800 applications. That included 281 state of principal licensures and 683 letters of qualifications. The Board has processed 855 renewals thus far, and there were 17 applicants who were ineligible to get an IMLCC license based on the requirements.

- **Administrators in Medicine Update**
Ms. Rivera discussed her recent AIM meeting and reported that the FSMB is doing some initial research with how to responsibly and ethically incorporate AI into clinical practice as well as how AI can be used to assist regulatory boards with communication and legislative tracking. Ms. Rivera stated that she would like to include this in the next newsletter, as well as consider using AI to convert the newsletter into a podcast format.
- **Legislative Update**
Ms. Rivera reported on an upcoming meeting with Representative Bliss and the Majority Health Policy Advisor to discuss foreign trained physicians and a pathway for licensure without the requirement for residency to allow open additional residency spots for newly trained physicians. Ms. Rivera noted that she proactively provided them with the FSMB's ACOM guidance, an overview of other legislation in other states that have enacted what they are looking at.
- **ED Selection and Retention Committee 2026**
Ms. Rivera reported that after the new year, the Board will need to convene an ED Selection and Retention Committee, just to address the PA Sunset Audit findings that were specific to the Medical Board, and their recommendations with regard to the ED compensation and performance incentive payments, and then consideration of an ED annual performance evaluation for myself. The PA follow-up audit will happen in March, so she would like to have some working recommendations for how to address their findings on the PA side that impacted the MD side.
- **Death Certificate Responsibility Update**
Ms. Rivera reported that she met with the Director of the Maricopa Medical Examiner's Office and the Chief Medical Examiner, Dr. Johnston. They confirmed that they don't have jurisdiction to accept cases where a current care provider has been identified. They did explain that in cases where there is a question of care, ME staff including a pathologist reviews all the death reports that are received. For some reports, they know that somebody has a current care provider if they died with family, or pill bottles are placed somewhere with the doctor's name. Sometimes they have to do informal inquiries when they get notified of a patient death, and once a current care provider is listed they are not allowed to accept jurisdiction or sign that death certificate by law. Ms. Rivera provided the Board with some relevant statutes regarding when they decline to sign those death certificates, or when they refuse. They also said that they receive around 14,000 direct reports, with around 3,600 that identify current care providers after some portion of review, and then they end up signing around 8,000 certifications a year.
- **Update regarding 1740 building**
Ms. Rivera reported that the building suffered extensive flood damage. The IT storage room suffered extensive damage and therefore the Board will be unable to meet in person until new equipment is obtained.

Dr. Figge inquired if the Board is insured and whether the repair coming out of the Board's budget.

Ms. Rivera confirmed that this will be a significant expense for the Board and she will be submitting a risk management claim. Ms. Rivera reported that the Board will need to eat initial costs to at least replace the laptops.

E. CHAIR'S REPORT

- Acknowledgment of Dr. Krahn's Service to the Arizona Medical Board
Dr. Figge acknowledged Dr. Krahn's service to the Board and noted that she was on the Board for ten years.
- Appointment of PHP Committee Chair
Dr. Farmer stated that he can conduct meetings in the interim until a new chair is appointed.

Ms. Rivera noted that she will be requesting a psychiatrist be appointed to the Board.

F. LEGAL ADVISOR'S REPORT

No report was given.

G. PHYSICIAN HEALTH PROGRAM (PHP) REPORT

Ms. Downey requested to schedule a PHP subcommittee meeting to address some pressing issues, specifically the approval to allow DOs to conduct PHP assessments, as that would increase the options provided to participants or licensees. Ms. direction on the process on how the Board would like us to onboard and offboard the PHP contractors, just so we have that information in place.

H. DISCUSSION REGARDING DEBRIEFING ON BOARD PROCESSES

There was no discussion.

I. APPROVAL OF MINUTES

There were no minutes for approval.

LEGAL MATTERS

J. FORMAL INTERVIEWS

1. MD-23-0994A, RUSSELL E. WESTERFIELD, M.D., LIC. #17798

Dr. Westerfield and counsel Paul Giancola participated virtually. Dr. Farmer, Dr. Bethancourt and Dr. Figge stated that they know the physician's expert opinion author personally, but it will not affect their ability to adjudicate this case.

Board staff summarized that on October 11, 2023, the Board received a complaint regarding Dr. Westerfield's care and treatment to patient PM for failure to obtain informed consent for anesthesia and inappropriately signing the anesthesia consent form. On September 04, 2024, the case was discussed during the regular session meeting, which returned for further investigation to address the allegation that Dr. Westerfield administered propofol at the bedside and walked away. On October 16, 2024, based on that, Board staff sent a re-notice letter to Dr. Westerfield for inappropriate administration of propofol to patient in preop, while performing peripheral nerve block. Further, Dr. Westerfield failed to appropriately monitor PM after administration and performance of peripheral nerve block.

Board staff further summarized that SIRC reviewed the Board's concern and the Medical Consultant's (MC) second report that Dr. Westerfield deviated from the standard of care because the documentation did not list the dose of propofol administered, if there was any ECG, pulse oximeter or blood pressure cuff attached to the patient at the time of the administration, or if the RN had been involved in monitoring the patient. The MC acknowledged Dr. Westerfield's report that he administered 50mg in titrated doses. The MC opined that the standard of care set by the American Society of Anesthesiologists, JCAHO, the package insert and others is that safe administration of propofol to non-ventilator-assisted patients is limited to individuals trained the administration of general anesthesia who are not involved in the procedure. The MC determined that Dr. Westerfield deviated from the standard of care based on the lack of documentation, as he was unable to determine the amount of propofol administered, the way it was administered, or if vital signs were monitored or their values. SIRC discussed the case and remained concerned with the lack of documentation to aid in the Board's review of the care rendered as there

was no dictated procedure note and no anesthetic record dedicated to the block procedure under sedation. SIRC noted the MC's comment that it could not be determined whether the RN present was capable or prepared to monitor an anesthetic potentially leaving a freshly blocked, anesthetized patient unmonitored. SIRC acknowledged Dr. Westerfield's report that he no longer provides sedation when performing a regional block in the preop area. SIRC recognized that despite no actual harm being identified, there was significant potential risk to the patient. SIRC observed that Dr. Westerfield has no prior Board history; however, SIRC considered the lack of documentation an aggravating factor in this case.

Dr. Westerfield provided an opening statement to the Board and informed them of the procedure but noted that he did not obtain a signed consent agreement prior to the surgery.

During questioning, Dr. Westerfield took responsibility for signing the form and stated that he determined that they could resolve it in recovery. Dr. Westerfield opined that the uncertainty with the nurses at the time this occurred could be due to him being new on staff at the time. Regarding the administration of the propofol in the pre-op area, Dr. Westerfield informed the Board of the order of the events and that by the time he did the block the patient was awake again. The nurse was present the whole time. Dr. Westerfield confirmed how he bolused the propofol. Dr. Westerfield confirmed that the patient met recovery status before he left. Dr. Westerfield commented that if the nurse was uncomfortable, she could have said something or did something at the time but waited to file an incident report. Dr. Westerfield informed the Board that there he used a standardized Banner form to document the block. Dr. Westerfield explained that he typically does not like to provide the block in pre-op in case anything goes wrong but was instructed to by the nurse. Regarding signing the patient's name, Dr. Westerfield explained that he had never had a nurse put the clipboard in front of him like that before so he signed it so that he could get back to the patient. Dr. Westerfield agreed that signing someone else's name was a mistake.

Mr. Giancola provided a closing statement and noted that there was no patient harm. Dr. Westerfield did call the patient and informed them that he signed the form. There was a verbal consent given. Dr. Westerfield has completed CME to address this issue and Banner took no further action except to state expectations. Mr. Giancola requested an advisory letter or dismissal given the mitigating factors in this case.

During deliberations, Dr. Farmer opined that there was a clear violation regarding both issues as recommended by SIRC.

MOTION: Dr. Farmer moved for a finding 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, Dr. Beyer, Dr. Farmer, and Dr. Gillard.

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

VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

Dr. Farmer commented regarding the medical records issue and opined that Dr. Westerfield was very candid that he made a mistake signing the form. Dr. Farmer found it mitigating that the system failed to flag the lack of consent before the patient went back. Dr. Farmer opined that there was some lack of integration with the staff and it certainly wasn't going smoothly. Dr. Farmer noted that the physician has completed 10 hours of CME to mitigate this and opined that this does not rise to the level of discipline. Regarding the issue of administering the propofol, Dr. Farmer opined that it can be safely administered in pre-op and the operating room. Dr. Farmer commented that this sounds like a circumstance where everyone was not on the same page. Dr. Farmer opined that given the lack of documentation there is an issue but cannot see that the physician walked away from the patient while unconscious.

MOTION: Dr. Farmer moved to issue an Advisory Letter for failing to obtain the patient's signature on an anesthesia consent and 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. Gillard.

Dr. Artz opined that not putting the propofol in the chart is not acceptable and the whole record is now questionable. Dr. Artz also noted the implication from a physician being report is that someone felt the physician was unsafe and expressed concern about Dr. Westerfield's decision to sign someone else's name on a document. Dr. Farmer agreed that there were mistakes and the physician has taken responsibility for it and has taken CME to remediate it. Dr. Beyer further commented that it required assertion by the physician to make it clear that this was an inappropriate request by the nurse for him to sign the form but agreed that this does not rise to the level of discipline. Dr. Farmer opined that the team was not working well together and there was some antagonism and it is the physician's responsibility to clarify the situation. Dr. Artz agreed that the surgeon is in charge and needed to take control. Dr. Artz found it odd that the physician took the time to stop and sign the patient's name.

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

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

VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

K. FORMAL INTERVIEWS.

1. MD-23-0327A, CRYSTAL M. CUNNINGHAM, M.D., LIC. #58299
Dr. Cunningham and counsel Colin Bell participated virtually.

Board staff summarized that this case was initiated based on a complaint alleging unprofessional practice by Dr. Cunningham including treatment of patients while under the influence of controlled and illicit substances. During the course of the investigation, Board staff discovered that Dr. Cunningham failed to report misdemeanor charges related to possession of marijuana and drug paraphernalia, self-prescribed controlled substances at least four times and allowed an unlicensed PA to work in her office and live for a time with her in her home. Dr. Cunningham made multiple social media posts about using ketamine. As a result of this information, Dr. Cunningham was ordered to complete a PHP Assessment and drug testing. The drug testing was positive for illicit substances. The PHP Assessment resulted in the Assessor's finding that Dr. Cunningham was not safe to practice. As a result, effective June 26, 2023, Dr. Cunningham entered into an Interim Practice Restriction pending her ability to comply with PHP Monitoring and aftercare and to test negative for non-prescribed or illicit substances. Dr. Cunningham subsequently enrolled in PHP Monitoring. Effective January 4, 2024, Dr. Cunningham entered into an amended interim consent agreement for practice restriction which authorized her to return to practice subject to PHP monitoring while in a Board staff pre-approved group practice. It also prohibited her from engaging in solo practice. After this, Dr. Cunningham obtained employment at an urgent care and she failed to timely update her practice address with the Board. Board staff had a medical consultant review Dr. Cunningham's care and treatment of two staff members for whom she provided ketamine therapy. The MC identified deviations from the standard of care for both patients.

Board staff further summarized that this complaint was filed on April 5, 2023, by a former employee of Dr. Cunningham who was working as a PA for Dr. Cunningham. The allegations were that Dr. Cunningham failed to keep accurate record of staff's administration of Ketamine, ,saw patients while under the influence of illicit substances, ,allowed an office manager to start IVs, administer Myers' cocktails and provide medical advice, administered IV Ketamine to employees during work hours, threatened to burn down the complainant's home and failed to provide them with their last paycheck. This complaint also prompted a review of patient care records. The medical record for patient

MW with date of service 3/15/2022 was 1 page only. The Board's MC found that the documentation was poorly organized and poorly labeled making interpretation difficult. Patient AS underwent multiple ketamine infusions and poor documentation was consistent throughout all of the ketamine infusion sessions the patient underwent. The MC stated that the quality of care provided by Dr. Cunningham was suboptimal if not poor though no obvious patient harm was identified. The MC's opinion was based on the lack of thorough physical exam of the two patients prior to infusions, lack of urine drug testing, lack of pregnancy testing, no consideration for NPO status to minimize risk of aspiration and inconsistency of process and inconsistency of documentation of vital signs. SIRC stated that a Decree of Censure was appropriate. SIRC further recommended that in addition to the ethics CME previously recommended, the MC's findings also support the need for additional CME in medical recordkeeping and controlled substance prescribing. SIRC also determined that in addition to being restricted from solo practice, Dr. Cunningham should also be restricted from prescribing ketamine or working in a Ketamine clinic until she completes additional training and proctoring prior to consideration or termination of the restriction.

Dr. Cunningham provided an opening statement, and she stated that the complaint was very personal. Dr. Cunningham admitted that she and the complainant did use substances together and that she was very forthcoming in her evaluation. Dr. Cunningham stated that she has been compliant with the PHP. Dr. Cunningham informed the Board that this program is costly and that she is having trouble finding a position while this investigation has been ongoing.

During questioning, Dr. Cunningham stated that returning to surgery is not an option unless she goes through additional training. Dr. Cunningham stated that Iowa's recommendation was a recommendation for two year PHP but noted that Iowa is awaiting the outcome of the Board's investigation. Dr. Cunningham confirmed that the records the Board has is all that is available since her records were corrupted and are no longer available. Dr. Cunningham confirmed that when she hired the PA she was aware that she did not have an Arizona license but she supervised her. Dr. Cunningham stated that she sent her to a training program and when she returned, Dr. Cunningham was under the impression that she had obtained a license. Dr. Cunningham confirmed that she failed to confirm that she had a license and explained that the PA had no supervisory responsibilities. Dr. Cunningham admitted that she allowed a medical assistant to place IVs but denied that the MA rendered treatment or therapy. Regarding the lack of documentation, Dr. Cunningham explained that the history and physical of the patients are actually documented and not retrievable. The monitoring charts do show that the patient is having blood pressure and heart rate monitored every 10 minutes. Dr. Cunningham admitted that she failed to document an oxygen saturation every 10 minutes. Dr. Cunningham stated that all patients had continuous EKG monitoring, and she did perform the standards PHQ-9s, GAD7, and the PCL5s, prior to administration of their first dose of ketamine. Dr. Cunningham confirmed that she was compliant with the PHP. During questioning, Dr. Cunningham informed the Board of how her patients are assessed for treatment and follow up. Dr. Cunningham noted that she does advise patients to see a psychologist or psychiatrist but they don't necessarily need it to start the ketamine therapy.

Mr. Bell provided a closing statement and stated that Dr. Cunningham has been compliant with the Board investigation, compliant with PHP and her goal is to return to the practice of medicine. Mr. Bell requested that the Board vacate the PHP requirement, vacate the Interim Practice Restriction and close the case or at most issue a Decree of Censure. Mr. Bell stated that further PHP is not required as she is still getting treatment and if the Board feels monitoring is still needed it is minimal as she is financially limited at this time.

Board staff commented that this is the first time that Dr. Cunningham's records being destroyed. Board staff further noted that this case took time given the various moving pieces and requests for extensions.

During deliberations, Dr. Figge opined that unprofessional conduct has occurred and that various issues and mitigating factors have contributed to the length of the investigation. Dr. Figge confirmed for the record that the Board has reviewed all the records and violations, although not all have been specifically discussed.

MOTION: Dr. Figge moved for a finding of unprofessional conduct in violation of A.R.S. §§ 32-1401(27)(a) (for violations of A.R.S. § 32-3208(A) and A.R.S. § 32-1435(A)), (e), (f), (g), (r), and (jj)).

SECOND: Dr. Gillard.

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

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

VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

Dr. Figge agreed with staff that this is the first time we have heard about the corrupted records and the records provided are inadequate. Dr. Figge acknowledged the physician's previous work in underserved areas and the physician's compliance with PHP but opined that this rises to the level of discipline. Dr. Figge opined that given the violations and everything that occurred this does rise to the level of a Decree of Censure. Dr. Figge agreed with SIRC that further PHP monitoring is needed, as well as CME and the current practice restrictions given what happened when she was solo practicing.

MOTION: Dr. Figge moved for a draft Findings of Fact, Conclusions of Law and Order for Decree of Censure and Minimum Five Year Probation with Practice Restriction, retroactive to January 4, 2024, with terms and conditions consistent with her Interim Order. Dr. Cunningham shall be prohibited from engaging in solo practice, prescribing ketamine, or working in a ketamine clinic until receiving permission from the Board to do so. 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 15 hours of Board staff pre-approved Category I CME in an intensive, virtual course in controlled substance prescribing; and complete CPEP's ProBE course in ethics. The licensee shall obtain an unconditional or conditionally passing grade. The CME hours shall be in addition to the hours required for license renewal. Dr. Cunningham shall be required to utilize a Board-approved proctor to oversee her patient and treatment selection, at her expense and for the duration of probation. In the event that the physician requests termination of the Practice Restriction, the Board may require any combination of examinations and/or evaluations in order to determine whether or not Dr. Cunningham is safe to engage in solo practice and safe to prescribe ketamine 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, and Dr. Cunningham's request for termination shall be accompanied by a recommendation from her PHP Contractor stating that monitoring is no longer required.

SECOND: Dr. Beyer.

Dr. Beyer commented that this does allow the physician a pathway back to medical practice.

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

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

VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

L. FORMAL INTERVIEWS

1. THIS CASE HAS BEEN PULLED FROM THE AGENDA

M. FORMAL INTERVIEWS

1. MD-22-0090A, SARAH E. WICKLUND M.D., LIC. #45661

Dr. Wicklund and counsel Robert Milligan participated virtually.

Board staff summarized that during the investigation, Dr. Wicklund underwent a PHP Assessment wherein the Assessor opined she was safe to practice without further monitoring or treatment. An MC reviewed Dr. Wicklund's care to six patients and determined that she failed to properly prescribe controlled substances and failed to monitor patients for diversion and overuse. Specifically, for Patient GM, the MC determined that Dr. Wicklund maintained a patient on sedative hypnotics despite clear and obvious overuse of the medication. For Patient NC, the MC determined that Dr. Wicklund maintained the patient on sedative hypnotics, and wrote 30-day prescriptions of diazepam with refills despite clear and obvious overuse of this medication. For Patient KP, Dr. Wicklund poorly documented the need and rationale for stimulants, then prescribed them with sedatives despite the patient's history of anxiety, and failed to address KP's delays in filling prescriptions for methylphenidate. For Patient ID, there was no documentation of her treatment of the patient despite her being a prescribing physician. Board staff also identified that Dr. Wicklund failed to query the CSPMP for Patient ID prior to prescribing controlled substances. For Patient TB, the MC determined that there was no evidence that repeated rounds of TMS therapy coupled with extensive Ketamine infusions resulted in any sustained improvement in the patient. For Patient KK, the MC determined that Dr. Wicklund's prescribing of opioids was egregious and outside the appropriate standards of care since the patient was chronically prescribed multiple controlled substances. The MC noted that this patient also requested early refills and often produced wild tales to support such requests. The MC further opined that Dr. Wicklund's supervision of PA Wright was improper and determined that her supervision of mid-level providers was inadequate. SIRC noted that a second MC was obtained based on the first MC's recusal from further participation. The second MC determined that Dr. Wicklund deviated from the standard of care by failing to document instructions on ketamine dosing or side effects in the records, failing to document screening for misuse or abuse of medications or substance disorders, and failing to monitor for diversion or misuse. The second MC noted that controlled substance agreements were not utilized until late in the course of treatment and referrals for higher level of care were not completed. The second MC also determined that there was a lack of documentation to support Dr. Wicklund's supervision of PAs. SIRC and considered the egregious deviations from the standard of care. SIRC noted the MC's comment that there was no evidence of Dr. Wicklund ever monitoring for diversion and overuse of controlled substances, which remain concerning. SIRC noted that in addition to the deviations identified related to her prescribing to patients, Dr. Wicklund also prescribed Clonazepam to her husband, PA Wright from 2019-2020, without maintaining any records, documenting an examination, or query to the CSPMP. SIRC recommended a Decree of Censure and Two Year Probation requiring Dr. Wicklund to complete intensive, virtual CME in medical recordkeeping and controlled substance prescribing and comply with her Personal Protection Plan. SIRC also recommended that Dr. Wicklund enroll in chart reviews to ensure the education is incorporated into her practice. SIRC also recommended that Dr. Wicklund be issued an ICA prohibiting her from prescribing controlled substances, which was offered to Dr. Wicklund and declined due to reported practice changes. Therefore, Board staff elected to bring this matter before the Board for a Formal Interview in lieu of pursuing the ICA.

Dr. Wicklund provided an opening statement and apologized for the behaviors that brought her here today. Dr. Wicklund commented that prescribing for psychiatric patients is challenging. Dr. Wicklund informed the Board of the changes she has made to her practice; including completed CME, created a code of conduct based on AMA ethical principles, hired a practice administrator to take over administrative duties and she no longer supervised PAs. They have established supervision agreements with other Arizona psychiatrists. Dr. Wicklund stated that as medical director and owner of the practice, she is responsible for the care of all patients in the practice, so the PAs have not just their supervising physician, but her for support and oversight.

Mr. Milligan provided an opening statement. Mr. Milligan requested that the Board not issue a restriction or Decree of Censure and noted that there was no patient harm as result of

Dr. Wicklund's prescribing. Mr. Milligan noted that there has been rehabilitation on the physician's part to improve her practice and she has completed CME.

During questioning, Dr. Wicklund explained that she was not in a place to make rational decisions when she and her husband prescribed medication to each other. Dr. Wicklund confirmed that the prescribing was discontinued before the complaint was filed and that it won't happen again. Dr. Wicklund explained that it was not typical to have a controlled substance agreement and that she queried the CSPMP. Dr. Wicklund stated that urine drug screens aren't typically done in a general psychiatry practice if there are concerns. Dr. Wicklund confirmed that now everyone signs a controlled substance agreement and if there are concerns a urine drug screen is done as well. Dr. Wicklund explained that she has also learned that she must document her thought process and documenting recommendations and referrals. Dr. Wicklund clarified that the two PA's report to their own supervising physician outside of the practice. The supervising physicians are available by phone and the meeting monthly to go over cases.

Mr. Milligan provided a closing statement to clarify the supervising physicians for the two PAs and confirmed that they are not part of the practice.

During deliberation, Dr. Beyer opined that all nine violations sustained by SIRC are appropriate.

MOTION: Dr. Beyer moved for a finding of unprofessional conduct in violation of A.R.S. §§ 32-1401(27)(a) (for a violation of A.R.S. § 36-2606(F)), (e), (g), (h), (j), (r), (jj), (ll) (for a violation of A.R.S. § 32-1491(E)) and (tt).

SECOND: Dr. Bethancourt.

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

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

VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

Dr. Beyer opined that the Decree of Censure is appropriate and the recommended CME is appropriate. Dr. Beyer stated that he is unsure if the restriction is necessary as there has been some understanding and learning throughout this process. Dr. Beyer opined that the restriction is appropriate until the prescribing CME is completed.

MOTION: Dr. Beyer moved for a draft Findings of Fact, Conclusions of Law and Order for Decree of Censure and Two Year Probation with Practice Restriction. Dr. Wicklund shall be prohibited from prescribing controlled substances and acting as a supervising physician until receiving permission from the Board to do so. Within six months, complete no less than the 15 hour of Board staff pre-approved Category I CME in an intensive, in-person (virtual) course in controlled substance prescribing. The CME hours shall be in addition to the hours required for license renewal. In addition, Dr. Wicklund shall comply with her Personal Protection Plan. Within thirty days of completing the Board ordered CME, Dr. Wicklund 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. Wicklund may petition the Board to terminate the Probation. Dr. Wicklund 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.

SECOND: Dr. Bethancourt.

Dr. Bethancourt expressed concern that Dr. Wicklund thinks a pain management agreement should be done only by someone in pain management, and not necessarily otherwise any other practitioner. Dr. Bethancourt additionally stated that it did not appear that Dr. Wicklund understands the reason for drug screens and diversion monitoring. Dr. Bethancourt expressed concern that Dr. Wicklund had not completed the prescribing

course yet. Dr. Farmer shared the concern regarding Dr. Wicklund's understanding of prescribing.

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

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

VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

N. FORMAL INTERVIEWS

1. MD-23-0462A, SCOTT G. EDWARDS, M.D., LIC. #48056
Dr. Edwards and counsel Cody Hall participated virtually.

Board staff summarized that this case was initially reviewed at a formal interview on June 5, 2024. The recommendations at that hearing were to return the case for further investigation and obtain more information regarding the surgery center and vendor's process for procuring, securing and ensuring the proper implants are available the day of the surgery. On March 15, 2023, JB was scheduled for joint replacements of his right index and long finger metacarpal/phalangeal (MCP) joints. A document composed by the Director of Nursing (DON) reported that Dr. Edwards had requested Stryker (an orthopedic implant provider) to provide pyro carbon arthroplasty implants for this case. However, the representative brought silicone implants, not pyro carbon implants. On May 8, 2023, JB was re-scheduled for joint replacements of his right index and long finger MCP joints at Banner Estrella Medical Center (BEMC). JB arrived in the pre-operative area at approximately 1300 and began to undergo standard preparations for surgery. An RN performed the Pre-operative Checklist and under 'Implants and special equipment available' she wrote 'not applicable'. The anesthesia provider performed a supraclavicular block and placed JB under general anesthesia. A time out was performed in the operating room, immediately before commencement of the operation, where it was realized that the necessary implants were not present. JB was in the OR for approximately one hour prior to the surgery cancellation. JB was transferred to the post-operative area and discharged approximately four hours after his presentation to BEMC. The Board's MC reviewed the case and determined that Dr. Edwards met the standard of care. The MC stated that the operating staff was at fault for not confirming the correct implant was available. The CMC requested a second MC review based on the cancellation of two surgeries on the day of surgery for lack of components and the patient receiving an unnecessary nerve block and general anesthesia prior to the second cancellation. The Board's Second MC reviewed the case and determined that Dr. Edwards deviated from the standard of care by failing to ensure that the necessary prosthesis was available prior to a joint replacement operation. On June 5, 2024, during the Committee B meeting, the Board returned the case for further investigation to inquire how the Torque system works and how the override possibly happened, as well as the processing and procedure for the ordering, receipt, confirming, intake, and how an implant makes it to the operating room. SIRC reviewed the additional investigative information and stated that the process of ordering and getting the specific implants to their intended destination and at the right time was multi layered and involved multiple steps and several entities. The process was not consistent in terms of flow and redundancies and was subject to change depending on the participants and entities along the way. SIRC recognized that Dr. Edwards had some responsibility regarding the decision to place the patient under general anesthesia before the sterile box was opened. However, SIRC concluded that the entire sequence of events that led to the errors was out of the physician's control. Therefore, SIRC recommended that the case be returned to the Board to continue the Formal Interview with a recommendation to dismiss.

SIRC also recommended that the surgery center be referred to the Department of Health Services (DHS) and Smith & Nephew Manufacturing Company to the Pharmacy Board for review of the procurement process of implants to determine whether improvements can be made to prevent similar incidents in the future.

Mr. Hall provided an opening statement and noted that during last year's formal interview this matter was returned for further investigation. Mr. Hall requested that the Board dismiss the case.

Dr. Edwards stated that he regrets that this happened twice to this individual.

During questioning, Dr. Edwards explained that when performing arthroplasties nothing should be opened until the surgeon is ready to operate. Dr. Edwards noted that the box the implants come in only has the company's name. Dr. Edwards stated that going forward will demand that the representative be in the room to verify the implant so that there is some accountability.

Board staff commented that the hope is to find out more information to make this system better.

During deliberations, Dr. Artz noted that originally there were two identified violations. Dr. Artz opined that she does not see any supervision issues and that there are no violations in this matter.

MOTION: Dr. Artz moved to dismiss.

SECOND: Dr. Bethancourt.

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

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

VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

O. MOTION FOR REHEARING/REVIEW (FORMAL INTERVIEW)

1. MD-22-0334A, RALPH E. MAYBERRY, M.D., LIC. #16890
Dr. Mayberry and counsel Chris Smith participated virtually.

Dr. Mayberry stated that he complied with the CSPMP and that he knew his patients well. Dr. Mayberry informed the Board that he is signed up for the required CME. Dr. Mayberry stated that he does not believe all the materials were reviewed or that the Board heard fully the arguments that they were trying to make. Dr. Mayberry opined that he feels like he was unfairly treated. Dr. Mayberry requested an Advisory Letter with CME.

Mr. Smith stated that this outcome was not fair. Dr. Mayberry did everything the Board asked him to do, and it did not factor in the final decision.

Dr. Bethancourt opined that there is nothing new but would not object to changing this to an Advisory Letter. The reason for review would be that he has complied with the recommendations, and the Board may not have heard everything.

MOTION: Dr. Bethancourt moved to grant the motion for review based on A.A.C. R4-16-103(D)(5). Issue an Advisory Letter and Order for Non-Disciplinary CME for prescribing high dose opioids for long term use without a clinical rationale, failing to obtain urinary drug screens prior to prescribing controlled substances, failing to prescribe Narcan to a patient receiving high dose opioids, failing to refer the patient to a pain management specialist, failing to comply with CSPMP mandatory use requirements, and inadequate medical records. 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 15 hours 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.

SECOND: Dr. Gillard.

Dr. Figge commented that for the record that as part of preparing for the interview the Board reviewed the entire file, and the Board only discusses what is pertinent. Dr. Farmer

commented that the purpose of this is to consider if the Board missed something and everything presented today was heard at the interview. Dr. Farmer stated that the Board shouldn't second guess its motions. Dr. Gillard noted that there was a unanimous decision on the initial vote. Dr. Beyer commented that the penalty was appropriate based on the facts and the medical records however, given where the physician is in his career may not be necessary. Dr. Figge stated that he reviewed all the material and opined that this is a disagreement or opinion. Dr. Figge opined that there is no solid ground or argument to rehear or review. We had a robust discussion at the committee level and it was appropriately done. It was a unanimous decision. Dr. Gillard noted that a denial of this does not mean that there are no further appeal options.

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

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

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

MOTION FAILED.

MOTION: Dr. Figge moved to deny the request for rehearing or review.

SECOND: Dr. Farmer.

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

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

VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

CONSENT AGENDA

P. CASES RECOMMENDED FOR ADVISORY LETTERS

MOTION: Dr. Artz moved to issue an Advisory Letter in item numbers 2, 5, 6, 7 and 8.

SECOND: Dr. Beyer.

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

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

VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

1. MD-24-0921A, DANIEL T. ZOETEMAN, M.D., LIC. #37203

Dr. Zoteman and counsel Cory Tyszka addressed the Board during the Public Statements portion of the meeting.

Dr. Bethancourt commented that the patient refused to follow-up with blood tests and opined that the physician met the standard of care.

MOTION: Dr. Bethancourt moved to dismiss.

SECOND: Dr. Gillard.

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

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

VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

2. MD-24-0365A, MICHAEL E. PRATER, M.D., LIC. #28430

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

RESOLUTION: Advisory Letter for failing to remove a foreign body prior to completion of a surgical procedure, 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.

3. MD-23-0956A, KAREN L. LEBER, M.D., LIC. #23106
Dr. Gillard noted that once the physician was notified, he queried the CSPMP and completed 3.5 hours of opiate prescribing CME.

MOTION: Dr. Gillard moved to dismiss.

SECOND: Dr. Bethancourt.

Dr. Beyer commented that this has been in law for long enough that physicians should be aware of it and spoke against the motion.

VOTE: The following Board member voted in favor of the motion: Dr. Gillard.

The following Board members voted against the motion: Dr. Figge, Dr. Bethancourt, Ms. Dorrell, Dr. Artz, Dr. Beyer and Dr. Farmer.

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

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

MOTION FAILED.

MOTION: Dr. Beyer moved to issue an Advisory Letter for failing to comply with CSPMP mandatory use requirements. 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. Artz

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

The following Board member voted against the motion: Dr. Gillard.

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

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

MOTION PASSED.

4. MD-24-1252A, JAMES O ABANISHE, M.D., LIC. #50979
Dr. Gillard commented that the physician took this seriously once notified and the prescribing practices were within the standard of care.

MOTION: Dr. Gillard moved to dismiss.

SECOND: Dr. Bethancourt.

VOTE: The following Board member voted in favor of the motion: Dr. Gillard.

The following Board members voted against the motion: Dr. Figge, Dr. Bethancourt, Ms. Dorrell, Dr. Artz, Dr. Beyer and Dr. Farmer.

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

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

MOTION FAILED.

MOTION: Dr. Beyer moved to issue an Advisory Letter for failing to comply with CSPMP mandatory use requirements. 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. Artz

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

The following Board member voted against the motion: Dr. Gillard.

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

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

MOTION PASSED.

5. MD-25-0004A, PHILIP T. REGALA, M.D., LIC. #42548
Counsel Leah Schacher addressed the Board during the Public Statements portion of the meeting on behalf of the physician.

RESOLUTION: Advisory Letter for action taken by the Florida Board. 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.

6. MD-24-1144B, MANOJ MAKHIJA, M.D., LIC. #33083

RESOLUTION: Advisory Letter for failing to prescribe anticoagulant therapy in a high risk postoperative patient. 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.

7. MD-25-0478A, KEVIN J. SELTING, M.D., LIC. #64441

RESOLUTION: Issue an Advisory Letter for practicing on an expired license and for failing to update mailing address. 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.

8. MD-18-1206A, AVA ROSE, M.D., LIC. #50321

Counsel Stanna Slater addressed the Board during the Public Statements portion of the meeting on behalf of the physician.

RESOLUTION: Advisory Letter for failing to timely request and obtain PHP approval for controlled substances, failure to review prior medical records, and failure to maintain appropriate professional boundaries. 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. CASES RECOMMENDED FOR ADVISORY LETTERS WITH NON-DISCIPLINARY CONTINUING MEDICAL EDUCATION ORDERS

1. MD-25-0239A, JENNIFER L. DAVIS, M.D., LIC. #51713

Dr. Gillard noted that this was a malpractice case for failure to diagnosis. In this case, Dr. Gillard opined that a board-certified radiologist will not miss this again and opined that CME is not needed.

MOTION: Dr. Gillard moved to issue an Advisory Letter for failing to identify and report an abnormal lymph node and a right breast mass on a screening mammogram. 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.

MOTION FAILED DUE TO NO SECOND.

MOTION: Dr. Beyer moved to issue an Advisory Letter and Order for Non-Disciplinary CME for failing to identify and report an abnormal lymph node and a right breast mass on a screening mammogram. 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 5 hours of Board staff pre-approved Category I CME in the interpretation of breast imaging. The CME hours shall be in addition to the hours required for license renewal.

SECOND: Dr. Artz.

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

The following Board members voted against the motion: Dr. Gillard and Dr. Figge.

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

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

MOTION PASSED.

2. MD-24-0643A, JOSEPH D. PEGGS, M.D., LIC. #40814

MOTION: Dr. Bethancourt moved to issue an Advisory Letter and Order for Non-Disciplinary CME for failing to perform a digital rectal examination in a patient with rectal bleeding. 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 5 hours of Board staff pre-approved Category I CME in the evaluation and diagnosis of rectal cancer. The CME hours shall be in addition to the hours required for license renewal.

SECOND: Dr. Artz.

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

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

VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

3. MD-25-0354A, HAMDY A. MOHTASEB, M.D., LIC. #35245

Dr. Mohtaseb and counsel Tracy Olson addressed the Board during the Public Statements portion of the meeting.

Dr. Bethancourt noted that the CME has already been completed.

MOTION: Dr. Bethancourt moved to issue an Advisory Letter for failing to appropriately treat stage 4 breast carcinoma 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.

SECOND: Dr. Gillard.

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

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

VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

R. REVIEW OF EXECUTIVE DIRECTOR DISMISSALS

MOTION: Dr. Beyer moved to uphold the Executive Director Dismissal in line items 1-8.

SECOND: Dr. Bethancourt.

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

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

VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

1. MD-24-1135A, RAMA VASIREDDY, M.D., LIC. #28052

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

RESOLUTION: Dismissal upheld.

2. MD-24-0347A, TOUFIC A. KACHAAMY, M.D., LIC. #45753

Dr. Kachaamy addressed the Board during the Public Statements portion of the meeting. R.T. addressed the Board during the Public Statements portion of the meeting.

RESOLUTION: Dismissal upheld.

3. MD-24-0347B, YOUSSEF Y. SOLIMAN, M.D., LIC. #66124

Dr. Soliman addressed the Board during the Public Statements portion of the meeting.
R.T. addressed the Board during the Public Statements portion of the meeting.

RESOLUTION: Dismissal upheld.

4. MD-24-0912A, FADY MARMOUSH, M.D., LIC. #59719
Counsel Doug Cullins addressed the Board during the Public Statements portion of the meeting on behalf of the physician.

RESOLUTION: Dismissal upheld.

5. MD-24-0840A, KARTIK M. REDDY, M.D., LIC. #60444

RESOLUTION: Dismissal upheld.

6. MD-25-0119A, LEAH C. BROWN, M.D., LIC. #52104
Counsel Leanne Hay addressed the Board during the Public Statements portion of the meeting on behalf of the physician.

RESOLUTION: Dismissal upheld.

7. MD-25-0317A, GRETA M. N. BROWN, M.D., LIC. #36978
Counsel Cody Hall addressed the Board during the Public Statements portion of the meeting on behalf of the physician.

RESOLUTION: Dismissal upheld.

8. MD-24-0938A, CALEB J. BEHREND, M.D., LIC. #54025
Counsel Stephen Bullington addressed the Board during the Public Statements portion of the meeting on behalf of the physician.

RESOLUTION: Dismissal upheld.

S. PROPOSED CONSENT AGREEMENTS (Disciplinary)

1. MD-24-1153A, FRANC W. BRODAR, M.D., LIC. #24079

MOTION: Dr. Gillard moved to accept the Letter of Reprimand and Two Year Probation. Within six months, complete no less than the 15 hour of Board staff pre-approved Category I CME in an intensive, in-person (virtual) course in 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. Brodar 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. Brodar may petition the Board to terminate the Probation. Dr. Brodar 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.

SECOND: Dr. Artz.

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

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

VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

T. 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 1-5.

SECOND: Ms. Dorrell.

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

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

VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

1. MD-25-0530A, MATTHEW J. CRABTREE, M.D., LIC. # N/A

RESOLUTION: License granted.

2. MD-25-0798A, BRYAN S. SMITH, M.D., LIC. # N/A

RESOLUTION: License granted.

3. MD-25-0083A, STUART S. KAPLAN, M.D., LIC. # N/A

RESOLUTION: License granted.

4. MD-25-1180A, SHAMA AMBE, M.D., LIC. # N/A

RESOLUTION: License granted.

5. MD-25-0551A, ZAEV SUSKIN, M.D., LIC. # N/A

RESOLUTION: License granted.

ii. 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 the license by endorsement in item numbers

SECOND: Dr. Bethancourt.

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

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

VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

1. JANEL L. MERIC, M.D., LIC. # N/A

RESOLUTION: Licensure granted by endorsement.

2. AHMAD NAJAFI, M.D., LIC. # N/A

RESOLUTION: Licensure granted by endorsement.

iii. 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.

SECOND: Dr. Bethancourt.

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

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

VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

1. RAMAN MEHRZAD, M.D., LIC. # N/A

RESOLUTION: Waiver granted.

2. GREGORY R. BREVETTI, M.D., LIC. # N/A

RESOLUTION: Waiver granted.

3. MOSTAFA I. ABUZEID, M.D., LIC. # N/A

RESOLUTION: Waiver granted.

4. RODERICA E. COTTRELL, M.D., LIC. # N/A

RESOLUTION: Waiver granted.

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

OTHER BUSINESS

U. REQUEST FOR TERMINATION OF BOARD ORDER

1. MD-17-1203A, AVA ROSE, M.D., LIC. #50321

Counsel Stanna Slater addressed the Board during the Public Statements portion of the meeting on behalf of the physician.

Ms. Smith informed the Board that this case was tolled, and the requirements were then completed under the MD-18-1206A case, which the Board granted and Advisory Letter on. The recommendation is to terminate.

MOTION: Dr. Gillard moved to grant the request for termination of the October 23, 2018 Board Order.

SECOND: Dr. Artz.

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

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

VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

V. GENERAL CALL TO THE PUBLIC

There were no speakers for general call to the public.

W. ADJOURNMENT

MOTION: Dr. Gillard moved for adjournment.

SECOND: Dr. Bethancourt.

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

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

VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 2-absent.

MOTION PASSED.

The meeting adjourned at 12:56 p.m.



Raquel Rivera

Raquel Rivera, Executive Director