



## Arizona Medical Board

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

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### **FINAL MINUTES FOR TELECONFERENCE MEETING Held on Wednesday, February 4, 2026 1740 W. Adams St. • 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.

#### **GENERAL BUSINESS**

##### **A. CALL TO ORDER**

Chair Figge called the meeting to order at: 8:04 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 member was absent: Ms. Bain.

##### **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**

- Review and Discussion of Google Meets Helpful Tips Pamphlets  
Ms. Rivera noted that in light of the feedback from Board Members during our meeting in January with Google Meets, and feedback from attendees, we have prepared and revised our Tips sheet for Board members and the public outlining how to join the meeting; how to register for call to public; instructions on how to join the meeting as a guest or using their own google account; and steps to rename yourself on various devices. Ms. Rivera further noted that staff will use this to notice our March meeting. Ms. Rivera informed the Board that she and other EDs were informed of another board's Zoom meeting being hacked so we are pleased that we made the decision to transition; however, I believe this is a risk for all teleconference meetings and we will continue to work with ADOA and Google to see if there is any ability to provide Board staff with more control parameters during

teleconference meetings to reduce the possibility of open meeting law violations, patient confidentiality concerns, and technological malfeasance.

Dr. Beyer approved the form and agreed that it should be used.

- **Upcoming scheduling of ED Selection and Retention Committee**  
Ms. Rivera requested that the ED Selection and Retention Committee be convened this month to address the recommendations related to PIP and the ED salary. After the meeting, staff will send a calendar doodle to select a date in February to hold this meeting.
- **Update Regarding the ARBoPA Sunset Audit Presentation**  
Ms. Rivera reported that the PA Board was continued for two years and despite the reported progress with implementation of the auditor's recommendations, the Committee of Reference remained concerned about the Board's Performance Incentive Pay and PIP payments made to the Executive Director. Ms. Rivera reported that she started to work on responding to the auditor's 6 month follow-up requests plans address the PIP recommendations by March when the follow-up audit is scheduled.
- **Reminder of Conflict of Interest (COI) Form**  
Ms. Rivera reminded the Board that Ms. Smith provided the Board with COI training at the January teleconference and staff sent an email with the annual training and COI Forms required for Board member and staff. Ms. Rivera requested that all COI forms returned by 2/6/26.
- **Update on 1740 Remediation**  
Ms. Rivera informed the Board that limited staff who temporarily were working out of the States Connected Workspace at 1400 Washington returned to the office this week. Remediation is complete pending vinyl flooring in the breakroom and storage rooms, which is planned for this week after hours. We are coordinating with IT staff for a return plan and timeline per department as we test the functionality of the outlets and devices that were moved due to carpeting. Next week, she will be reviewing our Damaged Asset list to finalize our entries and ensure there weren't any missed items to submit claims for damaged laptops.
- **Update Regarding Board Appointments**  
Ms. Rivera informed the Board that she met with Boards and Commissions yesterday and reviewed some potential applicants for consideration to add to a list to provide to Senator Werner. We also discussed the status of reappointments and concern with not obtaining senate confirmations for reappointments, resulting in those members having to leave the Board after 12 months if not approved. Ms. Rivera noted that there is a lot of interest; however, those individuals are located in Maricopa or Pima counties, where we already have representation on the Board. With regard to public interest, a few pharmacists applied, but they were also located in Maricopa or Pima counties.
- **Update, Discussion, and Possible Action on Proposed Legislation, including but not limited to:**  
Ms. Rivera provided the Board with some bills that may impact the Board and requested their positions on these bills so that she can prepare for upcoming hearings collaborate with different stakeholders based on any concerns.
  - **HB 2435 - internationally trained physicians; licensure**  
Ms. Rivera stated that for internationally trained physicians the Board currently has the ability to review the information to determine if it's equivalent training or not. The proposed language would also provide an alternative pathway for foreign medical graduates who hold valid licenses and immigration status to allow them to work in an underserved area if they satisfy the ECFMG pathway one requirements. Ms. Rivera informed the Board that she met with Representative Bliss and a lobbyist in December to discuss some of the concerns. They noted that the bill

aims to address the healthcare provider shortage in less populated areas and also retain spots for newly trained physicians.

Dr. Beyer commented that the Board already has an efficient process to allow the Board to license these physicians. Creating another pathway when the Board is already efficient is not a good use of staff time. Dr. Gillard commented that he does not want to see less qualified individuals brought into underserved communities. Dr. Figge commented that this isn't just an issue in Arizona and noted that just because the bill is presented does not mean it will go into law. Dr. Farmer inquired about what the status is on how we work with stakeholders.

Ms. Rivera requested the Board's position before she moves forward with ARMA or other associations

Dr. Farmer suggested asking ARMA's lobbyists since it is unclear whether these have a serious consensus to move them forward. Dr. Artz commented that the Board should figure out whether it is equivalent training and determine whether individuals would be safe to treat Arizona's patients. Dr. Artz opined that Ms. Rivera should emphasize that we already have an efficient process.

Ms. Smith explained that as the Board's representative, Ms. Rivera needs authorization from the Board to take any particular position on any particular bill. The Board could direct Ms. Rivera to support, oppose or be neutral on the bill, but express concerns on behalf of the board. For each of these bills, the Board needs to take a vote in order to approve whatever position she's taking. Ms. Smith noted that on this particular bill, it appears it's on the House Health and Human Services Committee agenda for February 9th.

Dr. Figge expressed concern that about the language would not necessarily require ECFMG certification.

Ms. Rivera opined that that this legislation was created for individuals who aren't going to go through an ACGMA platform, and may not qualify for ECFMG . Applicants would only be required to meet the pathway one requirements. She acknowledged the Board's concerns regarding the lack of ECFMG requirement.

Dr. Bethancourt commented on how physicians will be reimbursed.

Ms. Rivera noted that she brought this concern up as well and noted language at the end of the bill regarding health care employers. She noted that it would likely be difficult for these individuals to find employment, There was similar legislation adopted in Tennessee. Ms. Rivera noted that she reached out to the FSMB who reported that Tennessee had only issued one license because doctors really can't use it once they come here.

**MOTION: Dr. Farmer moved to oppose the bill in its current form.**

**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 Member was absent: Ms. Bain.**

**VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

- HB 2660 - health boards; licensure decisions; investigation

Ms. Rivera reported that this bill states that unless a health professional has been criminally charged, this bill lets them keep working while they appeal a licensing decision and places strict deadlines and oversight on boards that attempt to restrict licenses. Ms. Rivera expressed some concerns with this bill as it would impact our

investigation process. If the criminal charges relate to the practice of medicine, the Board has typically offered an ICA for PR while the criminal matter is pending, and we await the outcome of the charges. The standard of evidence to support criminal charges is significantly higher than clear and convincing or preponderance, which are used in Board matters. Tying immediate action to whether someone has been criminally charged disregards how healthcare works as some reasons for practice restrictions may not involve crimes such as incompetence, dangerous prescribing, boundary issues, substance use etc. Ms. Rivera opined that this would weaken the Board's authority to act quickly then places an unrealistic administrative burden on staff to allow the licensee to appeal within 30 days.

**MOTION: Dr. Gillard moved to oppose this bill at the legislature.**

**SECOND: Dr. Farmer.**

Dr. Beyer noted that the vast majority of the Board's summary action cases rarely have a criminal conviction and this would tie the Board's hands in an unintentional way.

**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 Member was absent: Ms. Bain.**

**VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

- SB 1124 - health boards; evaluations; notice

Ms. Rivera noted that before a board can require a psychological, psychiatric, or physical evaluation, it must give 14 days notice, allow the professional to respond and be heard, share the results, and reimburse the cost if no action is taken. Ms. Rivera noted that she did speak at the Health and Human Services Committee on January 21<sup>st</sup> with concerns she provided that statement for the Board's review.

Dr. Figge noted that this would also tie the Board's hands and would financially penalize the Board. Dr. Gillard commented that it's already difficult for an applicant to submit an application. Dr. Beyer commented that the 14-day notice isn't a problem but inquired about what is meant by if the Board acts on the report and dismiss the complaint based on a favorable report does that mean we're responsible for the cost of that testing. Dr. Figge opined that is what they are implying. Dr. Figge stated that the Board shouldn't be punished financially because the physician was able to prove that they are fine by the evaluation. Dr. Beyer stated that he wouldn't necessarily oppose this, but it needs some funding attached to it. If we're responsible for a cost, and the legislature wants us to be responsible for that cost, then they need to provide the funds for this because this is a tool for the Board. Dr. Beyer stated that he hopes that the person being tested turns out to be just fine because we don't want to discipline somebody and we want them to succeed. Dr. Figge stated that there will never be funding associated to this. Dr. Farmer opined that it would put us in the circumstance where we would be more reluctant to use a mechanism that protects the public. More importantly, it would put the onus on us to try and figure out and diagnose somebody's situation. Dr. Farmer opined that it is contrary to the legislatures' intent of having good checks and balances in place for physicians. If we're sitting here as non-experts trying to figure out this stuff, that seems to me that it removes an important check and balance that's often in the physician's favor.

Ms. Rivera noted that it is her understanding that this legislation is a result of an interaction with the Behavioral Health Examiners Board and a recommendation for a psychiatric evaluation which was felt to be without sufficient notice. However, Ms. Rivera opined that the Board has good due process protections and our investigation process is set up to efficiently address if an individual doesn't feel like an interim order and evaluation is appropriate or warranted. licensees can appeal the orders and the Board makes the final decision. The 14-day parameter gets a

little tricky just depending on what that evaluation is and what the Board's case consists of at that time. Every case is really different.

**MOTION: Dr. Gillard moved to oppose this bill in its current form.**

**SECOND: Dr. Farmer.**

Dr. Gillard requested that when this is discussed at the legislature, that Board members be notified. Dr. Figge noted that there is a system to allow people to register to speak.

Ms. Smith advised the Board about avoiding open meeting law violations. Ms. Smith also recommended that Board members who wish to address the Legislature about a bill should appear on their own behalf. since Ms. Rivera is the Board's representative.

Ms. Rivera stated that she will look at the calendar to see if any of these bills are scheduled for a hearing and try to send that out as soon as possible so that the Board is aware in the event Board members do want to come to request to speak or to just attend with her.

**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 Member was absent: Ms. Bain.**

**VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

- HB 2208 - health boards; violations; investigation

Ms. Rivera stated that this has to do with health boards' violations and investigations. So, this bill in essence would allow legislators to trigger investigations into health licensing boards if violations are found. This opens the door for them to do a legislative review and potential budget consequences that would occur to the boards. Ms. Rivera expressed some concerns that this could politicize the Board's licensing decisions and possibly undermine the Board's independence. That in itself can result in hesitancy to enforce certain orders. There is a concern for financial retaliation without a formal court finding that the Board did anything wrong. It leaves the Board open to investigation even if Board staff acts in good faith. Ms. Rivera noted that already have the right to file appeals and the Board is required to undergo audits and sunset reviews.

**MOTION: Dr. Gillard moved to oppose this bill in its current form.**

**SECOND: Dr. Farmer.**

Dr. Beyer opined that this one seems less offensive than some of the others that have been discussed. Dr. Beyer stated that he is not in favor of this bill and would oppose it. Dr. Figge stated that he doesn't know if there have been any specific issues to the Arizona Medical Board itself, but there is potential for budgetary cuts and retaliation if something would happen.

**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 Member was absent: Ms. Bain.**

**VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

- HB 2209 - health boards; retaliation; prohibition

Ms. Rivera reported that this bill would prevent health licensing boards from retaliating against professionals who speak up. In essence, this shifts the burden of proof to the board and would allow individuals to sue the board for damages. Ms. Rivera stated that she supports protecting good faith whistleblowers, but this bill kind of turns our routine practices into potential retaliation claims. Ms. Rivera opined that this can really have an impact on the Board and discourage quick action in some cases by injecting litigation into the process. Ms. Rivera also noted

that the definition in the statute for retaliation is rather broad. Ms. Rivera stated that it could appear that opening an investigation, a delay in license, putting conditions on someone's license if they previously made a report to the board within two years could be considered retaliation.

Dr. Beyer noted that the Board often gets complaints that appear to be a retaliation by the complainant against a physician and inquired if that falls under this bill.

Ms. Rivera stated that this bill would be specific to the health profession.

Ms. Smith explained that the protected individuals under this bill who would have the right to file an adverse action against the Board are limited only to health professionals or applicants and students of the health professionals. The average member of the public wouldn't be affected by this statute. The Board already has the right in its statute of the obligate or the right in 32-1451 to take into account whether or not the complainant and the complainant and the respondent are competitors of each other. So, if one physician files a complaint against the other physician, the Board statutes already provide the authority to take that degree of competition into account when coming to a final decision. The Board gets information from biased sources all the time. It's the Board's job to evaluate the complaint, the objective evidence that comes to light as a result of the investigation, and consider whether a violation of the medical practice act exists. The degree of interaction between the complainant and the respondent in any given case can sometimes be a factor in the Board's decision, but not always. The degree of bias from the originating complainant may be a mitigating factor in certain cases. The angry ex-spouse sometimes provides the Board with very relevant information that requires the Board to take action to protect the public. Ms. Smith stated that it's a pretty delicate situation and that's something that the Board investigations have already considered. Ms. Smith further explained that this bill presumes that if a complainant who is also a physician makes a report to the Board, the Board would then open an investigation against the reporting physician for the fact of making the report to the Board. So, it presumes that the Board would punish an individual for making a report that another physician violated the practice act.

Dr. Figge opined that these kind of sweeping across all board bills may not even apply, but it could have unintended consequences once all is said and done.

**MOTION: Dr. Gillard moved to oppose this bill.**

**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 Member was absent: Ms. Bain.**

**VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

- HB 2686 - physicians; surgical centers; call coverage  
Ms. Rivera reported that this bill would require physicians who perform surgeries at an outpatient surgical center to annually provide the center with a call-coverage plan, including hospital call coverage. Physicians must also submit updated call coverage plans as changes occur. Ms. Rivera appreciated the effort to standardize communication regarding physician call coverage in outpatient surgical settings. While it may enhance clarity and preparedness for post-operative care, it also leaves some question as to what constitutes an adequate call coverage plan and

potentially increased administrative responsibility for physicians who perform surgery at multiple facilities with variable call arrangements.

Dr. Figge commented that this bill was probably well intended but will have possible consequences. Dr. Artz opined that she would vote against this one as well because the physicians that go to surgery centers go there for a reason and most of the surgery centers have it in their bylaws of what kind of coverage is needed and if you need hospital privileges, who covers you, what kind of group you're in, and it's already an understood process. Dr. Artz opined that the surgery centers take care of that and it doesn't have to be a legislation bill. Dr. Figge agreed with Dr. Artz and that this bill instead puts the onus on the physician by themselves rather than the facility when the facility already has a plan in place. Dr. Farmer stated that although we might oppose it in its current form, we might say that if a surgery center is not already doing this, somebody has to do this. Dr. Farmer stated that he could recall a couple instances of places where things have been done at surgery centers and there was no coverage. Dr. Beyer opined that the idea behind this bill is correct. The onus should be on the physician and the lack of an on call designate is the fault of the physician not of the surgery center. This makes very clear this is a violation of the medical practice act for the physician to not have a clear chain of who the patient is supposed to call. Dr. Bethancourt noted that one other aspect of this is if you have a surgical practice and have three other physicians covering for you when you're not available there is someone covered, but the other three physicians might not have privileges at that surgery center. Therefore, if there's an issue, they theoretically couldn't deal with it because they don't have privileges at that facility. So, you would need to make sure that if you have privileges, the people covering you when you're not available have privileges at that facility too

Ms. Smith opined that this would just add a new violation to the Board's unprofessional conduct statute that may not have been specifically addressed in the statute in the past.

Dr. Beyer stated that what the bill does is it makes it a violation for the physician to not have that call person in place. Dr. Beyer opined that's reasonable and appropriate. It should be part of the rules of every surgery center but if the surgery center doesn't do it, ultimately the physician is responsible. Dr. Artz and Dr. Farmer opined that there needs to be an amendment to how it is currently worded to say that if there isn't a system already in place. Board members agreed with the concept but that there needs to be clarification with an amendment.

Ms. Rivera stated she is going to reach out to ADHS since they would license outpatient surgical facilities and just see if they have any requirement right now as for call coverage.

**MOTION: Dr. Beyer moved to support this bill with clarification.**

**SECOND: Dr. Bethancourt.**

Board members discussed waiting to vote until clarification is received.

Ms. Smith noted that there is a timing issue and based on the comments from the Board members, recommended having Ms. Rivera either sign in as in support or neutral. Either one of those options would give her the opportunity to address the concerns with regard to the language that the Board is identifying.

**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 Member was absent: Ms. Bain.**

**VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

- HB 2564 - health professionals; website; time limitation

Ms. Rivera reported that this bill would remove the 5-year time limitation for posting disciplinary actions and require boards to post all disciplinary actions and final non-disciplinary orders or actions with no fixed time limit. It also states that Letters of Concern and Advisory Letters may not be made available on the website, but available to the public upon request. At the ED and staff level, this may reduce administrative burden by eliminating the need to track posting dates or automatic removals and can simplify access to records. However, there have been concerns voiced in the past from Board members due to the fairness of showing lifetime board actions, which can blur the distinction between discipline and corrective guidance.

Dr. Gillard spoke against this bill to extend things on the website as it can be looked at as discipline. Dr. Figge opined that the website is transparent.

Board staff confirmed that staff's number is available on the website and there is a disclaimer that they can request public records.

Ms. Smith explained that this is consistent with requirements for disciplinary actions up until probably about three or four years ago, when it was limited to five years. Ms. Smith noted that the 5-year limitation has been the subject of a lot of criticism from the public and the press.

Dr. Gillard stated that he would move against it because different boards have done different things. Different states do things where we've seen another state might take a disciplinary action where we might look at things that were mitigated but if it's there forever there could be a problem. Dr. Figge noted that if there is discipline it's reported to the NPDB and it is on there forever. Dr. Beyer stated that as a citizen, the five-year limit is a good thing and that's a decision that is not up to this board. In the interest of transparency, the legislature thinks that it should be there forever, then I don't think that as a board member we should have an opinion about that. Dr. Beyer stated that he understands the perspective of wanting full transparency and from the perspective of a patient, citizen of Arizona, most people don't know to go check the National Practitioner Data Bank. They go to the Arizona Medical Board and so I would be neutral on this as a board member.

**MOTION: Dr. Gillard moved to oppose this bill.**

**SECOND: Dr. Artz.**

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

**The following Board member voted against the motion: Dr. Beyer.**

**The following Board Member was absent: Ms. Bain.**

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

**MOTION PASSED.**

- HB 2687 - medical board; case reviews

Ms. Rivera reported that this bill would require the medical board to perform case reviews involving death or near-death outcomes across all health professions. This means the Board would have to review and accept public requests for review and address any unsafe care or regulatory failures to the appropriate licensing board, lawmakers, and the governor but it wouldn't give the Board any authority to directly discipline individuals who aren't under the Board's authority. Ms. Rivera provided the Board with some amended language that was given to her yesterday to try to alleviate some of my concerns with the bill.

Dr. Figge commented that in its original form would make the Board the dean of all schools and would probably be offensive to the other health boards because the Board would be the overseen helicopter parent where anything from anyone

could come to us even if it's still being investigated under their own board. It is also another unfunded mandate, and the Board is not getting more budget for more staff and this requires additional work. Dr. Figge opined that this is not realistic.

**MOTION: Dr. Gillard moved to oppose this bill.**

**SECOND: Dr. Farmer.**

Ms. Rivera noted that the DO Board is also included in the bill as a reviewer.

Dr. Beyer noted that this doesn't require specifying the licensee and it's a carte blanche to investigate and see what you find. Dr. Figge agreed it's investigating the case not a person. Dr. Bethancourt commented that it's basically for a second opinion to investigate how they're being treated.

Ms. Rivera explained that it could be any other health professional board. So, it could be somebody upset about their complaint, how long it's taken at the nursing board, or it could be a nurse that's upset with the outcome of the investigation and request that the board review it either during the same time the nursing board is investigating it or after once an outcome is rendered. Ms. Rivera stated that she had a difficult time envisioning how this works if it were to pass and what kind of burden or onus that puts on the Board to become experts in other people's areas of expertise.

**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 Member was absent: Ms. Bain.**

**VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

SB 1557

Ms. Rivera reported that this bill deals with informed consent and medical interventions. This bill basically establishes requirements for obtaining informed consent before performing any medical intervention. That's defined as a procedure, treatment, device, drug, injection, or other medical action taken to cure a disease or alter a person's health or biological function. It also requires that you maintain that consent in the medical record. It's noted that this wouldn't apply to emergency medical care. Upon review, it may improve patient autonomy or reduce complaints related to lack of consent. However, this may increase some administrative burdens for healthcare providers, or it could even be overwhelming for patients to have to sign numerous consents for each intervention.

Dr. Beyer opined that this is too broad. Dr. Gillard opined that this is too much work when you already have to get a general informed consent for treatment. Dr. Figge agreed and noted that's basically why they left emergency medicine out of it because they signed that kind of an all-inclusive you get permission for them to do what they need to do. Dr. Bethancourt spoke against the motion as it is also too vague.

Ms. Smith noted that whether the Board opposes any given bill is obviously a matter of policy. The Board should consider whether or not the bill at issue directly involves medical regulation and also keep in mind that there are other bills that Ms. Rivera will be opposing and on behalf of the Board and perhaps the Board would want to consider her resources when taking a specific position on a bill that doesn't directly affect me medical regulation itself.

Dr. Beyer opined that this does affect us. A medical intervention could be any medical procedure or action taken to diagnose or cure a disease. A written consent is required for a chest X-ray and we are responsible for enforcing that. Dr. Artz stated that she read it as kind of what we're already doing. Maybe it's one extra consent saying when you come to see this physician, I'm consenting to any

procedures, medications that this person is prescribing. Dr. Artz stated that she supports it because this is what we're already doing but we would ask quite possibly for one extra paper now saying before you go into the room, you're consenting to everything and then still for individual procedures, she would continue to do the procedure.

**MOTION: Dr. Artz moved to support this bill.**

**SECOND: Ms. Dorrell.**

Dr. Beyer and Dr. Bethancourt opined that it is too broad and vague.

**VOTE: The following Board members voted in favor of the motion: Dr. Artz and Ms. Dorrell.**

**The following Board members voted against the motion: Dr. Figge, Dr. Bethancourt, Dr. Gillard, Dr. Farmer and Dr. Beyer. The following Board Member was absent: Ms. Bain.**

**VOTE: 2-yay, 5-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

**MOTION: Dr. Beyer moved to oppose this bill.**

**SECOND: Dr. Gillard.**

Dr. Figge stated that he may be neutral on this bill and would hate to see a headline that, the medical board is against informed consent.

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

**The following Board members voted against the motion: Dr. Artz and Ms. Dorrell. The following Board member abstained: Dr. Figge. The following Board Member was absent: Ms. Bain.**

**VOTE: 4-yay, 2-nay, 1-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

SB 1637

Ms. Rivera reported that this deals with dentist responsibility, sedation, and informed consent. It's actually amending statutes to clarify the responsibilities for different licensed professionals, including doctors who are working in dental offices where anesthesia and sedation is administered. This bill now requires if a death or adverse event occurs after anesthesia by a doctor of medicine, the doctor must report the incident to their board within seven days. It also defines what that adverse event is. It provides explicit reporting duties for doctors involved in dental anesthesia to ensure that it requires a separate informed consent to be obtained separately for anesthesia and sedation.

Dr. Figge opined that we already have all these safeguards in place with the medical practice act for physicians providing the anesthesia. We've had, a number of cases over the years come before the board where anesthesiologists are providing anesthesia in a dental office.

Ms. Smith noted that there is already a reporting requirement that was added in statute last year. This is really kind of an expansion of something that's already happened. Physicians who provide anesthesia in dental offices are already required to report that to the board. It really is sort of designed to address how dental practice is performed, not necessarily how medical practice is performed.

Dr. Farmer expressed concern about physicians not knowing who to report to.

Ms. Smith clarified regarding physicians who perform sedation in dental offices, there is already a reporting requirement to the board. This changes the scope of adverse events. It changes the definition of what would need to be reported to the board, but it doesn't require the practitioner to report it to other places. Physicians are not the only type of healthcare practitioner that's affected by this, there are CRNAs who perform sedation in dental offices that fall under this.

Dr. Beyer opined that the Board, should probably be neutral on this. Dr. Farmer agreed that this is more for the anesthesia society.

**MOTION: Dr. Beyer moved to be neutral on this bill.**

**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 Member was absent: Ms. Bain.**

**VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

HB 2971

Ms. Rivera reported that this bill deals with occupational licensing and fee deferment. This bill would defer the initial license fee of our licensee until the second year that they have been licensed in the state. This bill reduces the upfront cost for new licenses and may help grow the workforce. Ms. Rivera opined that it shifts the financial risk and the administrative burden onto the board and could result in delayed revenue for the board. the Board a self-funded agency through our licensing fees and this may also require increased administrative workload to track those individuals who have deferred payments. We would have to create a process to collect fees after that first year has passed and establish how we address non-payment after the second year. Ms. Rivera also noted that there's a risk of non-payment should that individual leave the profession, move out of the state, fail to renew their license or in the event we end up revoking or surrendering the license in that first year.

Dr. Gillard opined that this would add to our problem with the budget. Dr. Beyer opined that this would not help the physician shortage in Arizona.

**MOTION: Dr. Gillard moved to oppose this bill.**

**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 Member was absent: Ms. Bain.**

**VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

## **E. CHAIR'S REPORT**

- Election of Executive Director Selection and Retention Committee Chair  
Ms. Rivera clarified that the chair must be elected by the Committee.

Dr. Figge confirmed that we will schedule a Committee meeting where this will be decided.

## **F. LEGAL ADVISOR'S REPORT**

No report was given.

## **G. PHYSICIAN HEALTH PROGRAM (PHP) REPORT**

No report was given.

## **H. DISCUSSION REGARDING DEBRIEFING ON BOARD PROCESSES**

Dr. Gillard inquired about everyone being able to see people in the waiting room.

Board staff confirmed that one of the differences with Google Meets is that everyone can see the waiting room.

Dr. Beyer inquired about keeping the 411 available with the links.

Ms. Rivera informed the Board that if they need any documentation from previous links, they can request it from Board staff.

## **I. DISCUSSION AND POSSIBLE ACTION REGARDING ELECTION OF OFFICERS**

Board members discussed keeping the officers as they are until Dr. Bethancourt leaves and a new vice-chair can be elected.

**MOTION: Dr. Gillard moved to retain the current officers for the next year.**

**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 Member was absent: Ms. Bain.**

**VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

## **J. APPROVAL OF MINUTES**

- October 6, 2025 Regular Session meeting; including Executive Session
- October 20, 2025 Special Teleconference meeting
- November 5, 2025 Special Teleconference meeting; including Executive Session
- January 7, 2026 Special Teleconference meeting

Dr. Figge noted a correction in the motion for the request for termination in the October 6<sup>th</sup> minutes. Dr. Gillard noted a correction in the vote count in the January 7<sup>th</sup> minutes. Dr. Artz noted that she was absent from the October 6<sup>th</sup> meeting.

**MOTION: Dr. Gillard moved to accept the minutes.**

**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 Member was absent: Ms. Bain.**

**VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

## **LEGAL MATTERS**

### **K. DISCUSSION, CONSIDERATION AND POSSIBLE ACTION ON THE ADMINISTRATIVE LAW JUDGE'S RECOMMENDED DECISION.**

Possible action includes, but is not limited to, adopting Findings of Fact, Conclusions of Law and Order.

Pursuant to A.R.S. § 41- 1092.08(i), the Board may meet and confer for purposes of modifying the recommended decision, including the Findings of Fact, Conclusions Of Law and Recommended Order set forth in the ALJ's recommended decision issued in case no. 25A-13491-MDX involving Dr. Donovan Anderson.

1. MD-18-0992A, MD-19-0196A, MD-19-0816A, MD-20-0319A, MD-20-0819A, DONOVAN ANDERSON, M.D., LIC. #13491

Dr. Anderson was not present. Carrie Smith, AAG participated virtually on behalf of the State. Deanie Reh, AAG participated as the Board's Independent Legal Advisor.

Ms. Smith summarized that there are five cases at issue, four of which arise out of a chart review process that Dr. Anderson was ordered to complete. The fifth case was an independent referral from the Department of Health Services due to his failure to comply with the statutory requirements for medical marijuana certifications. The ALJ found that Dr. Anderson was timely notified of the hearing that occurred on December 4th. He failed to appear and the ALJ issued an order adopting the findings of fact and conclusions of law as alleged in the Board's complaint notice of hearing and recommended upholding the summary suspension and an order for revocation. Ms. Smith requested that Board adopt

the ALJ's recommended order upholding the summary suspension and revoking Dr. Anderson's license.

Dr. Gillard noted the physician's significant Board history.

**MOTION: Dr. Gillard moved to accept the Findings of Fact with the requested typographical correction.**

**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 Member was absent: Ms. Bain.**

**VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

**MOTION: Dr. Gillard moved to accept the Conclusions of Law with the requested typographical correction.**

**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 Member was absent: Ms. Bain.**

**VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

**MOTION: Dr. Gillard moved to accept to accept the ALJ's recommended order to affirm the Board's summary suspension and Revoke Dr. Anderson's license.**

**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 Member was absent: Ms. Bain.**

**VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

## **L. FORMAL INTERVIEWS**

1. MD-25-0078A, KEVIN J. HOOKER, M.D., LIC. #37930  
Dr. Hooker participated virtually with counsel Bob Milligan.

Board staff summarized that this case was initiated after receipt of Dr. Hooker's self-report that he tested positive for alcohol at work. Dr. Hooker completed the PHP Assessment, recommended treatment and a post-treatment PHP Assessment which found that he was safe to practice with recommendations for five years of PHP Monitoring. During the investigation, Board staff considered offering Dr. Hooker a practice restriction consent but did not at that time have the work records or any reports of impairment at work. Once Board staff obtained the work records, Board staff noted multiple documented reports from staff alleging concerns for impairment and behavioral complaints with staff. Dr. Hooker explained in his licensee response that on December 10, 2024, he drank alcohol while on call and that the following day, he went to work for an IT matter and was reported by staff as smelling of alcohol. He was asked to test and it was positive. SIRC discussed the case and observed the lack of patient care concerns in the hospital records; however, SIRC stated that despite the absence of adverse patient outcomes, the hospital records contained multiple reports from staff reporting behavioral issues that have the ability to impact patient care. SIRC noted consistency in recommending disciplinary action for licensees who present to work impaired.

Dr. Hooker provided an opening statement to the Board. Dr. Hooker stated that he was grateful for the opportunity to enter the Bradford Treatment Center for his addiction and for the PHP program. Dr. Hooker stated that in 2018 he did increase his drinking, mainly socially. His problem accelerated in June 2020 due to a tragic family event. Dr. Hooker noted that although he never touched alcohol when he was on call, he would drink too much when he was off call. By June of 2024, he recognized that he was drinking too much

alcohol when off call and spoke with colleagues and friends and entered into treatment. Regarding the events that brought him here, Dr. Hooker acknowledged his behavior on December 9th was inappropriate. He made a mistake but he has never been impaired when taking care of a patient.

Mr. Milligan provided an opening statement and stated that Dr. Hooker admitted to his conduct and that it was inappropriate. Mr. Milligan commented regarding the claims of impairment by nurses on June 13, 2024. Mr. Milligan stated that he discussed the credibility problems with those claims in a January 14th letter that he submitted to the Board, including the fact one of the claims are from a nurse who had a conflict with Dr. Hooker over the years over patient management issues. One of the serious claims stated that in 2023, Dr. Hooker presented to the hospital and performed a cesarian section while smelling of alcohol and literally stumbling drunk. The claim is that because Dr. Hooker then left the hospital, no action was taken as a result of those events. Mr. Milligan argued that this claim is at odds with common sense given what we know about hospitals respond to any concern that a physician may be impaired. It's also at odds with firsthand knowledge provided by the hospital Chief Medical Officer (CMO) and the chief of staff, both of whom say that hospital policy mandates that anybody who thinks there's any concern about physician impairment has to report that concern to hospital and medical staff leadership. Both Dr. Rosen and Dr. Shake say that no one ever reported a concern about Dr. Hooker until the morning of December 10, 2024. On the morning of December 10, 2024. We know that Dr. Hooker came to the hospital for the sole purpose of dropping off a laptop to get security software loaded. One of the techs believed that she smelled alcohol on him and so she reported that and it was reported up the chain. Both Dr. Rosen, the CMO, and Phil Fitzgerald, the hospital CEO, called Dr. Hooker and said, "Get back to the hospital." And when he got back there, they said, "We need a blood sample from you." And he gave that blood sample. Dr. Hooker knew that if he had failed to do that, he would have been summarily suspended. Mr. Milligan stated there is other information cited that casts considerable doubt on these claims in the June 2024 memo. Mr. Milligan opined that those claims cannot provide clear and convincing evidence of unprofessional conduct and requested that the Board resolve this case based on the events of December 9 and 10, 2024.

During questioning, Dr. Hooker explained that when he met with the wellness committee, they recommended that he self-report to the Board. Dr. Hooker explained that he dropped of his laptop for security purposes so that he could review patient charts at home. Dr. Hooker informed the Board of his illness and how it initially started with social drinking. Regarding the reports of negative behaviors, Dr. Hooker stated that he was not aware of them until this complaint. Dr. Hooker stated that when he wasn't drinking, he did not experience symptoms of withdrawal. Dr. Hooker said that he doesn't remember having night sweats in treatment but would not contest it. Dr. Hooker stated that he knows he has had a few peer review complaints, but he doesn't know if any complaints regarding his behavior went through peer review.

Dr. Farmer inquired about how the Board typically handles physicians who were impaired at work but there was no patient harm.

Board staff explained that historically the Board has issued discipline for physicians who presented to work while impaired, including while on call. That is why SIRC noted the precedent in the report.

Mr. Milligan noted that in the cases he reviewed where the physicians were on call there was a car accident, or treatment while over the phone.

Board staff noted that it just so happens that the physician wasn't called while on call, so it is still concerning to staff.

During deliberations, Dr. Farmer opined that one issue is the arc of his disease. He started off with binge drinking and he tried to protect his work place and things progressed and he

had to self-report. Secondly, there is a set of behaviors where his behavior was found to be odd where he was grumpy at work and shaking was reported. In attempt to discredit those, there is an argument that none of them was reported to the hospital or the Board. Dr. Farmer opined that this is not persuasive as we know that hospital staff is reluctant to report and that is why we have anonymous reporting. Another argument is that these behaviors do not rise to a clear and convincing standard, but Dr. Farmer noted that there's a very strong pattern here that does lead him to think it is clear and convincing that there was some impairment of his functioning. Dr. Farmer opined that it would be extremely unlikely to have alcoholism that severe without impaired function. This is recognized by everybody as a serious illness. Then the issue of consuming a significant amount of alcohol while on call and drinking while on call on its own sustains all the violations. Dr. Famer expressed support for the physician's recovery but opined that SIRC's recommendation was right.

**MOTION: Dr. Farmer moved for finding of unprofessional conduct in violation of A.R.S. § 32-1401(27)(f),(r), and (jj) for reasons as stated by SIRC.**

**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 Member was absent: Ms. Bain.**

**VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

Dr. Farmer stated that we've always had a line where if you cross that line in the interest of public safety, you end up with disciplinary action. Dr. Farmer opined that it's an important line that the Board should maintain.

**MOTION: Dr. Farmer moved for a draft Findings of Fact, Conclusions of Law and Order for a Letter of Reprimand and Five Year Probation, retroactive to June 2, 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. Hooker's request for termination shall be accompanied by a recommendation from his PHP Contractor stating that monitoring is no longer required.**

**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 Member was absent: Ms. Bain.**

**VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

Dr. Famer commented that the Board wants to encourage physicians to self-report, which can result in confidentiality, but there is a line that the Board must set if it overflows into patient care.

## **M. FORMAL INTERVIEWS**

1. MD-23-0548A, JOSE A. MENENDEZ, M.D., LIC. #35922  
Dr. Menendez participated virtually with counsel Cody Hall.

Board staff summarized that this case was initiated after receiving a complaint from the CMO at a Hospital indicating that Dr. Menendez returned a call to the ICU after neurosurgery had been called for a critical patient although Dr. Menendez was not on-call for the Hospital and did not have clinical privileges at the Hospital. Dr. Menendez attempted to order a STAT head CT scan on the patient, viewed the resulting images from the study, and then directly entered an order into the computer system for the patient. Dr. Menendez undertook all three actions despite knowing he did not have clinical privileges at the Hospital. The Hospital alleged that Dr. Menendez delayed care by requiring staff to spend time trying to contact a neurosurgeon in the group with clinical privileges at the hospital, potentially jeopardizing patient care and safety. The Board's Medical Consultant

(MC) found that Dr. Menendez deviated from the standard of care by ordering treatment at a hospital without privileges and for inappropriate collaboration with other healthcare providers. The MC opined that a better course of action for Dr. Menendez, if he felt the need to respond to a call from the Hospital, would have been to offer his assistance in contacting the appropriate physician that could help the patient. Peer review provided by the Hospital noted several incidents related to Dr. Menendez's inappropriate behavior towards staff and other team members, which included displaying offensive and threatening or intimidating behavior and inappropriately blaming others for unfavorable outcomes or adverse events. Based on Dr. Menendez's behavior, the Hospital required that Dr. Menendez complete a PACE anger management course in August, 2021 and sign a Stipulated Agreement in August, 2022. In February, 2023, Dr. Menendez was notified of two patient care cases that were referred to the Medical Executive Committee for review related to his inappropriate behavior and or conduct. Dr. Menendez subsequently resigned his privileges at the Hospital on February 1, 2023, while under investigation. Dr. Menendez was a member of the Medical Staff at the Hospital and held clinical privileges in neurosurgery from March, 2012, until he resigned in February, 2023. Dr. Menendez remains on the medical staff of two other hospitals owned by the same entity. SIRC reviewed the hospital Peer Review and found Dr. Menendez's repetitive inappropriate, intimidating, and offensive behavior to hospital staff and lack of personal responsibility for his own actions to be egregious.

Mr. Hall provided an opening statement and noted that Dr. Menendez was not on call but had received two phone calls from the Hospital and that they had been trying to reach two other physicians for two hours. Although Dr. Menendez did not have privileges at the Hospital he did try to facilitate care. His care did not cause any patient care and there was no delay in care based on his actions.

During questioning, Dr. Menendez explained that he is in a group of four neurosurgeons who take calls from two of the hospitals in the system and have taken calls in the past for the Hospital. Dr. Menendez explained that there was a physician who conducted the procedure and then two other physicians that were on call. When he received the phone call, he recommended a CAT scan and then he called his partner who was on call and instructed him to call the Hospital back and give the order. His partner then called the Hospital and gave the order. When the Hospital called Dr. Menendez back with the results, they had already tried to get ahold of his partner and they couldn't reach him. The CAT scan showed that the patient had significant swelling around the surgical site and so Dr. Menendez's recommendation was to give dexamethasone to try to bring that swelling down. The nurse asked if Dr. Menendez had privileges and he said no and the nurse said we need orders from a physician who does. Dr. Menendez stated that he responded that he would try to call someone, but this is what the patient needs, and this is critical that the patient receives this right now since there is significant swelling. Dr. Menendez accepted that he shouldn't have gone into the chart which he had opened because he was reviewing the CAT scan as the radiologist called him with the critical finding. Dr. Menendez stated that this is when he entered the order himself and immediately called his partner and had him call back to give the order himself. Dr. Menendez explained that he knew there had been a complaint that had been lodged against him by one of the physicians and this hospital. The complaint was that a patient had suffered a bad outcome and that he had thrown him under the bus in front of the family members. When this was lodged into the peer review, the hospital CMO contacted him and said that they were going to start an investigation. However, because of the stipulated agreement that he had, it could be that it resulted in his termination and so he chose to resign.

Dr. Bethancourt stated that it is unusual that in recredentialing whatever happened at one hospital would have been known by other hospitals in the system and inquired if the investigation was completed after his resignation.

Board staff commented that once there is a resignation, the investigation is not continued.

Dr. Gillard noted that there were some concerning behaviors, but that they were addressed locally. Dr. Gillard inquired if there was ever a complaint made by the institution to the Board.

Board staff confirmed that it was not reported to the Board.

Dr. Gillard commented that it is unusual that if he lost privileges at one hospital, he didn't lose them at all hospitals.

Dr. Menendez explained that he did not consider transferring the patient since at the time they did not know what the issue was. Dr. Menendez clarified that he did not order the CAT scan, just noted that it was needed.

Dr. Artz commented that it's odd that the on call physician called the hospital back but then the hospital could not get ahold of him for the results.

Dr. Menendez agreed that it was odd. Dr. Menendez explained that the medical records are part of the hospital system, so he had access to all the medical records of every hospital in the system. Dr. Menendez stated that typically for all these hospitals, the patient gets admitted to the hospital service or the ICU service and we are just the consultants.

In closing, Mr. Hall stated that Dr. Menendez tried to help and will not repeat this as he has learned from this process. There have been no other complaints from the other two hospitals. Mr. Hall requested that the Board issue an Advisory Letter in this case.

During deliberations, Dr. Bethancourt commented that it seemed that every time the answering service got a hold of him, he stated that the person needed a CAT scan. The allegation that he delayed care is unfounded. He did call the other physician that was on call and that physician did call in the order. When the steroids were ordered, if he didn't have privileges, it would be in read only mode. Dr. Bethancourt opined that he facilitated the care. Dr. Farmer commented that there is some technical statutory violations but agreed that he saw a system problem that was impeding care. Dr. Farmer opined that the physician didn't know what to do in this circumstance. Dr. Gillard noted that some of these behavioral events are not related to this case. Dr. Gillard noted that a lot of this falls on this attending and you can use a consultant who is not on staff. Dr. Gillard opined that there has been unprofessional conduct. Dr. Beyer agreed that the events of that evening should not have happened and the physician should not have done what he did. Dr. Beyer noted there were clearly behavioral issues but they were not brought to the Board and should have been handled at the hospital level. Dr. Artz commented that there were other things that the physician could have done and appreciate that he tried to help but he should have told the nurse to get ahold of the hospitalist. It is the hospital's responsibility.

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

**SECOND: Dr. Farmer.**

Dr. Gillard and Dr. Bethancourt spoke against the violation of A.R.S. § 32-1401(27)(r) as there was no patient harm. Dr. Bethancourt commented that with regards to the violation of A.R.S. § 32-1401(27)(jj), he should have clearly told the nurse he didn't have privileges. Dr. Gillard agreed that the hospital could have put the hospitalist on the phone with the recommendations.

**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 Member was absent: Ms. Bain.**

**VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

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

**MOTION: Dr. Bethancourt moved to issue an Advisory Letter for ordering treatment at a hospital without having privileges. 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.**

Dr. Gillard commented that the physician was trying to help but made an error. Dr. Farmer opined that the Board could dismiss due to mitigating factors.

Ms. Smith stated that the Board has not issued a dismissal when there is a finding of unprofessional conduct.

**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 Member was absent: Ms. Bain.**

**VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

## **N. FORMAL INTERVIEWS**

1. MD-24-0676A, ISSADA THONGTRANGAN, M.D., LIC. #45920

Dr. Thongtrangan participated virtually without counsel Michael Tamm.

Board staff summarized that the Board initiated this case after receiving notification of a malpractice settlement regarding the transection of the ulnar nerve during carpal tunnel surgery. The MC opined that there was deviation from the standard of care. The patient had a mini open carpal tunnel release and there was inadequate visualization and placement of the cutting device. Deviation from the standard of care also occurred when the ulnar nerve injury was not recognized during surgery and the MC opined that Dr. Thongtrangan subsequently misdiagnosed the neuropathy at the level of the elbow as a cause of pain. The patient's symptoms were due to the ulnar nerve injury, which presented as loss of function of the right hand as well as total longitudinal and sensory loss of the right small finger and ulnar half of the right finger.

Dr. Thongtrangan provided an opening statement, and stated that he first evaluated the patient in June, 2020. While her lumbar spine pathology was successfully addressed, she continued to struggle with persistent numbness and tingling in all five digits of her right hand. On December 5, 2020, he personally counselled the patient on the risks and benefits of the carpal tunnel surgery. All questions were addressed and she provided informed consent. On December 23, 2020, he performed a mini open cup release using a high power magnification loops and a surgical headlight to ensure clear visualization. He used a micro knife under direct visualization. The procedure and the surgery were uneventful and the patient was stable through discharge. Dr. Thongtrangan stated that his post-operative management was proactive and exceeded standard protocols. When the patient reported early residual symptoms, he initially managed them as expected. However, when the symptoms shifted and localized to the ulnar nerve distribution at the four-week mark, he immediately broadened the differential diagnosis to included ulnar nerve problems. He facilitated an expedited referral to a hand specialist and also initiated a hand physical therapy. Dr. Thongtrangan stated that a poor outcome is not synonymous with a breach in the standard of care. He followed all established protocols for a complication that is rare but recognized. Dr. Thongtrangan informed the Board that he has since refined his patient counseling and places a greater emphasis on the strategy to ensure they understand that the complications can occur even with perfect surgery and even in the most skilled surgeons.

During questioning, Dr. Thongtrangan informed the Board that his specialty is spine surgery but he offers carpal surgery on his own patients who sometimes have a double crush syndrome. He does not offer hand or nerve surgery on a regular basis to any other patients. Regarding numbness in the regions of the nerve immediately after surgery, Dr. Thongtrangan stated that when he looked back at her intake form she did have the complaints of tingling numbness in all five digits prior to the surgery. Dr. Thongtrangan clarified that he only orders EMGs to differentiate if there are any symptoms coming from

the neck versus the peripheral nerve. Regarding the MC's statement that he should have used ultrasound guidance, Dr. Thongtrangan stated that is a newer technique and he is not skilled in ultrasound so he doesn't use it. He would rather do mini-open surgery where he can use the magnification loops and headlight to see the area. Dr. Thongtrangan stated that ultrasound is not the standard of care yet. Dr. Thongtrangan explained that he thought that he had complete release when he finished the surgery because he saw the fat pad, but that could be mistaken for a patient who has the extra fat pad that was creeping in. Dr. Thongtrangan confirmed that this was a settlement and there was no trial. Dr. Thongtrangan said that if he had to do it again he would have made a larger incision but wouldn't have any other changes as far as the technique. Postoperatively, he or staff usually calls the patients to check on their status. He then usually sees the patients about 10 days to two weeks after surgery unless there's any red flags of infection or some other things he'll see them earlier. At two weeks, he usually checks the incisions, make sure there's no infection and whatnot and then start physical therapy if needed.

In closing, Mr. Tamm stated that Dr. Thongtrangan did his due diligence to ensure that carpal tunnel procedure was warranted. He explained the risks and complications, and although this injury is rare it does occur in these types of cases in the absence of negligence. Mr. Tamm noted that the particular micro knife Dr. Thongtrangan used is not used for ultrasound, which is what the MC referred to. Therefore, the MC's conclusion is based on an unwarranted or incomplete premise. Dr. Thongtrangan did in fact experience a complication, one that he certainly regrets, but it's not because he didn't take everything into account and try to counsel the patient accordingly and provide standard of care.

During deliberations, Dr. Artz noted that the physician stated he had made changes to how the risks are presented, which she agreed with. With carpal tunnel surgery, it is a very well known risk factor that you can get ulnar nerve injuries, but it needs to be stated. Dr. Artz agreed with the violation of A.R.S. § 32-1401(27)(r) and opined that the small incision was important, and noted that the physician stated he would possibly make a larger incision. Dr. Artz opined that was a harmful part of the procedure and why the injury was done.

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

**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 Member was absent: Ms. Bain.**

**VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

**MOTION: Dr. Artz moved to issue an Advisory Letter and Order for Non-Disciplinary CME for inadequate documentation of informed consent, failing to properly perform a right carpal tunnel release surgery, and failing to recognize and address an intraoperative ulnar nerve injury. 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 treatment of carpal tunnel syndrome. The CME hours shall be in addition to the hours required for license renewal.**

**SECOND: Dr. Beyer.**

Dr. Beyer opined that this does not rise to the level of discipline and understands that a settlement is not the same as an admission of wrongdoing. Our decisions here are based on what happens, not based on inferring something from the fact that of a settlement. Dr. Beyer spoke to the prior board history and opined that these are not related to this case. Dr. Artz explained that she recommended CME since the physician stated that he has been doing this for years and would like to see the physician look into other treatments and decide what is best for him.

**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 Member was absent: Ms. Bain.  
VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.  
MOTION PASSED.

## O. FORMAL INTERVIEWS

1. THIS CASE HAS BEEN MOVED TO ITEM U #3.

## P. REVIEW, DISCUSSION AND POSSIBLE ACTION REGARDING SUMMARY ACTION

1. MD-23-1070A, JAMES H. DIEDE, M.D., LIC. #18915  
Dr. Diede participated virtually without counsel.

Board staff summarized that this case was initiated after receiving notifications from the Arizona Board of Pharmacy (ABOP) indicating that Dr. Diede failed to query the CSPMP despite extensive controlled substances prescribing. Specifically, in September 2023, Dr. Diede prescribed 173 opioids and/or benzodiazepines with no CSPMP queries. This pattern continued in October 2023 with 174 prescriptions and in March, 2024 with 167 prescriptions, both without CSPMP queries. Board staff first noticed Dr. Diede on January 17, 2024, and made multiple attempts at contact via email, fax, and telephone over the following months. However, Dr. Diede did not respond until November 6, 2024. Dr. Diede reported that in September 2023, he encountered technical issues with the CSPMP portal. Dr. Diede reported subsequent compliance with CSPMP requirements, indicating that he updated his email for daily monitoring, and ensured his commitment to adhering to all applicable laws and regulations. Based on the information reviewed, Board staff determined that Dr. Diede engaged in unprofessional conduct by failing to adhere to CSPMP mandated use requirements and failure to provide timely information. Four patients were selected for review by a MC, who identified inappropriate opioid prescribing, lack of risk mitigation, failure to prescribe Narcan for high-dose opioids, and co-prescribing benzodiazepines without alternative therapies. SIRC reviewed the case and recommended a Letter of Reprimand (LOR) and Two-Year Probation with Practice Restriction (PR), prohibiting controlled substance prescribing until he completes 15 hours of in-person CME on controlled substances and establishes chart reviews with a Board-approved monitor. SIRC also recommended an Interim Consent Agreement (ICA) restricting prescribing controlled substances, with referral to the Board for summary action of the ICA is declined. On January 22, 2026, Dr. Diede was offered an ICA for PR prohibiting him from prescribing controlled substances while MD-23-1070A is pending Board review. However, on January 27, 2026, Board staff received Dr. Diede's written refusal, in which he expressed concern for his patients due to the nature of his solo practice. Dr. Diede further stated that he is now documenting urine drug screen results and adhering to CSPMP requirements. Additionally, he indicated his intention to enroll in Western Reserve University and attend a symposium with Texas Tech University. He also reported enrolling in CPEP and PACE, CME courses scheduled for April 2026. Dr. Diede provided proof of payment for CPEP's Medical Records Keeping course in April and PBI's - Proper Prescribing course at the end of March.

Dr. Diede provided the Board with his education and Board certification history. Dr. Diede stated that the lapse in CSPMP compliance was due to a combination of issues with his former IT expert, the pharmacy board requiring changes and the lack of being able to make contact with the pharmacy board. Dr. Diede stated that he has come a long way with being able to use the CSPMP and noted that urine drug screens were done with the four patients in this matter. Regarding the high dose opioid issue, most of these patients have been medically stable on their dose that they're on at the present time and each of them is in the process of titrating down in accordance to the other skills that we use for pain management control. There was some concern on benzodiazepines, Dr. Diede explained that in his training, we used low dose clonazepam for neuropathic pain control when they failed zonisamide, gabapentin, and pregabalin. Dr. Diede noted that all these patients are productive in general.

During deliberations, Dr. Gillard commented that a problem that comes up is when you have multiple patients that are on high dose opiates and when the physician can't

prescribe, a lot of other physicians are not willing to take these patients. Dr. Gillard opined that he is not sure we need a summary action because the physician has been notified. Dr. Farmer expressed concern that staff offered an ICA, tried to work with the physician and that was refused. Dr. Farmer noted that one option is to reoffer the ICA and if the physician chooses not to sign then summary action is warranted. Dr. Beyer expressed concern about the lack of contact between the time the Board sent the notice on January 17, 2024 and the first time Dr. Diede responded on November 6, 2024.

**MOTION: Dr. Farmer moved to Offer Dr. Diede an Interim Consent Agreement for Practice Restriction prohibiting him from prescribing controlled substances in the State of Arizona until the physician completes no less than the 15 hours of Board staff pre-approved Category I CME in an intensive, in-person (virtual) course in controlled substance prescribing; and complete no less than the 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. If not signed by 5pm on February 5, 2026, summarily suspend Dr. Diede from practicing medicine in the State of Arizona pending the outcome of a Formal Hearing based on a finding that the public health, safety and welfare imperatively requires emergency action.**

**SECOND:**

Ms. Smith requested clarification if Board staff is able to lift the interim practice restriction if he completes the controlled substance and medical record keeping CME that he reports to have scheduled.

Dr. Farmer agreed with this clarification. Dr. Beyer confirmed that this will still proceed through the normal process of investigating the case and returning to the Board for further action on the issues that were raised in the SIRC report. Dr. Gillard noted that it is important for the physician to understand that if we take summary action that means from that time until this goes to an administrative hearing, there's absolutely no prescribing of schedules.

**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 Member was absent: Ms. Bain.**

**VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

2. MD-26-0076A, CRYSTAL M. CUNNINGHAM, M.D., LIC. #58299

Ms. Smith informed the Board that a signed voluntary surrender had been received and recommended that the Board accept the signed consent agreement and rescind the Board's prior approval of the draft order to accept the surrender.

**MOTION: Dr. Gillard moved to rescind prior approval of draft order MD-23-0327A and accept the signed voluntary surrender.**

**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 Member was absent: Ms. Bain.**

**VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

## CONSENT AGENDA

### Q. CASES RECOMMENDED FOR DISMISSAL

1. MD-23-0968A, JENNIFER A. TREUSCH, M.D., LIC. #49974

**MOTION: Dr. Farmer 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 Member was absent: Ms. Bain.**

VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.  
MOTION PASSED.

## R. CASES RECOMMENDED FOR ADVISORY LETTERS

MOTION: Dr. Gillard moved to issue an Advisory Letter in item numbers 1-8.

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 Member was absent: Ms. Bain.

VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.

MOTION PASSED.

1. MD-24-0933A, ALAN K. ROGERS, M.D., LIC. #12819

Dr. Artz, Dr. Farmer, Dr. Figge and Dr. Bethancourt stated that they know the physician but that it would not affect their ability to adjudicate the case.

**RESOLUTION: Advisory Letter for failing to comply with CSPMP registration requirements. The violation is a minor or technical violation that is not of sufficient merit to warrant disciplinary action.**

2. MD-24-0709A, BOBBY A. SHAH, M.D., LIC. #41793

**RESOLUTION: Advisory Letter for prescribing controlled substances to an immediate family member, failing to maintain medical records, failing to query the CSPMP prior to prescribing controlled substances, and prescribing medications without performing a physical examination. While the licensee has demonstrated substantial compliance through rehabilitation or remediation that has mitigated the need for disciplinary action, the board believes that repetition of the activities that led to the investigation may result in further board action against the licensee.**

3. MD-24-0816A, AKHILESH K. SHARMA, M.D., LIC. #43323

**RESOLUTION: Advisory Letter for inadequate communication resulting in medication error. 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-24-1126A, DOUGLAS M. LAKIN, M.D., LIC. #19362

**RESOLUTION: 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.**

5. MD-25-0417A, OBADA SUBEI, M.D., LIC. #64129

**RESOLUTION: Advisory Letter 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.**

6. MD-25-0423A, JOHN M. MAI, M.D., LIC. #51207

**RESOLUTION: Advisory Letter for failing to remove a retained foreign body prior to surgical closure. 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-24-0650A, GLEN I. OLSON, M.D., LIC. #58768

**RESOLUTION:** Advisory Letter for being unable to present to work due to being under the influence of alcohol. 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-24-0350A, SCOTT E. SOLOMON, M.D., LIC. #51423

**RESOLUTION:** Advisory Letter for presenting to work in an unsafe manner. 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.

## **S. CASES RECOMMENDED FOR ADVISORY LETTERS WITH NON-DISCIPLINARY CONTINUING MEDICAL EDUCATION ORDERS**

1. MD-25-0100A, RONALD M. SALIK, M.D., LIC. #25392

Dr. Artz and Dr. Figge stated that they know the physician but that it would not affect their ability to adjudicate this case.

**MOTION:** Dr. Gillard moved to issue an Advisory Letter and Order for Non-Disciplinary CME for failing to recognize and address signs and symptoms of sepsis and inadequate collaboration with an NP. 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 treatment of sepsis. The CME hours shall be in addition to the hours required for license renewal.

**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 Member was absent: Ms. Bain.

**VOTE:** 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.

**MOTION PASSED.**

2. THIS CASE HAS BEEN PULLED FROM THE AGENDA.

## **T. REVIEW OF EXECUTIVE DIRECTOR DISMISSALS**

1. MD-25-0583A, CAMERON E. KLINER, M.D., LIC. # 63561

Dr. Gillard noted that this was a complicated case with a lot of complications but agreed with dismissal.

**MOTION:** Dr. Gillard moved to uphold the dismissal.

**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 Member was absent: Ms. Bain.

**VOTE:** 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.

**MOTION PASSED.**

## **U. PROPOSED CONSENT AGREEMENTS (Disciplinary)**

**MOTION:** Dr. Beyer moved to accept the consent agreement in item numbers 1-3.

**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 Member was absent: Ms. Bain.

**VOTE:** 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.

**MOTION PASSED.**

1. MD-25-0218A, STEVEN M. RAYLE, M.D., LIC. #17733  
Dr. Gillard stated that he knows the physician but that it would not affect his ability to adjudicate this case.

**RESOLUTION: Consent Agreement for Surrender of License.**

2. MD-23-0622A, BENO SIKAND, M.D., LIC. #43624

**RESOLUTION: Consent Agreement for a Letter of Reprimand and Three Year Probation. Respondent shall notify the Board in writing within 7 days of beginning employment as a physician. Within 30 days of Respondent beginning employment, Respondent shall enter into a contract with a Board-approved monitoring company to perform periodic chart reviews at Respondent's expense. The chart reviews shall involve current patients' charts for care rendered after the date Respondent completed the CME as stated herein. After three consecutive favorable chart reviews, Respondent may petition the Board to terminate the Probation. Respondent may not request early termination without satisfaction of the chart review requirements as stated in this Order. The Probation shall not terminate except upon affirmative request of Respondent and approval by the Board.**

3. MD-23-0276A, RAQUEL M. MERCADO SEPULVEDA, M.D., LIC. #46371  
Dr. Artz stated that she knows the physician but that it would not affect her ability to adjudicate this case.

Dr. Gillard noted that SIRC recommended a Decree of Censure, however the attorney did a good job explaining and that is why it resulted in a Letter of Reprimand.

**RESOLUTION: Consent Agreement for a Letter of Reprimand.**

## **V. APPROVAL OF DRAFT FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER**

**MOTION: Dr. Farmer moved to grant the license in item numbers 1 and 2.**

**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 Member was absent: Ms. Bain.**

**VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

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

**RESOLUTION: Findings of Fact, Conclusions of Law and Order for a Decree of Censure and Two Year Probation. 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.**

2. MD-23-0327A, CRYSTAL CUNNINGHAM, M.D., LIC. #58299

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

## W. LICENSE APPLICATIONS

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

**MOTION:** Dr. Farmer moved to grant the license in item numbers 1-3.

**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 Member was absent: Ms. Bain.

**VOTE:** 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.

**MOTION PASSED.**

1. MD-25-0051A, CHRISTOPHER H. WARNER, M.D., LIC. #N/A

**RESOLUTION:** License granted.

2. MD-25-0861A, JACOB A. RESHETAR, M.D., LIC. #N/A

**RESOLUTION:** License granted.

3. MD-25-0634A, REBECCA K. YOUNG, M.D., LIC. #N/A

**RESOLUTION:** License granted.

4. MD-25-1047A, MICHAEL A. GARBEE, M.D., LIC. #N/A

Dr. Gillard noted that the Executive Director recommended licensure but expressed concerns that a Louisiana license was denied due to multiple USMLE failures. Dr. Gillard noted that the applicant has other state licenses.

**MOTION:** Dr. Gillard moved to grant the license.

**SECOND:** Dr. Artz.

Dr. Farmer also expressed concern but noted that he is unsure of other avenues the Board can use to investigate further. Dr. Figge commented that he is unsure if it was a knowledge deficit or a language barrier.

Ms. Rivera informed the Board that if the Board wants an interview, they can request that but noted that there are no current concerns as he has multiple licenses and there has been nothing of concern since. Ms. Rivera noted that staff can also conduct an interview.

Board staff further noted that the physician has obtained an Ohio license since this time.

Dr. Gillard stood by his motion with reservation and noted that the applicant did eventually pass the USMLE. Dr. Beyer noted that he did have multiple failures, but he did eventually pass and there had to have been some work put into it. Dr. Beyer opined that the Board should grant the license.

**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 Member was absent: Ms. Bain.**

**VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

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. Beyer moved to grant the licensure by endorsement in item numbers 2 and 3.**

**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 Member was absent: Ms. Bain.**

**VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

1. ZAINULABDEEN S. A. ALSAEDI, M.D., LIC. # N/A

Dr. Gillard stated that the Board has the ability to look at training in other countries and decide whether or not it's equivalent. In this case, it was 48 months of internal medicine training in Iraq and 24 months of a ACGME approved training in nephrology in New York City. Dr. Gillard further noted that the physician is currently enrolled in an approved ACGME fellowship. He also has letters of recommendation from program directors.

**MOTION: Dr. Gillard moved to grant the license.**

**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 Member was absent: Ms. Bain.**

**VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

2. MOHAMMED I. AWAAD, M.D., LIC. # N/A

**RESOLUTION: License granted.**

3. DENNIS L. VARGO, M.D., LIC. # N/A

**RESOLUTION: License granted.**

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

**OTHER BUSINESS**

**X. REQUEST FOR TERMINATION OF BOARD ORDER**

1. MD-20-0841A, JOSHUA D. JONES, M.D., LIC. #56260

Dr. Gillard noted that the PHP monitor has recommended termination.

**MOTION: Dr. Gillard moved to grant the request to terminate the January 7, 2022 Board Order.**

**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 Member was absent: Ms. Bain.  
VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.  
MOTION PASSED.**

**Y. GENERAL CALL TO THE PUBLIC**

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

**Z. ADJOURNMENT**

**MOTION: Dr. Beyer 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 Member was absent: Ms. Bain.**

**VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.**

**MOTION PASSED.**

The meeting adjourned at 1:39 p.m.



*Raquel Rivera*  
\_\_\_\_\_  
Raquel Rivera, Executive Director