Arizona Regulatory Board of Physician Assistants
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FINAL MINUTES FOR TELECONFERENCE MEETING
Held on Wednesday, May 27, 2026
1740 W. Adams St., Board Room A, Phoenix, AZ 85007

Board Members
Susan Reina, P.A.-C, Chair
John J. Shaff, PA-C, D.F.A.A.P.A., Vice-Chair
Levente G. Batizy, D.O.
David J. Bennett, D.O.
Kendra Clark, P.A.-C
Kevin K. Dang, Pharm D.
Michelle DiBaise, D.H.S.c., P.A.-C., D.F.A.A.P.A.
Shiva K. Y. Gosi, M.D., M.P.H., F.A.A.F.P., C.P.E.
Amanda Graham, P.A.-C.
Jessyca Leach

GENERAL BUSINESS

A. CALL TO ORDER
Chair Reina called the meeting to order at 10:00 a.m.

B. ROLL CALL
The following Board members were present: PA Reina, PA Shaff, Dr. Bennett, Dr. Batizy, Dr. Dang, Dr. DiBaise, and Dr. Gosi.

The following Board members were absent: PA Clark, PA Graham, and Ms. Leach.

ALSO PRESENT

The following Board staff were present: Raquel Rivera, Executive Director; Joseph McClain, M.D., Chief Medical Consultant; Nicole Samaradellis, Investigations Manager; and Michelle Robles, Board Operations Manager. Seth Hargraves, Assistant Attorney General (“AAG”) was also present.

C. CALL TO THE PUBLIC
Individuals that addressed the Board during the Call to the Public appear beneath the matter(s) referenced.

D. REVIEW, DISCUSSION, AND POSSIBLE ACTION REGARDING EXECUTIVE DIRECTOR’S REPORT

- Selection of PA Compact Delegate

  Ms. Rivera provided emails with the Interim ED of the PA Compact Commission. The Board will need to appoint a delegate to serve as the state’s representative on the PA Compact Commission. This individual can be a Board member or administrator of the Board. It is important that the delegate be available to work with the Commission as this will require significant involvement, as well as knowledge of state statutes and regulations to help guide decisions since the goal will be to work towards implementation of a fully functioning Compact.

PA Reina stated that this was discussed at the annual FSMB meeting and the majority of the delegates are the executive directors (ED). There are only six PA's that sit on this Committee who expressed that ED's are adequate representation. PA Reina recommended that the Board appoint Ms. Rivera for this position.

MOTION: PA Reina moved to appoint Raquel Rivera as the PA Compact delegate.
SECOND: PA Shaff.
VOTE: The following Board members voted in favor of the motion: PA Reina, PA Shaff, Dr. Bennett, Dr. Batizy, Dr. Dang, Dr. DiBaise and Dr. Gosi.
The following Board members were absent: PA Clark, PA Graham, and Ms. Leach.
VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.
MOTION PASSED.

- Update Regarding Federation of State Medical Boards (FSMB) Annual Meeting

Ms. Rivera reported that at the end of April, PA Reina, Dr. Dang, and herself attended the FSMB's Annual Meeting in Baltimore, Maryland. The theme this year was Building Trust and Advancing Regulation. There was discussion on AI in healthcare and how certain states are becoming more proactive with guidelines for the use of AI in medicine. Discussions at the FSMB meeting underscored the importance of proactive regulation in emerging practice areas such as medical spas, IV wellness clinics, compounding, and ketamine-related services. Given that statutory changes often lag behind evolving healthcare trends, Ms. Rivera stated that she would like to explore the development of guidance documents in these areas to help address potential public safety concerns. She will also consult with the Board's legal counsel regarding whether current Arizona laws and standards can address these areas and consider creating some guidance documents to aid the public and our licensees.

PA Reina noted Ms. Rivera and herself have discussed the need for PA involvement on the PHP Committee. Once a plan for that has been developed, it will be presented to the Board for input. Dr. Dang agreed that AI was a big discussion and that Arizona does not have a lot of strict laws regarding administering IVs in nail salons, and other similar practices. Dr. Dang stated that Ms. Rivera and himself are working with state representative Willoughby to create laws for administering IVs in nail salons.

- Status Update Regarding PA Sunset 6 Month Follow-Up Audit

Ms. Rivera reported that the Auditors were on site in February and completed their follow-up audit and data review. Those findings have not been provided yet but are anticipated next month.

- Update Regarding Return to In-Person Meetings

Ms. Rivera reported that staff are currently preparing to return to in-person meetings by August 2026. All Board staff successfully transitioned back to the office the last week of February. Following staff return, Ms. Rivera noted that she met with the Board's assigned claims adjuster to review the inventory of damaged assets and to discuss the claims process. It was advised that the State will not provide advance funding for replacements; instead, the Board must procure necessary items using existing funds and subsequently submit for reimbursement. The damaged IT asset list was provided for review. Orders were submitted in April and May with the goal for in-person meetings prior to August; however, their delivery has been delayed by the supplier. This phased approach was intentional, as any single expenditure exceeding $25,000 would require additional approval. This approach allows the Board to move forward expeditiously while avoiding delays associated with additional approval requirements.

Ms. Rivera also noted that she continues to work on the Newsletter to provide information to licensees.

E. REVIEW, DISCUSSION AND POSSIBLE ACTION REGARDING CHAIR'S REPORT

No report was given.

F. REVIEW DISCUSSION AND POSSIBLE ACTION REGARDING LEGAL ADVISOR'S REPORT

No report was given.

G. REVIEW, DISCUSSION AND POSSIBLE ACTION REGARDING ELECTION OF BOARD OFFICERS

MOTION: PA Shaff moved to nominate PA Reina as Chair.
SECOND: Dr. Dang.
VOTE: The following Board members voted in favor of the motion: PA Reina, PA Shaff, Dr. Bennett, Dr. Batizy, Dr. Dang, Dr. DiBaise and Dr. Gosi.
The following Board members were absent: PA Clark, PA Graham, and Ms. Leach.
VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.
MOTION PASSED.

MOTION: PA Reina moved to nominate Dr. DiBaise as Vice Chair.
SECOND: Dr. Bennett.
VOTE: The following Board members voted in favor of the motion: PA Reina, PA Shaff, Dr. Bennett, Dr. Batizy, Dr. Dang, Dr. DiBaise and Dr. Gosi.
The following Board members were absent: PA Clark, PA Graham, and Ms. Leach.
VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.
MOTION PASSED.

PA Reina acknowledged PA Shaff's service to the Board.

H. APPROVAL OF MINUTES

- February 25, 2026 Teleconference, including Executive Session

  MOTION: Dr. Batizy moved to approve the February 25, 2026 Regular Session Meeting minutes; including Executive Session.
  SECOND: Dr. Bennett.
  VOTE: The following Board members voted in favor of the motion: PA Reina, PA Shaff, Dr. Bennett, Dr. Batizy, Dr. Dang, Dr. DiBaise and Dr. Gosi.
  The following Board members were absent: PA Clark, PA Graham, and Ms. Leach.
  VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.
  MOTION PASSED.

LEGAL MATTERS

I. FORMAL INTERVIEWS

1. PA-24-0022A, MICHAEL P. QUIRK, P.A., LIC. #2136
   PA Quick participated virtually with counsel Lynette Odom.

   Board staff summarized that this case was initiated on February 23, 2024 based on a complaint from a Medical Director regarding patient JM for whom there was concerns that Respondent prescribed high dose combinations of sedative and hypnotics. Based on the complaint, Board staff reviewed PA Quirk's CSPMP report from November 2021 to May 2024. Three additional patients were selected after review of the CSPMP report. Additional time was taken for this investigation because the Chief Medical Consultant ("CMC") requested a second Medical Consultant ("MC") review due to concerns of bias expressed by the first MC in the summary report. SIRC noted that second MC found significant deviations of care in all four patients. For patient JM, the MC found inappropriate prescribing of opioids with a combination of two benzodiazepines without justification, failure to monitor by obtaining UDSs, failure to refer the patient to psychiatry, and inadequate documentation. In February 2024, JM was admitted to rehab for

benzodiazepine abuse and discharged on a 60-week taper of Valium. Subsequently, JM started treatment at a ketamine clinic without completing the rehab facility's recommended treatment. For patient VB, the MC found inappropriate prescribing of opioids, benzodiazepines, and hypnotics without justification, failure to monitor by obtaining UDSs, failure to refer the patient to psychiatry and pain management, and inadequate documentation. For patient BP, the MC found inappropriate prescribing of high dose opioids and benzodiazepines in an elderly patient without justification, failure to monitor by obtaining UDSs, failure to refer the patient to pain management, and inadequate documentation. For patient MD, the MC found inappropriate prescribing of high dose opioids and benzodiazepines in an elderly patient without justification, failure to monitor by obtaining UDSs, failure to refer the patient to pain management, and inadequate documentation. In each patient outlined the MC found inappropriate prescribing of high dose opioids along with benzodiazepines and failure to monitor UDSs. SIRC noted that although some of the care in these cases predates the four-year statute of limitations, the deviations from the standard of care continue throughout the applicable timeframe.

Ms. Odom provided an opening statement. Ms. Odom requested that the Board reconsider SIRC's recommendation for a Letter of Reprimand and CME. Ms. Odom stated that the complaint for patient JM was not substantiated. While PA Quirk was collaborating on JM's care with the rehab facility he was being treated at, PA Quirk was not the one prescribing the ketamine to JM. Ms. Odom argued that SIRC's finding of patient harm was erroneous. SIRC stated that the patient harm was JM going to rehab, however, JM was being treated for a 25-year addiction and neither of the MCs noted patient harm in their reports. The first MC did not find intentional misconduct and acknowledged that PA Quirk practiced in a uniquely challenging setting that had a lot of limitations. Since learning about this investigation, PA Quirk has made efforts to improve his documenting skills. He also transitioned from the homecare setting to working in an emergency department which has more oversight and resources.

During questioning, PA Quirk acknowledged that he did not query the CSPMP as frequently as he should have. Regarding urine drug screens, PA Quirk elaborated that it was hard to get urine samples because of the home-based care. While he was not frequently worried about diversion, he would order a drug screen if there were concerns. Two of the four patients in this case were also urine incontinent. Regarding long-term opioid agreements not being implemented as they should have been, PA Quirk stated the agreements were standard practice for anyone being prescribed narcotics and acknowledged that he did not implement that as much as he should have. PA Quirk clarified that patient JM was already on pain meds by the time he started treating him. It took months to get the necessary scans needed to diagnose JM. Once the results showed that JM did not need the pain meds, PA Quirk worked with him to transition off the meds. PA Quirk acknowledged that his documentation did not accurately reflect that. Regarding three of the four patients not being prescribed naloxone with their other medications, PA Quirk clarified that they had access to that medication already through their care staff. When asked about his transition from hospice to emergency medicine, PA Quirk explained that he worked in emergency medicine for 20 years and got burnt out. He moved towards hospice care but that also took an emotional toll, so he returned to emergency medicine in a rural area. PA Quirk confirmed that his supervising physician was available to him 24/7, was hands on with all the patients, and would regularly complete chart reviews. He would speak to him at least a couple of times a week. PA Quirk confirmed that he has since completed opioid prescribing CME. PA Quirk stated that he is in favor of referring to physical therapy however, referrals to psychiatry can be more difficult.

PA Quirk agreed that there were other providers involved in the patient care. He noted that these patients came to him already on these medications and he did attempt to taper or make changes but given their age and quality of life they would not have been able to completely come off the medications.

PA Shaff commented that PA Quirk was able to improve these patients' quality of life during the time he treated them.

PA Quirk reiterated that he was trying to help these patients and there was no intention of harm. PA Quirk stated that he was surprised by the complaint and noted that JM was put in rehab, which he fought. Once JM was discharged, PA Quirk started managing JM's benzodiazepine treatment. JM inquired about ketamine treatments which PA Quirk advised he would be unable to provide. PA Quirk spoke to the ketamine physician that JM was using, and she agreed to take over his benzo taper dosing. PA Quirk stated that he believes there was confusion regarding who was prescribing JM the ketamine and that is where the complaint originated from.

In closing, Ms. Odum stated that PA Quirk cares about his patients and his license. He acknowledged his documentation deficiencies and is no longer working in Arizona. Ms. Odum opined that this does not warrant discipline.

MOTION: Dr. DiBaise moved for a finding of unprofessional conduct in violation of A.R.S. § 32-2501(20)(p).
SECOND: PA Shaff.
VOTE: The following Board members voted in favor of the motion: PA Reina, PA Shaff, Dr. Bennett, Dr. Batizy, Dr. Dang, Dr. DiBaise and Dr. Gosi.
The following Board members were absent: PA Clark, PA Graham, and Ms. Leach.
VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.
MOTION PASSED.

MOTION: Dr. DiBaise moved to issue an Advisory Letter and Order for Non-Disciplinary CME for inadequate medical records. 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. Within six months, complete no less than 10 hours of Board staff pre-approved Category I CME in an intensive, virtual course regarding medical recordkeeping The CME hours shall be in addition to the hours required for license renewal.
SECOND: Dr. Batizy.
VOTE: The following Board members voted in favor of the motion: PA Reina, PA Shaff, Dr. Bennett, Dr. Batizy, Dr. Dang, Dr. DiBaise and Dr. Gosi.
The following Board members were absent: PA Clark, PA Graham, and Ms. Leach.
VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.
MOTION PASSED.

J. FORMAL INTERVIEWS

1. PA-25-0109A, VINCENT J. TAPIA, P.A., LIC. #2400
   PA Tapia participated virtually with counsel Sara Stark.

Board staff summarized that this case was brought to the Board after receiving four unfavorable chart reviews from the Center for Personalized Education for Professional (CPEP). On April 4, 2024, PA Tapia was placed on Two Year Probation which included completion of intensive CME in medical recordkeeping and controlled substance prescribing as well as periodic chart reviews through CPEP and other terms and conditions. This case was opened based on the results of CPEP chart review #4 performed as part of the Order. The MC found that PA Tapia deviated from the standard of care in all four cases. The MC noted that documentation problems were present for all four patients and expressed concern that PA Tapia demonstrated a persistent pattern of incomplete or poorly organized documentation despite prior feedback and monitoring. The MC opined that this was part of a broader pattern. For patient BM, PA Tapia deviated from the standard of care by prescribing opioids, benzodiazepines, and hypnotics concurrently in an elderly patient without an adequate clinical rationale. BM had new dizziness and a fall following hospitalization. The primary concern related to the absence of documented reassessment and supervisory involvement following a change in clinical status in a medically complex gentleman on multiple high-risk medications. For patient JH, PA Tapia deviated from the standard of care by prescribing systemic corticosteroids for uncomplicated rhinitis in the absence of documented severity, refractoriness, or failure of first-line intranasal therapy.

The record lacks clear documentation synthesizing the multiple red flag symptoms into a structured assessment of dizziness representing a documentation deficiency rather than clear diagnostic neglect. For patient JL, PA Tapia deviated from the standard of care by failing to obtain informed consent prior to prescribing denosumab therapy. The MC stated that the documentation reflects incomplete counseling including a long-term commitment to denosumab therapy and risk of adverse outcomes if doses are delayed or discontinued. For patient KA, PA Tapia deviated from the standard of care by prescribing parenteral antibiotics, fluoroquinolone therapy, and systemic corticosteroids for uncomplicated acute rhinosinusitis. The MC stated that PA Tapia escalated management of acute rhinosinusitis without adequate documentation of severity, complications, or immunocompromised status to support deviation from guideline-supported first-line management. SIRC observed that PA Tapia was ordered by the Board and completed PBI's medical recordkeeping course in 2024; and was ordered by the Board and completed CME in the proper use of antibiotics in the outpatient setting, and in the treatment and management of hypertension and chronic diseases in 2025. SIRC found it aggravating that PA Tapia had not incorporated the Board ordered education into his practice as significant deficiencies persist in the same areas.

Ms. Stark stated that PA Tapia is willing to continue monitoring, however, there is some concern regarding the two consecutive chart reviews. Ms. Stark requested that in lieu of the two consecutive chart reviews, he be allowed to use a Board approved third-party reviewer. Ms. Stark highlighted that, according to the MC report, PA Tapia has taken consistent steps to address the concerns and improve his practices.

During questioning, PA Tapia informed the Board that the medical recordkeeping and prescription CMEs were live and completed on two alternating weekends. The original complaint was regarding not querying the CSPMP, which he did do. However, he was not aware at the time that his documentation was lacking. He has since made changes to address this issue. PA Tapia stated that patient BM was not prescribed any controlled substances during the time of the review, however, he did not update the patient's chart to reflect that. Regarding allergic rhinitis course of treatment, PA Tapia stated that his treatment plan is different for every patient and circumstance. PA Tapia clarified that he did have a discussion with one patient regarding the possible side effects of steroid treatment, but he did not document that discussion. When asked how often he refers patients to a psychiatrist or psychologist to address depression or anxiety, PA Tapia stated that he is comfortable treating most cases but avoids using controlled substances to treat them, in those cases he refers the patient to psychiatry. There is a monthly follow up with patients on chronic pain medications. One to two random drug tests are conducted a year to check in on the patient's well-being, and he has prioritized using the CSPMP. Regarding what changes need to be made in his practice moving forward, PA Tapia acknowledged that he needs to stay up to date with the current standard of care.

PA Tapia stated that documentation issues continue to be a problem given the volume and complexity of the patients. He stated that he does his best to stay up to date with the medication and problem list. PA Tapia confirmed that he speaks to his supervising physician daily and he has given constructive feedback regarding discrepancies with updating the medication and problem list. PA Tapia reiterated that he is staying up to date with the standard of care apart from allergic rhinitis and sinusitis. PA Tapia stated that he tries to utilize CME geared towards the patients and cases that he sees. Regarding the plan to address these issues, PA Tapia stated that his supervising physician is monitoring his charts more diligently, providing more feedback, and following up with the patients that PA Tapia treats.

Ms. Stark requested that the Board members consider what the appropriate way to monitor him going forward and CPEP has not been particularly helpful.

Ms. Poteryaev noted that staff did offer PA Tapia three different chart monitors to choose from.

PA Tapia stated that he did contact all three but two do not work with PAs so he could only work with CPEP.

Ms. Rivera noted that if the Board decides on continued monitoring, she will contact another monitoring company that the Board has worked with to see if they collaborate with PAs.

MOTION: Dr. Gosi moved for a finding of unprofessional conduct in violation of A.R.S. §§ 32-2501(20)(j) and (p).
SECOND: Dr. DiBaise.
PA Shaff agreed with the (p) violation but does not necessarily agree with the (j) violation. Dr. DiBaise expressed concern that PA Tapia did admit to not being up to date with the standard of care. Dr. Batizy commented that once you are under the microscope it is easy to look at charting and treatment plans and pick it apart. Dr. Batizy stated that he wants to ensure that we are not nitpicking and sticking to objective findings. PA Reina agreed that inadequate documentation is not uncommon, however, there is concern that PA Tapia significantly deviated from the standard of care. Dr. Gosi agreed and expressed concern that this is not the first time and after two years of monitoring there are still deviations which may be harmful to the patients.
VOTE: The following Board members voted in favor of the motion: PA Reina, PA Shaff, Dr. Bennett, Dr. Batizy, Dr. Dang, Dr. DiBaise and Dr. Gosi.
The following Board members were absent: PA Clark, PA Graham, and Ms. Leach.
VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.
MOTION PASSED.

MOTION: Dr. Gosi moved for a draft Findings of Fact, Conclusions of Law and Order for a Decree of Censure and Two Year Probation. Within thirty days, PA Tapia shall enter into a contract with a Board approved monitoring company to perform periodic chart reviews, at the physician assistant's expense. After two consecutive favorable chart reviews, PA Tapia may petition the Board to terminate the Probation. PA Tapia shall not request early termination of Probation without having completed the chart review process. The Probation shall not terminate except upon affirmative request of the physician and approval by the Board.
SECOND: PA Reina.
PA Reina requested that staff look into another monitoring company to offer PA Tapia.
VOTE: The following Board members voted in favor of the motion: PA Reina, PA Shaff, Dr. Bennett, Dr. Batizy, Dr. Dang, Dr. DiBaise and Dr. Gosi.
The following Board members were absent: PA Clark, PA Graham, and Ms. Leach.
VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.
MOTION PASSED.

K. FORMAL LICENSING INTERVIEWS

1. PA-25-0047A, JOSE A. VALDIVIA, P.A., LIC. # N/A
   PA Valdivia participated virtually.

Board staff summarized that this matter is before them to approve, deny or take other action regarding PA Valdivia's initial license application wherein he disclosed a lapse in performing health care tasks. PA Valdivia disclosed that he ceased paid professional activities in 2019 to care for his aging parents. PA Valdivia was previously licensed in Arizona in January of 1999 and began practicing as a PA in cardiovascular thoracic surgery through December 1999. PA Valdivia practiced in similar roles until June of 2019. Since 2024, PA Valdivia has completed 357 hours of CME through several courses including those offered through American Academy of PAs. PA Valdivia is currently certified by the NCCPA until December 2027, and he has no prior license or disciplinary issues. If granted licensure, PA Valdivia plans to seek employment in tele-triage, conducting emergency room intake via video and to resume work as a surgical assistant. SIRC considered the application and recommended that PA Valdivia complete a competency evaluation given his time out of active practice. PA Valdivia completed an evaluation with CPEP who reported that PA Valdivia's overall performance ranged from below expectations to met

expectations. CPEP recommended that PA Valdivia should address his educational needs through structured education that incorporates external support, gradually decreasing levels of supervision, and a mechanism for accountability. Based on the educational needs identified, CPEP found that PA Valdivia was safe to perform health care tasks with recommendations for a re-entry plan to include a preceptor and patient schedule limitations to allow the practitioner time to discuss cases with a colleague or to research clinical questions during or immediately after patient encounters. The application returned to SIRC who found that the results of the competency evaluation do not support the issuance of an unrestricted license based on the identified knowledge gaps. Therefore, SIRC recommended forwarding the application to the Board for a Licensing Interview.

During questioning, PA Valdivia stated that he already included CPEP's recommendations in his practice.

PA Shaff stated that he did not agree with all of CPEP's deficiencies and opined that PA Valdivia has maintained his medical knowledge given the educational resources he has utilized.

PA Valdivia agreed that he had to prepare for the PANRE exam. If granted a license he intends to continue to use Hippo Education for medicine review. PA Valdivia confirmed that he does not currently have a job offer but once he has a license, he will utilize his resources to obtain a position in his field. PA Valdivia stated that during his career he stayed current with his NCPAA certification, but during his lapse in practice he did not maintain his certification. He was recertified in 2025. PA Valdivia stated that if he were offered a tele-triage position that did include patients currently out of his comfort zone, he would educate himself and use resources to become more up to date and comfortable with pediatric or obstetrics. PA Valdivia explained that in doing tele-triage he would be assessing patients' vitals and other symptoms, and if they need immediate attention, he would alert staff on site.

In closing, PA Valdivia stated that he would continue to practice using resources and being aware of his limitations. PA Valdivia stated that he is comfortable with the recommendations.

MOTION: PA Shaff moved to grant the license.
SECOND: Dr. Batizy.
VOTE: The following Board members voted in favor of the motion: PA Reina, PA Shaff, Dr. Bennett, Dr. Batizy, Dr. Dang, Dr. DiBaise and Dr. Gosi.
The following Board members were absent: PA Clark, PA Graham, and Ms. Leach.
VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.
MOTION PASSED.

CONSENT AGENDA

L. CASES RECOMMENDED FOR ADVISORY LETTERS

1. PA-25-0112A, LINDSAY L. RIGGS, P.A., LIC. #8734

MOTION: PA Shaff moved to issue an Advisory Letter for failing to timely renew license and performing health care tasks with an expired license. There is insufficient evidence to support disciplinary action.
SECOND: Dr. Batizy.
VOTE: The following Board members voted in favor of the motion: PA Reina, PA Shaff, Dr. Bennett, Dr. Batizy, Dr. Dang, Dr. DiBaise and Dr. Gosi.
The following Board members were absent: PA Clark, PA Graham, and Ms. Leach.
VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.
MOTION PASSED.

M. CASES RECOMMENDED FOR ADVISORY LETTERS WITH NON-DISCIPLINARY CONTINUING MEDICAL EDUCATION ORDER

1. PA-25-0095A, ANDREW G. HICKS, P.A., LIC. #5511
   PA Hicks and Counsel Cody Hall addressed the Board during the Public Statements portion of the meeting.

   MOTION: PA Shaff moved to dismiss.
   SECOND: Dr. Bennett.
   VOTE: The following Board members voted in favor of the motion: PA Reina, PA Shaff, Dr. Bennett, Dr. Batizy, Dr. Dang, Dr. DiBaise and Dr. Gosi.
   The following Board members were absent: PA Clark, PA Graham, and Ms. Leach.
   VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.
   MOTION PASSED.

N. PROPOSED CONSENT AGREEMENTS (Disciplinary)

1. PA-25-0077A, PATRICK W. O'BRIEN, P.A., LIC. #1320

   MOTION: PA Shaff moved to accept the Consent Agreement for Surrender of license.
   SECOND: Dr. DiBaise.
   VOTE: The following Board members voted in favor of the motion: PA Reina, PA Shaff, Dr. Bennett, Dr. Batizy, Dr. Dang, Dr. DiBaise and Dr. Gosi.
   The following Board members were absent: PA Clark, PA Graham, and Ms. Leach.
   VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.
   MOTION PASSED.

O. LICENSE APPLICATIONS

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

1. PA-26-0034A, SAVANNAH A. GRASSEL, P.A., LIC. # N/A
   Dr. DiBaise stated that she knows the applicant but that it would not affect her ability to adjudicate the case.

   MOTION: PA Shaff moved to grant the license.
   SECOND: PA Reina.
   VOTE: The following Board members voted in favor of the motion: PA Reina, PA Shaff, Dr. Bennett, Dr. Batizy, Dr. Dang, Dr. DiBaise and Dr. Gosi.
   The following Board members were absent: PA Clark, PA Graham, and Ms. Leach.
   VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.
   MOTION PASSED.

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

1. MICHAEL F. MENDOZA, P.A, LIC. # N/A

   MOTION: PA Shaff moved to grant the waiver request and grant the license.
   SECOND: Dr. DiBaise.
   VOTE: The following Board members voted in favor of the motion: PA Reina, PA Shaff, Dr. Bennett, Dr. Batizy, Dr. Dang, Dr. DiBaise and Dr. Gosi.
   The following Board members were absent: PA Clark, PA Graham, and Ms. Leach.
   VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.
   MOTION PASSED.

OTHER BUSINESS

P. REQUEST FOR TERMINATION OF BOARD ORDER

1. PA-19-0047A, KERRY D. MALIN, P.A., LIC. #5167\

MOTION: PA Shaff moved to grant the request for termination of the February 29, 2024
Board Order.
SECOND: Dr. DiBaise.
VOTE: The following Board members voted in favor of the motion: PA Reina, PA Shaff, Dr. Bennett, Dr. Batizy, Dr. Dang, Dr. DiBaise and Dr. Gosi.
The following Board members were absent: PA Clark, PA Graham, and Ms. Leach.
VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.
MOTION PASSED

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

1. PA-24-0012A

   PA Reina recused.

   MOTION: PA Shaff moved to accept the Executive Director's recommendation.
   SECOND: Dr. Gosi.
   VOTE: The following Board members voted in favor of the motion: PA Reina, PA Shaff, Dr. Bennett, Dr. Batizy, Dr. Dang, Dr. DiBaise and Dr. Gosi.
   The following Board members were absent: PA Clark, PA Graham, and Ms. Leach.
   VOTE: 6-yay, 0-nay, 0-abstain, 1-recuse, 3-absent.
   MOTION PASSED.

R. ADJOURNMENT

MOTION: Dr. DiBaise moved to adjourn the meeting.
SECOND: PA Reina.
VOTE: The following Board members voted in favor of the motion: PA Reina, PA Shaff, Dr. Bennett, Dr. Batizy, Dr. Dang, Dr. DiBaise and Dr. Gosi.
The following Board members were absent: PA Clark, PA Graham, and Ms. Leach.
VOTE: 7-yay, 0-nay, 0-abstain, 0-recuse, 3-absent.
MOTION PASSED.

The meeting adjourned at 12:27 p.m.

Raquel Rivera

Raquel Rivera, Executive Director