

MINUTES

UTAH

**OSTEOPATHIC PHYSICIAN AND SURGEON'S
LICENSING BOARD
MEETING**

January 7, 2010

**Room 402 – 4th Floor – 9:00 A.M.
Heber Wells Building
Salt Lake City, UT 84111**

CONVENED: 9:00 A.M.

ADJOURNED: 12:39 P.M.

Bureau Manager:

Noel Taxin

Board Secretary:

Karen McCall

Compliance Specialist:

Debbie Harry

Board Members Present:

J. Howard Loomis, DO, Chairperson

Layne A. Hermansen, DO

Warren A. Peterson, DO

Jane W. Brown

Keith P. Ramsey, DO

TOPICS FOR DISCUSSION

DECISIONS AND RECOMMENDATIONS

ADMINISTRATIVE BUSINESS:

Swearing in of Dr. Layne A. Hermansen as a Board Member

Ms. Taxin conducted the swearing in of Dr. Hermansen. **Dr. Hermansen was welcomed by the Board.**

MINUTES:

The minutes from the October 8, 2009 Board meeting were read.

Dr. Ramsey made a motion to approve the minutes as read. Ms. Brown seconded the motion. **The Board vote was unanimous.**

BUSINESS FROM PREVIOUS MEETING

Further Reports on State Requirements for Arizona, California and Michigan regarding Re-entry into Licensure and Practice

Ms. Taxin explained that she has had a couple of situations come up regarding licensure requirements. She stated the Osteopathic Law requires the SPEX

and Further Discussion regarding the SPEX
Examination Requirement

examination if it has been 5 years or more since the applicant took their initial examinations. Ms. Taxin stated the Physicians Law is written different and does not have the same requirement. She stated her impression has been the Osteopathic Board wants the higher standard by retaining the language to require the SPEX examination. She stated there have been at least 3 circumstances in the last year where applicants have been in a residency program and not taken the National Board examinations while in that residency and have been required to take the SPEX examination for licensure in Utah as they took their examinations over 5 years prior to application. Ms. Taxin stated one doctor called who graduated in 2002, is in the military providing medical services, is committed to the military as they paid for his medical education and is currently working at the Mayo clinic. She stated he has not yet submitted an application but has taken the USMLE I and II and the NBME I, II and III. Ms. Taxin stated this person is scheduled to take his oral Board examination a year from May 2010, but will be required to also take and pass the SPEX based on the current Law. She stated he is being consequence because he is choosing to specialize. Ms. Taxin clarified the SPEX examination covers general medicine but not specialties. She stated we need and want good doctors to come to Utah and requested the Board discuss the intent of the Statute and if there is a desire to amend the Statute to accommodate specialty residency programs.

Dr. Ramsey asked if applicants object to taking the SPEX as they perceive it to be an insult or is it the cost of the examination.

Ms. Taxin responded it is some of both reasons.

Dr. Ramsey read the Law reference, 58-68-302(2)(c). He asked if taking the SPEX examination has been an issue in the past.

Ms. Taxin responded it has recently become an issue. She stated it would be ideal for the Association to open the Law and clean up some areas, this requirement being one area. She stated another area is

requiring Board certification. Ms. Taxin explained if Board certification was taken out a person in a 24 month residency program could get their license. She stated without cleaning up the language in the Law she anticipates more concerns to arise.

Dr. Ramsey stated he believes the person who wants to apply that is working at the Mayo Clinic may not be required to take the SPEX examination.

Ms. Taxin responded she is not sure what that person will be required to complete for licensure as he has not yet submitted an application. She stated she will talk with the AG's to determine if a Rule can be written to allow the Board to meet with the applicant regarding continuous residency to waive the SPEX examination for licensure.

Ms. Taxin then reviewed the research Diane Hooper, Licensing Specialist, completed on different states requirements regarding the SPEX examination.

Dr. Peterson commented he believes a residency program should be accepted in lieu of the SPEX examination.

Ms. Taxin agreed with Dr. Peterson. She stated she would need a letter from the program director for verification of the applicant being in a residency program.

Dr. Ramsey stated he believes the Law should be changed but in the current situation it would be a shame not to issue a license to a qualified applicant.

Ms. Taxin agreed and responded she will check with the AG's to find out if the Law allows for this exemption and a Rule could be written or if the Law needs to be updated/amended.

Dr. Ramsey commented Colorado has requirements similar to Utah. He stated he believes it is acceptable to have MD's and DO's Laws to have the same language.

Dr. Peterson commented if he retired at 62, did not practice but continued with his CE and kept his Board certification he would still be required to take the SPEX to return to practice.

Dr. Ramsey commented the longer a Physician or Osteopathic Physician is in practice and specialized, the more they get away from general medicine. He stated the SPEX would be a difficult examination to pass under those circumstances. Dr. Ramsey stated he believes military practice should be equivalent to private sector practice and those applicants should not be required to take the SPEX.

Dr. Peterson clarified if an applicant is applying by endorsement they would be required to take the SPEX if they are not Board certified.

Dr. Ramsey asked if a hearing is required if the Rules are changed.

Following additional discussion, Dr. Peterson recommended Ms. Taxin write proposed language for a Rule change and he would send it out to the Osteopathic Physician Association President, Dr. Gregory Stone, and Association members for review.

Ms. Taxin suggested Board members review the Law and Rules to determine if there are other areas that need to be updated as she would rather update the Rules all at one time. She stated they should carefully review the cross references to be sure they match correctly. Ms. Taxin referred Board members to the Division website to also obtain the Physician and Surgeons Law and Rules to compare with the Osteopathic Law and Rules.

Further discussion will take place at the April 1, 2010 Board meeting.

APPOINTMENTS:

9:20 am

Debbie Harry, Compliance Update

Ms. Harry updated the Board regarding the compliance or non-compliance of probationers.

Ms. Harry reported **Dr. Larry G. Andrew** is currently in compliance with his Stipulation and Order.

Ms. Taxin stated Dr. Andrew's supervisor, Dr. Kronmiller, has read the Amended Stipulation and Order. She stated she talked with Dr. Kronmiller and asked him to be specific on questions and discussion items with Dr. Andrew and address them in his report for the Board. Ms. Taxin stated she believes Dr. Kronmiller is a good supervisor for Dr. Andrew as he appears to be committed to supervising and providing constructive feedback. She stated she explained his role is to protect the public and gave him some ideas on how to supervise and what to look for. She stated Dr. Andrew provided a practice plan and she asked him to make a revision, which he did. She stated she believes the consent forms could be a little easier to read and the Board should give him feedback to help him. She reminded the Board if personal mental competency issues are discussed the meeting should be closed.

Ms. Harry reported there are still prescriptions being written on Dr. Andrew's expired DEA.

Ms. Taxin stated she has requested investigations a couple of times to contact the Pharmacies regarding the issue and Dr. Andrew has called a couple of times to notify the Pharmacies to stop using his expired DEA number. Ms. Taxin requested Ms. Harry to follow up with investigations.

Ms. Harry reported **Dr. Douglas D. Callahan** is currently out of compliance with his Stipulation and Order. She stated all reports and triplicate prescriptions are due on the first of the month and his were received January 6, 2010.

Ms. Brown commented she has found mail sent from the St. George area is not received in other areas in a very timely manner.

Dr. Peterson commented the lateness might be partly due to the holiday mail.

Ms. Harry reported **Dr. Vaughn T. Johnson** is currently in compliance with his Stipulation and Order. She asked the Board to remind Dr. Johnson that it is necessary for him to complete the record review form. Ms. Harry reminded the Board they asked Dr. Johnson to submit information regarding the course he completed and to submit a chart for the Board to review. She stated he submitted the information on the course and one chart which is in his own handwriting and one that is from the computer. Ms. Harry stated the chart in his handwriting is difficult to read but he has stated he is transferring all charts to the EMR system and that should help.

Ms. Taxin suggested the Board give Dr. Johnson feedback to assist him regarding the chart in his own handwriting. She stated the Board should review both charts and be sure he has documented enough and was accurate with the treatment plan for the diagnosis.

Board members responded the EMR system is more for government compliance. They stated there is not time to add more information after they check all the little boxes.

Ms. Taxin stated Dr. Johnson has reported he does a great service to his patients but cannot prove it. She stated if he is not being thorough enough then maybe he needs to make additional notes while he is on probation. She stated the CPEP evaluation documents deficiencies in this area.

Dr. Loomis responded he has had some experience with the EMR system format which sometimes indicates some procedures were done when they were not.

Ms. Taxin suggested he ask Dr. Johnson that question and if that is the case then Dr. Johnson will need to correct the program to document what procedures he has done. She stated that complaints were that Dr. Johnson is not doing what he documented was done so the Board needs to be sure he over documents on his patients.

9:30 am

Dr. Larry G. Andrew, Probationary Interview

Dr. Andrew met for his probationary interview.

Dr. Ramsey conducted the interview.

Dr. Ramsey stated Dr. Andrew has had a little time working under the amended Stipulation and Order. He asked how the practice is going.

Dr. Andrew responded his practice is going well. He stated he believed he would be flooded with patients which did not happen. He stated his practice is starting to pick up. Dr. Andrew stated the consent forms seem to help and there are still some areas he wants to work on.

Dr. Ramsey stated all the required documentation has been received which included a new practice plan. He asked Dr. Andrew for a status update of the clitoral diversion procedure.

Dr. Andrew responded he has not used that procedure. He stated if it is necessary to dilate then he has an anesthesiologist who comes in to do the technique.

Ms. Taxin stated Dr. Andrew should include in his practice plan that he will have the anesthesiologist dilate the patient.

Dr. Ramsey asked how to address the patient satisfaction survey.

Ms. Taxin responded the purpose of the patient survey is for patients to complete the form and the Board to review to determine if patients are satisfied with Dr. Andrew's or if there are some

areas where he needs to improve or that concerns are noted.

Dr. Ramsey stated if patients are satisfied then Dr. Andrew will only get a few completed surveys. He stated he believes a Division phone number should be included on the survey for contact if the patient has an issue.

Ms. Taxin suggested Dr. Andrew give the survey to patients to take home to complete. She stated Dr. Andrew could make a copy of those returned to send to the Division. She stated she is assuming there will be no negative phone calls and is planning on a lot of positive reports. She suggested Dr. Andrew tell patients at the initial interview that he is focusing on quality service and if he does not offer what the patients needs to please tell him or they may contact anonymously the person at the phone number on the consent survey.

Dr. Ramsey suggested the Board review the negative surveys.

Ms. Brown suggest Dr. Andrew inform his patients what procedures he will be doing as well as have it on the consent form they sign.

Ms. Taxin reminded Dr. Andrew that it is his office but it is not just about him, it is about the whole office staff, the service and about offering the most professional/ethical service possible.

Dr. Ramsey stated the goal is for Dr. Andrew to be successful. He stated he believes the suggestions would assist Dr. Andrew and would be a backup for safe practice.

Ms. Taxin suggested Dr. Andrew send a thank you note to patients who fill out the survey and keep track of how many are sent and how many are returned. She suggested he send surveys to all his current patients to get their feedback and then as his business grows the Board/Division can evaluate regarding sending it to a percentage. Ms. Taxin

suggested Dr. Andrew include a cover letter with the survey and a few lines at the end for patients to add their comments or areas to improve. She stated Dr. Andrew might include a comment regarding the procedure being as comfortable as possible under the circumstances. Ms. Taxin stated there are 14 questions but could be shortened with the Board's recommendation. She read the questions.

The Board suggested number 6 be taken out as it asks the patient to rate the quality and experience of the exams/ultrasound/or other procedure performed.

Ms. Taxin recommended Dr. Andrew include a question regarding the protection of privacy, i.e.: medical records, modesty, gown provided, medical assistant present during the procedure, temperature of room comfortable and include a couple of lines for patient comments. Ms. Taxin reminded Dr. Andrew that this is his product and service. She stated the feedback he receives will give him information for improvement. She stated the Board will need to read the consent agreements to determine if they have any recommendations or feedback but he should use them as they are currently written for now. Ms. Taxin stated she believes Dr. Andrew has hit on the important things in his survey and discussion and should be more aware and sensitive to his patients. She stated if he senses something to be a little out of place or odd he should ask the patient questions to determine the issue.

Dr. Andrew asked who patients should be referred to if they have any questions beyond the survey.

Ms. Taxin responded the patients should contact her directly at her Division phone number and for Dr. Andrew to be sure to include a statement that patient confidentiality will remain. She asked him to include the statement in bold at the end of the survey so it is obvious.

Dr. Andrew thanked the Board and Ms. Taxin for their comments and assistance.

The Board determined Dr. Andrew is in compliance with his Stipulation and Order.

An appointment was made for Dr. Andrew to meet on April 1, 2010.

Ms. Harry reminded Dr. Andrew that all reports are due by the 20th of each month and the next report is due January 20, 2010.

9:50 am

Dr. Douglas D. Callahan, Probationary
Interview

Dr. Callahan met for his probationary interview.

Dr. Loomis conducted the interview.

Dr. Callahan stated the last time he met he thought about taking patients off pain medications. He stated he believed he was to learn to be a better Physician so he talked with his supervisor and they decided to send over half of his younger pain patients to a pain management clinic as he believes there might be other ways to handle their pain. He stated the patients he will continue treating are the older patients that have already had surgery and tried other methods.

Dr. Peterson stated Dr. Callahan voiced concern regarding an appointment previously when the Board questioned him and said he should consider if his patients are manipulating him. He asked if Dr. Callahan still has the same concerns.

Dr. Callahan responded he has referred those patients and is not concerned regarding the patients he retained.

Dr. Peterson stated over the last year Dr. Callahan has stated the pain management patients were not a big deal in his practice and now he is reporting that he has referred several patients. He asked Dr. Callahan to explain.

Dr. Loomis responded in Dr. Callahan's defense,

he has been referring some pain patients out. He stated on the last report he counted about 159 prescriptions in large amounts. Dr. Loomis stated he believes Dr. Callahan is informing the Board that he is referring patients out but there are still a large number of patients he is treating.

Ms. Taxin stated if Dr. Callahan wants to be a pain management Doctor then he needs to get the training.

Dr. Callahan responded he does not want to be a pain management doctor. He stated he is trying to handle the pain patients appropriately or he is referring them out. He stated at first when he was explaining to a handful of patients they did not handle the news very well. Dr. Callahan stated the rest of his patients seem to understand he needs to reduce the pain medications and/or refer them to a pain management program and have handled it appropriately.

Dr. Ramsey stated at Dr. Callahan's last appointment Ms. Taxin explained the Board's concerns. He then read Dr. Callahan the minutes from the last meeting. He stated the Board is not telling him what to do but are concerned about him still treating pain patients.

Ms. Taxin asked where he is referring the pain patients for pain management.

Dr. Callahan responded there are now pain management specialists in his area and he has referred his patients there. He stated he has done the MRI's, talked with the patients regarding why they are being treating and why they are on specific medications. He stated, of the pain patients remaining with him, the work up has been done, most have seen surgeons, etc. and nothing more can be done for them. He stated he does give each patient written instructions on how to take their medications. Dr. Callahan stated he hopes he is treating them appropriately. He stated he has referred patients to physical therapy, Podiatrists, etc.

Ms. Taxin stated the Board has talked about

alternatives to medications for pain management.

Dr. Loomis stated he believes Dr. Voss discussed sleep disorders.

Dr. Callahan responded he has done some education on sleep but he does not do any new narcotics for pain management patients.

Dr. Hermansen asked what specific questions every patient is asked.

Dr. Callahan responded each patient is asked if their pain has increased or decreased, if they are taking their medications according to prescription, if there are any additional pains, fatigue, if it is affecting their work and if they are impaired in any way. He stated there is a pain score for every patient visit. Dr. Callahan stated he is not taking any new pain patients. He stated if a patient comes in with a different malady, i.e.: kidney stones, he does treat for that ailment. He stated, from what he has learned, he is not the doctor to treat chronic pain.

Dr. Hermansen asked at what point Dr. Callahan determines the patient is a chronic pain patient.

Dr. Callahan responded he would not offer medications at the first visit but would run all the tests to determine what is wrong with the patient. He stated if it appears it is becoming chronic then he will refer the patient out.

Dr. Hermansen asked if Dr. Callahan would say within about 3 months of treating the patient they are entering the chronic pain area.

Dr. Callahan responded it would probably be prior to 3 months. He stated if there are signs of something more going on with the patient he does additional tests and gets them to the physiatrist. He stated all new patients are informed that he does not do chronic pain management as he believes doctors get a reputation and patients come due to that reputation.

Dr. Loomis stated Dr. Callahan might consider informing new patients that he does not give prescriptions for pain on an initial visit. He stated if Fentanyl is prescribed the patient is in serious pain. He stated there has been a documented increase in mortality with Fentanyl.

Dr. Hermansen commented Fentanyl is also a good choice for elderly patients.

Ms. Taxin stated Dr. Callahan is the Physician and he needs to evaluate each patient he sees and make the medical decision that is appropriate for the patient. She stated he is out of compliance today as his reports were received late. Ms. Taxin stated the mail stamp date was January 4, 2010.

Dr. Loomis commented the evaluations were positive and the supervisor believes the pain medications being prescribed are appropriate. He stated there are a few flags of some prescriptions such as one with no date when it was written, one out of sequence, one large amount and one patient received a prescription one day and the same prescription again the next day. Dr. Loomis reminded Dr. Callahan to be aware of the little details.

Ms. Taxin suggested Dr. Callahan may want to consider writing a note on the back of the prescription if the amount is large or unusual.

Dr. Callahan responded every prescription he writes he now he thinks about his meetings with the Board and having to justify the type, amount and frequency. He thanked Ms. Taxin for her suggestion of writing his reasoning on the back as that will help him. He stated his probation has been a good experience and he has learned from the Board. He stated he now does individual patient information evaluations.

Ms. Harry reminded Dr. Callahan to have all paperwork submitted by the 20th of the month prior to his appointments. She gave him new forms with the due dates printed on them. She stated his

paperwork is due quarterly and the triplicate prescriptions are still due monthly.

Dr. Loomis stated Dr. Callahan's issues are improving, it is a positive move for him to have eliminated some of the chronic pain patients but his paperwork must be received when due or he is out of compliance.

The Board determined Dr. Callahan is out of compliance today with his Stipulation and Order based on his paperwork being received late.

An appointment was made for Dr. Callahan to meet on April 1, 2010.

10:15 am

Dr. Vaughn T. Johnson, Probationary
Interview

Dr. Johnson met for his probationary interview.

Dr. Peterson conducted the interview.

Dr. Peterson commented Dr. Johnson has been good about getting his reports in on time and the supervision reports have been positive. He stated he would like to discuss a few issues that were noticed on the Controlled Substance database print out. Dr. Peterson showed Dr. Johnson the concerns.

Dr. Johnson responded the patient has lived overseas, is now in Cedar City, Utah, and has migraine headaches. He stated he is trying to stabilize the patient who goes through a lot of medications. Dr. Johnson stated this patient is a tough case and he explained.

Ms. Taxin recommended Dr. Johnson prescribe enough medication for the patient to deal with the pain until she can see a pain specialist but if the patient is unable to get an appointment for a length of time Dr. Johnson should require a letter from the specialist documenting on a specific date. She stated Dr. Johnson should then inform the patient he will only treat her until that date.

Dr. Peterson stated Dr. Johnson should be sure to document talking with the patient in the chart.

Ms. Taxin agreed with Dr. Peterson. She stated if anything happened to the patient Dr. Johnson would have in the chart he talked with the patient on a specific date and what was discussed.

Dr. Peterson stated the EMR report looks like boiler plate language and Dr. Johnson has put pain but not the type. He stated there is also another Physician's name on the page. Dr. Peterson asked where Dr. Johnson is involved with the patient.

Dr. Johnson responded he is the patient's primary Physician but the patient is seeing a chronic pain Physician for the chronic pain. He stated his office has not yet completed the transfer of information to the EMR program but the patient chart would have the complete information.

Dr. Peterson thanked Dr. Johnson for the explanation. He stated the Board is aware of the problems with the EMR's but need to be sure Dr. Johnson is charting correctly.

Dr. Johnson agreed to bring a chart to his next appointment.

Ms. Taxin stated the Board has discussed the EMR boiler plate language. She stated the Board suggests Dr. Johnson take the time to add notes regarding what actually occurred during appointments and cross out what does not apply.

Dr. Peterson stated the CPEP evaluation recommended additional courses. He asked if Dr. Johnson completed those courses.

Dr. Johnson responded he does not have any specific dates regarding courses at this time but he does plan to attend a course in the spring, one in the summer, one in the fall and another course on integration of the whole patient.

Dr. Peterson requested an update at Dr. Johnson's next appointment. He then asked what happened with Dr. Johnson's misdemeanor issue.

Dr. Johnson responded he has submitted his request to have the misdemeanor expunged but has not heard anything yet. He stated he still has to check the box on any application that asks if he has ever been charged with a misdemeanor.

Ms. Taxin suggested Dr. Johnson talk with his legal counsel and to check with the expungement office. She stated if legal issues are expunged it is taken away and no one has access to the record.

Dr. Johnson thanked the Board and Ms. Taxin for the advice and stated he believes he has learned some important lessons which will be life-long.

Dr. Peterson asked if Dr. Johnson's supervisor chooses the charts to review or if Dr. Johnson or office staff pull charts for review.

Dr. Johnson responded his office manager pulls 10% of the charts and he takes those charts to his supervisor to review. He stated his practice has evolved and he is doing more in the areas of wellness, hormone balancing and prevention. He stated he is feeling good about his practice but there are always areas for improvement.

Ms. Taxin reminded Dr. Johnson of some comments he made several appointments ago when he stated he is probably just too nice a guy and can't say no. She stated Dr. Johnson had said sometimes he probably does get into situations when he should say no. Ms. Taxin reminded Dr. Johnson that his patients are not friends and he needs to keep that boundary of patient and practitioner separated.

Dr. Johnson responded he believes he has done better in the thought process of separating patients and practitioner. He stated his practice has change where he no longer manages new chronic pain patients but

does more in managing patient wellness. He stated he has seen patients turn their lives around.

Dr. Peterson asked if Dr. Johnson has pulled the medication record of one specific patient to be sure the patient is not doctor shopping.

Dr. Johnson responded he has not.

Ms. Taxin stated if Dr. Johnson has a concern he may call the database, explain the concern and ask them to review the patient medications. She stated she and the Board appreciate Dr. Johnson taking responsibility for himself and making sure his information is submitted when it should be.

Ms. Harry requested Dr. Johnson to ask his supervisor to complete the chart review form from June 2009 to present as the report is required each quarter. She reminded him his paperwork is due on the 20th of the month.

Dr. Johnson acknowledged he will talk with his supervisor. He stated at some point he would like to be able to supervise a Physician Assistant (PA) again. He stated he believes his Stipulation and Order requires Board approval. Dr. Johnson stated the PA he has in mind has been in practice for awhile and understands what he has been through. He stated this PA knows he wants to be responsible in prescribing controlled substances.

Ms. Taxin recommended Dr. Johnson submit a request and include a detailed plan regarding how he plans to supervise, what the PA's duties will be, what supervision means and how he will handle a situation if the PA does not do what Dr. Johnson has asked of him. Ms. Taxin stated Dr. Johnson should review the plan with his supervisor and request the supervisor to also respond to the Board regarding support. She stated he must have a very complete Delegation of Services Agreement at the office and submit a copy for his file and Board review. She suggested he request the PA to also submit a letter regarding his understanding that he

will work under Dr. Johnson and knows he is currently on probation.

Dr. Johnson thanked the Board for their guidance.

Dr. Hermansen reminded Dr. Johnson to bring a file on a patient who is on chronic pain medication and be prepared to discuss how he is dealing with the patient.

The Board determined Dr. Johnson is in compliance with his Stipulation and Order.

An appointment was made for Dr. Johnson to meet April 1, 2010.

DISCUSSION ITEMS:

Annual Board Member Training

Ms. Taxin conducted the annual Board member training.

Ms. Taxin reviewed the Open and Public Meetings Act guidelines with formal Board meetings for business and reminded the Board that all Board meetings are recorded with the recording being retained for a year. She reviewed the guidelines for Board meetings and explained that Board business must be conducted in the formal Board meeting with an agenda having been posted 24 hours in advance for any interested public people to be able to attend, that additional items cannot be added after the 24 hours but will wait for the next scheduled Board meeting. She stated a quorum of Board members is required to make decisions with motions and votes. Ms. Taxin explained the purpose for closing a meeting and stated with the Open Public Meetings Act there are very few reasons to close a meeting and have the public leave. Ms. Taxin reviewed electronic (telephonic) participation by Board members and for interviews. She stated Board members and public visitors may be requested to leave a Board meeting if they are being disruptive. Ms. Taxin covered the issue of requesting a probationer, an applicant or any individual to leave the meeting for Board discussion and stated meetings are open and comments should be made to the

individual in order for them to understand the issues. She covered the guidelines for an Emergency meeting and stated these are not often conducted but could be required if the situation was serious with the public at great risk. She covered the motion, second, discussion and voting procedures. Ms. Taxin reviewed examples of when a meeting needs to be closed to protect a probationer or a person with an appointment. She stressed the importance of Board members being professional, remembering they are here to protect the public, to be fair, attentive and balanced in their comments and decisions. She stated Board members should be respectful to each other as well as any visitors or people with appointments. She stated they should listen and consider other view points, sometimes they may need to be creative but clear and open in communication and withhold judgment until after all the facts have been presented. Ms. Taxin recommended that the Board review and be familiar with the Laws and Rules in order to make correct decisions. She stated they should be positive role models. She stated the Board needs to be fair and understanding but hold probationers to the agreement which they signed. She stated it is stressful to meet with the Board but it is the process and we are here to protect the public. Ms. Taxin concluded by covering fire alarms, exits and where to meet upon leaving the building.

Dr. Loomis commented Judge Eklund cautioned Board members not to talk with the press regarding any hearing.

Ms. Taxin reminded the Board if they speak on their own; they are on their own but should refer all news media to the Division.

The Board thanked Ms. Taxin for the information.

FYI

Ms. Taxin explained the Limited On-line Prescribing Rule Hearing has been postponed as some Legislators want to review the Statute. Ms. Taxin stated the Board will be notified of the Hearing date.

2010 Board Meeting Schedule

The Board noted the following dates for the 2010

Board meeting schedule: April 1, July 1 and October 7, 2010.

FYI

Ms. Taxin informed the Board that there may be a few more probationers who will be meeting with the Board in the near future.

She stated she has denied a few applications based on legal issues in other States and has recommended they complete their probation or take care of their legal issues prior to reapplying in Utah.

Board members thanked Ms. Taxin for the information.

CORRESPONDENCE:

Eric Carter, PhD, MD, King Pharmaceuticals,
Letter regarding Approval of EMBEDAtm

The Board reviewed the information. **No Board action was taken.**

NEXT MEETING SCHEDULED FOR:

April 1, 2010

ADJOURN:

The time is 12:39 pm and the Board meeting is adjourned.

Note: These minutes are not intended to be a verbatim transcript but are intended to record the significant features of the business conducted in this meeting. Discussed items are not necessarily shown in the chronological order they occurred.

July 1, 2010
Date Approved

(ss) Keith P. Ramsey, DO
Acting Chairperson, Utah Osteopathic Physician &
Surgeon's Licensing Board

February 7, 2010
Date Approved

(ss) Noel Taxin
Bureau Manager, Division of Occupational &
Professional Licensing