

MINUTES

UTAH

**PHYSICIANS
LICENSING BOARD
MEETING**

May 16, 2012

**Room 210 – 2nd Floor – 9:00 A.M.
Heber Wells Building
Salt Lake City, UT 84111**

CONVENED: 9:00 A.M.

ADJOURNED: 3:37 P.M.

Bureau Manager:
Board Secretary:
Compliance Assistant:

Noël Taxin
Karen McCall
Debra Troxel

Board Members Present:

Elizabeth F. Howell, MD
Marc E. Babitz, MD
James R. Fowler, MD
Kristen Ries, MD
Gary A. Hale, R.Ph.
David D. Byrd, MD
John Bennion, Ph.D.
Kenneth L. Schaecher, MD
Richard W. Chapa, MD

Board Members Absent:

Daniel J. Parker, MD
Paul J. Affleck, MD

Guests:

Julia Lyon, Salt Lake Tribune
M. Gabriela Sazani
Keerthi Vejevla
Trevor Jacobson, MD, U of U

DOPL Staff Present:

Karl Perry, Assistant Attorney General

TOPICS FOR DISCUSSION

DECISIONS AND RECOMMENDATIONS

ADMINISTRATIVE BUSINESS:

MINUTES:

The minutes from the March 7, 2012 Board meeting were read.

Dr. Schaecher made a motion to approve the minutes as read. Dr. Ries seconded the motion. **The Board vote was unanimous.**

APPOINTMENTS:

9:15 am

Debra Troxel, Compliance Update

Ms. Taxin updated the Board regarding the compliance or non-compliance of probationers as Ms. Troxel was running late.

Ms. Taxin reported **Dr. Carl Wurster** is currently in compliance with his Utah Stipulation and Order. She explained he requested early termination of probation in Idaho and his request was denied based on his not working in medicine for the last 5 years. Ms. Taxin stated Dr. Wurster needs a Physicians license for the teaching he is currently doing but he is not working in Utah and cannot do any cosmetic procedure at this time. She stated she suggested he surrender his Utah license but he declined.

Dr. Howell commented Dr. Wurster could come to work in Utah if his license was off probation.

Dr. Babitz recommended Utah revoke the license as Dr. Wurster has not worked in medicine for several years.

Ms. Taxin clarified if the Board recommended revocation the issue may need to go to a hearing. She suggested the Board ask Dr. Wurster what his specialty is and what his plans are.

Dr. Fowler commented since Idaho has denied termination of probation he believes Utah should be able to relook at Dr. Wurster's case.

Ms. Taxin stated if Dr. Wurster reports he will be working in medicine then he should continue to be on probation but if he indicates he is teaching and does not plan to return to practicing medicine the board should suggest he surrender the Utah license.

Ms. Taxin reported **Dr. Thomas A. Sazani** is currently in compliance with his Stipulation and Order as much as possible for his first appointment. She explained Dr. Sazani is living and working in California and does not plan to move to Utah to practice. She stated he was initially licensed in Utah as he was with an online prescribing group and then he decided he would no longer practice online prescribing. She stated California put him on probation as he was prescribing online against their regulations, prescribing Marijuana without proper documentation and, additionally, his documentation indicates he is also medically using Marijuana. She stated the Board should ask Dr. Sazani about his use of the drug regarding his medical reason for using it and request a medical diagnosis from his Primary Care Practitioner. Ms. Taxin stated Dr. Sazani is frustrated with his probation in California and in Utah as his desire is to return to his home country, Costa Rica, to retire. She stated Dr. Sazani is flying in to meet today but if the Board is agreeable he could meet telephonically in the future unless he is out of compliance and then he should meet in person.

Dr. Howell commented that the Utah Board does not need to accept Dr. Sazani using Marijuana for a medical condition as it is illegal in Utah.

Dr. Babitz commented Marijuana is an altering substance and he is not sure Dr. Sazani should be smoking it while working and on probation in Utah.

Ms. Taxin responded Dr. Sazani was not happy with his Order to having to meet today in person. She stated she asked him to surrender his license and not renew but he declined in case he plans to return to the United States at some point. She stated he initially wanted his attorney to speak for him and she informed him that he needs meet with the Board and speak for himself.

Ms. Taxin reported **Dr. Edmund Chein** is currently in compliance with his Stipulation and Order. She reminded the Board that Dr. Chein's probation would

have expired but due to his California outstanding issue regarding the citizen arrest the Board had requested he continue on probation in Utah and he had agreed.

Ms. Taxin reported **Dr. Donald N. Harline** is currently in compliance with his Stipulation and Order. She stated the CSD indicates Dr. Harline's prescribing has increased but stated that he is doing pain management.

Ms. Taxin reported **Dr. David M. Anderson** is currently in compliance with his Medical and Dental Stipulation and Order. She stated Dr. Anderson's therapist reports were rather basic and the Board may want the reports to be more detailed. She stated he appeared more relaxed and real with the Dental Board. Ms. Taxin stated the DEA has brought criminal charges against Dr. Anderson.

Ms. Taxin reported **Dr. Gregory R. Hoffman** is currently in compliance with his Stipulation and Order. She stated his reports have been positive but she believes he should continue with his probation for the two year period as Oregon denied Dr. Hoffman's request for termination.

Ms. Taxin reported **Dr. James E. Pickens** is currently in compliance with his Stipulation and Order. She stated at the last meeting the Board talked about Dr. Pickens being required to attend the PRIME course in New Jersey and he had stated he could not afford that course. She stated Dr. Ries had said he could make a request if he wanted to take a different course. Ms. Taxin stated Dr. Pickens called the day before his deadline to have the PRIME course completed and requested an extension of the deadline and she denied his request. Ms. Taxin stated Dr. Pickens then went to a PACE course in San Diego and will be requesting the Board to accept it as having met the course requirement even though it was not pre-approved. She stated the Board may accept the PACE course and

discuss the importance of pre-approval or not accept and give him a period of time to complete the PRIME course in New Jersey. She stated the Florida conviction was upheld.

Ms. Troxel commented a few meetings previously Dr. Pickens stated he had registered for the PRIME course but he did not pay the fee. She stated she believes he thought the Florida conviction would be overturned in his appeal and his Utah probation would go away. She stated there was a sentencing for prison time in Florida prior to the appeal but the denial of the appeal document does not give any additional information regarding sentencing.

Ms. Taxin stated she believes Dr. Pickens is now appealing the sentencing. She suggested the Board ask Dr. Pickens for an explanation regarding why he did not take the PRIME course and update on the Florida conviction.

Ms. Taxin reported **Dr. Michael S. Roundy** is currently in compliance with his Stipulation and Order. She stated he has a good supervisor who she believes is on top of Dr. Roundy's situation. Ms. Taxin stated Dr. Roundy is back on the insurance panels.

Ms. Taxin reported **Dr. Arif Chowdhury** is currently in compliance with his Stipulation and Order. She stated after meeting with the Board in March, Dr. Chowdhury went to the Tanner Clinic to request assistance with his probation. Ms. Taxin stated the administrator called her and voiced willingness to assist Dr. Chowdhury in being successful in his probation if Dr. Chowdhury is willing to follow the guidelines they set for him. She stated they provided a practice plan which they will review in which Dr. Chowdhury will be hiring, Dixon Davis, a business consultant, to review all his inner office processes, reviewing documentation and communications with patients and staff. She stated he will have the administrator, Marshall McKinnon, oversee the

coordination and supervision from Mr. Davis and Dr. Sadiq supervising the spinal taps and clinical services.

Dr. Schaecher commented he believes there is a conflict of interest for Dr. Chowdhury to hire the consultant.

Ms. Taxin recommended the Board ask Dr. Chowdhury about the relationships but she stated she tentatively pre-approved the arrangement as she believes it is a thorough plan and that there is no conflict of interest and it addresses the violations.

Ms. Taxin reported **Dr. Robert Simpson** is currently in compliance with his Stipulation and Order. She stated she received a verbal report from the 4th Street Clinic regarding Dr. Simpson working out well in his employment and maintaining his sobriety.

Ms. Taxin reported **Dr. John R. Corkery** is a new probationer and in compliance as much as possible for his first appointment. She stated he was inappropriately prescribing to self, family and friends and did not document. She stated he surrendered his DEA registration and will no longer be able to prescribe. Ms. Taxin stated Dr. Corkery has always maintained he did not understand appropriate prescribing but did admit he did wrong. She stated Dr. Corkery called her with a lot of questions and wanted some things in his Order changed as he had remorse about signing. She stated they then called Ms. McCall wanting to appeal the Order and she also explained the process and then he called Ms. Troxel who also explained. Ms. Taxin stated Dr. Corkery reported he works for a ski resort and needs to prescribe at times for immediate pain. She stated the investigator's opinion was that Dr. Corkery was not abusing substances so the requirement for drug testing was not included in the Order.

10:00 am

Dr. Carl Wurster, Telephonic Probationary Interview

Dr. Wurster met for his telephonic probationary interview.

Dr. Bennion conducted the interview.

Dr. Wurster stated he has never had the opportunity to practice medicine in Idaho to satisfy that portion of the Idaho Order so they denied his request for termination of probation. He stated he would like to return to some limited practice of medicine at some point but does not know if that will ever happen due to his health issues. Dr. Wurster stated he does not want to surrender his license as he needs the license to continue his teaching.

Dr. Bennion voiced concern regarding Dr. Wurster not practicing medicine for about five years and the longer he is not practicing the more difficult it would be to get back into safe practice.

Dr. Wurster voiced understanding. He stated if he can return to practice he would contact the Idaho and Utah Boards regarding what would be required of him.

Dr. Bennion asked Dr. Wurster to explain his health condition and asked if he could work on a part time basis.

Dr. Wurster responded he has had issues with his back since he was in his 40's. He stated he is unable to work even part time as a Physician unless his back heals as he is not physically capable.

Dr. Howell reminded Dr. Wurster of a previous Board discussion regarding the possibility of some extensive requirements such as taking and passing the SPEC's examination, some type of specific training to demonstrate competency as he has been out of practice for such an extended period of time. She asked how realistic Dr. Wurster is being as re-entry requirements will be quite challenging.

Dr. Bennion asked if Dr. Wurster has considered retirement.

Dr. Wurster responded he understands there will be requirements to re-enter the medical field if he is ever able to do so. He stated most people who retire are not requested to give up their license. He stated a

surrender of the license is a legal and negative issue.

Dr. Howell stated Dr. Wurster could surrender the Utah license and retain the Idaho license.

Ms. Troxel commented surrendering is not always a negative but a revocation would be a negative.

Dr. Bennion asked if Dr. Wurster ever plans to come to Utah or plans to stay in Idaho.

Dr. Wurster responded he does not plan to come to Utah and plans to continue living in Idaho.

Dr. Howell suggested Dr. Wurster consider surrendering the Utah license. She stated he would then no longer be required to submit information as his probation would be terminated.

Dr. Wurster responded he would consider the offer to surrender.

The Board determined Dr. Wurster is in compliance with his Stipulation and Order without working and therefore the time is not counting.

An appointment was made for Dr. Wurster to meet again telephonically in six months, on November 14, 2012.

10:15 am

Dr. Thomas A. Sazani, Initial Probationary Interview

Dr. Sazani met for his initial probationary interview.

Dr. Schaecher conducted the interview.

Dr. Schaecher asked Dr. Sazani if he understands why he is here today and to briefly explain to the Board what brought him here.

Dr. Sazani responded yes, he does understand. He explained he was prescribing ED drugs over the internet without the approval of the California Board and was also accused of gross negligence and repeated acts of negligence by prescribing through the internet without conducting appropriate examinations. He stated California was also concerned about his new

practice of medical Marijuana and not conducting physical examinations for this practice. Dr. Sazani stated his two year probation with California was extended due to the Marijuana and lack of physical examinations issue. He stated his probation with California is scheduled to termination in 2015.

Dr. Schaecher thanked Dr. Sazani for the explanation. He stated the Utah Order requires Dr. Sazani to complete an ethics course within 60 days of signing the Utah Order. Dr. Schaecher asked if Dr. Sazani has completed the course. He also asked if Dr. Sazani is in compliance with his California Order.

Dr. Sazani responded yes, he completed the course and stated information regarding the course is included in the essay he submitted. He stated he is in compliance with his California Order. Dr. Sazani stated he was going to fight the time frame to be released from probation in California prior to 2015 but was advised by legal counsel not to fight it and to write a letter in 2013 requesting early termination.

Dr. Schaecher asked if Dr. Sazani plans to come to Utah to practice.

Dr. Sazani responded no, he does not plan to ever come to Utah to practice.

Dr. Schaecher asked Dr. Sazani why he did not let the Utah license expire in January 2012 or why he does not consider surrendering the Utah license now. He stated surrendering the Utah license would be an option and then Dr. Sazani will no longer need to meet with the Utah Board or meet any requirements in his Order.

Dr. Sazani responded his legal counsel recommended he renew the Utah license and not surrender. He stated the only reason he is practicing in California is because he is stuck with the probation. He stated his plans are to complete his probation and then retire.

Dr. Bennion asked why Dr. Sazani became licensed in Utah if he has never practiced or intends to

practice in Utah.

Dr. Sazani responded he was involved in an internet business that had approval in Utah and then they went out of business.

Dr. Schaecher asked what Dr. Sazani's specialty is.

Dr. Sazani responded he was trained in internal medicine but he now practices medical Marijuana treatments.

Dr. Schaecher stated Dr. Sazani submitted a letter from a Physician to allow him to also use medical Marijuana. He stated the reasons for the certification are not listed.

10:30 am

Dr. Babitz made a motion to close the meeting for discussion of character, professional competence or physical or mental health of Dr. Sazani.

Mr. Hale seconded the motion.

The Board vote was unanimous. The meeting was closed.

10:40 am

Dr. Schaecher made a motion to reopen the meeting.

Dr. Bennion seconded the motion.

The Board vote was unanimous.

Dr. Bennion again asked why Dr. Sazani retained his Utah license.

Dr. Sazani responded he does not really want the Utah license.

The Board then recommended Dr. Sazani surrender his Utah license.

Dr. Babitz commented the surrender would be disciplinary surrender as Dr. Sazani is on probation with Utah.

Dr. Howell informed Dr. Sazani he would be required to disclose the probation and surrender if he applies for licensure in any other State. She suggested Dr. Sazani consider the recommendation and discuss it with his legal counsel.

Dr. Sazani responded he is now on probation with Utah as he might as well continue the probation for a successful completion.

Dr. Schaecher asked Dr. Sazani if he understands the conditions of his Order.

Dr. Sazani responded yes. He stated everything he submits to California must be copied and submitted to Utah. He explained he is required to submit documentation of each patient that he prescribes Marijuana to, he fills out log sheets and faxes them to PEP and receives a request for seven records to be faxed for review by the practice monitor.

Dr. Bennion asked if Marijuana is still an issue in California.

Dr. Sazani responded yes.

Dr. Howell stated if Dr. Sazani requests early termination from probation in California and they agree then he should send the documentation to Utah and request early termination in Utah. She stated it would not be an automatic termination but the Board would consider his request.

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

A telephonic appointment was made for Dr. Sazani to meet again September 12, 2012.

11:00 am

Dr. Edmund Chein, Telephonic Probationary Interview

Dr. Chein met for his telephonic probationary interview.

Dr. Ries conducted the interview.

Dr. Ries expressed understanding that California

denied termination of probation at this time. She asked if the decision was based on the parking space incident.

Dr. Chen responded Dr. Ries is correct. He stated a hearing was scheduled for March but a closed hearing with the Judge is scheduled for May 28, 2012, with the trial scheduled for August 28, 2012. He stated he will submit information to Utah when it becomes available.

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

A telephonic appointment was made for Dr. Chen to meet again September 12, 2012.

11:20 am

Dr. Donald N. Harline, Probationary Interview

Dr. Harline met for his probationary interview.

Dr. Byrd conducted the interview.

Dr. Harline reported his practice is now busier than it had been. He stated he continues to have a chaperone with him at all times when he is with female patients.

Ms. Taxin asked how Dr. Harline is doing with boundary issues as he had voiced a lack of understanding when he was put on probation. She also asked if Dr. Harline will continue to have a chaperone after his probation is completed.

Dr. Harline responded a nurse informed him that a patient asked an inappropriate question and he responded to the nurse if the patient comes in when a chaperone is not required he will be asking the nurse to be in the room with him. He stated if an appointment does not need a chaperone he would not have one but will continue to have a chaperone when needed. He stated there is also a certain type of patient that he will always request a nurse to be with him for appointments.

Ms. Taxin asked if Dr. Harline would explain the purpose of a chaperone.

Dr. Harline responded the purpose of the chaperone is

for protection of the Physician and the patient and to be sure the relationship interaction is always appropriate as things can happen when there are interactions with other human beings.

Dr. Byrd asked what Dr. Harline would do if a patient asked the chaperone to leave the room.

Dr. Harline responded he would ask the patient why they wanted the chaperone to leave and, if appropriate, would ask the chaperone to leave but would leave the door open.

Dr. Bennion asked if Dr. Harline has developed the skills to handle situations should they arise.

Dr. Harline responded while in the inpatient treatment care for several weeks he realized his own weaknesses as a male and has developed some coping skills from that program. He stated he believes he was over friendly prior to being in the program and now understands friendliness can open situations up for inappropriate comments and actions.

Ms. Taxin stated she believes if a patient asks for the chaperone to leave Dr. Harline should inform the patient that the chaperone is there to assist him and stated this is how he practices.

Dr. Howell commented she senses there a part of Dr. Harline that is uncomfortable explaining objectively that this is the way he practices. She stated she believes Dr. Harline views this as a shame thing and has not yet incorporated the chaperone part as part of himself and the practice and is still trying to push it away. She stated Dr. Chapa was an OBGYN and always had a chaperone with him when he saw patients.

Dr. Chapa responded Dr. Howell is correct. He stated he would always have the nurse doing things for him even if the nurse was not really needed.

Dr. Babitz commended there is a standard of care and Dr. Harline needs to have procedures in place to protect to protect himself because if it happened

once it could happen again. He stated many patients want to talk about things that are very personal and a chaperone there also limits some of that information sharing and so Dr. Harline needs to determine what he feels comfortable with but that chaperones are not always necessary.

Ms. Taxin suggested Dr. Harline evaluate appointments as a chaperone might not be needed with every appointment once he is off probation but it does protect him.

Dr. Harline thanked the Board for their comments.

Dr. Howell asked if Dr. Harline is still in therapy as it appears there are still some issues bothering him which need to be discussed. She stated the Board cannot require therapy but Dr. Harline might consider going ever three months or so just to update.

Dr. Harline responded Dr. Burn released him but he can go back if the Board recommends it.

Dr. Howell stated it is not a recommendation but a suggestion. She then asked how Dr. Harline's practice is progressing.

Dr. Harline responded it is a positive experience to have a chaperone and his practice is increasing. He stated he is quite busy but does not get paid as well as he does take less on fees in order to retain some patients. He stated he is averaging 11 to 12 patients a day and is hoping to increase to about 16 patients a day.

Dr. Byrd stated he reviewed the controlled substance database and noticed a lot of Methadone medications. He asked what the diagnosis is for some of the patients listed.

Dr. Harline reviewed the list and responded he believes the medications are appropriate. He stated at each visit for these specific patients he does an EKG, does good physical examinations and documents justifications regarding why he is prescribing the high

doses.

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

An appointment was made for Dr. Harline to meet again July 11, 2012.

11:35 am

Dr. David M. Anderson, Probationary
Interview

Dr. Anderson met for his probationary interview.

Dr. Byrd conducted the interview.

Dr. Anderson reported things for him have been good and bad since he last met with the Board. He stated he recently celebrated his one year anniversary for being clean and sober and does not have cravings to use but charges have been brought against him for possession of a controlled substance. He stated he is currently working through that and hoping for the best to plea the charges down. Dr. Anderson stated he was kind of expecting the charges but not so long after the fact.

Dr. Byrd asked if Dr. Anderson is busy in his practice.

Dr. Anderson responded his work is going well but he is not busy enough but he is back on almost all the insurance panels. He stated his partner writes all prescriptions for medications if any are needed.

Ms. Taxin stated there was a prescription listed on the CSD but it was found the Pharmacy had made a mistake which has now been cleared up.

Dr. Byrd requested Dr. Anderson to explain what he is doing not to have any cravings to use.

Dr. Anderson responded he is in therapy and has learned if a thought comes to him he needs to shift his thoughts to something else quickly. He stated he also uses exercise and is working on increasing his spirituality. Dr. Anderson stated he has been working extensively with his Bishop and feels good about the progress he has made. He stated he sees his therapist once a month and his Psychiatrist twice a month.

Dr. Schaecher suggested Dr. Anderson think about what brought on his cravings and work on those issues.

Dr. Howell commented that stress, exposure and cravings are things that will cause addicts to relapse.

Dr. Anderson thanked Dr. Schaecher and Dr. Howell for their comments. He then reported he took the PACE course in April. He stated they went into how to prescribe in chronic situations, addictions, boundaries, laws and management of difficult patients.

Ms. Taxin asked if he learned anything he would now do different.

Dr. Anderson responded yes. He explained he has never had a consent signature form for controlled substances and will be making that change.

Ms. Taxin asked if Dr. Anderson is still interacting with Dr. Flint.

Dr. Anderson responded yes. He stated he sees Dr. Flint twice a week but believes Dr. Flint comes in to talk with staff when he is not there.

Dr. Bennion asked if Dr. Anderson believes the outcome of his charges will be positive.

Dr. Anderson responded he is hopeful the charges will be moved to a misdemeanor.

Dr. Howell commented Dr. Anderson does not look as stressed or depressed today.

Dr. Anderson responded he is feeling better and has been working hard on family relationships, changing his demeanor, holding his anger, working on his impulses, etc., and is now a happier person. He stated he has registered for the PRIME ethics course and will be taking it in August. Dr. Anderson stated he has been on probation for six months. He asked if his reports could be changed from monthly to quarterly.

Dr. Babitz made a motion to change the requirement for monthly reports to quarterly.

Mr. Hale seconded the motion.

The Board vote was unanimous.

Mr. Hale asked what the date is for Dr. Anderson's criminal case.

Dr. Anderson responded it is in June.

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

An appointment was made for Dr. Anderson to meet again July 11, 2012.

11:50 am

Dr. Gregory R. Hoffman, Probationary Interview

Dr. Hoffman met for his probationary interview.

Dr. Ries conducted the interview.

Dr. Ries requested an update regarding Dr. Hoffman's Oregon probation.

Dr. Hoffman stated Oregon informed him they would not consider early termination until at least two or three years of a five year probation has been completed. He stated his Utah practice is very busy.

Dr. Ries stated the reports have been positive.

Ms. Taxin asked Dr. Hoffman what is now different as he has worked through the probationary process.

Dr. Hoffman responded he has had to modify his practice and is now very careful about any patient interaction which is beneficial for him.

Dr. Ries asked if Dr. Hoffman plans to continue the same program after his probation is completed.

Dr. Hoffman responded yes.

Dr. Ries stated Dr. Hoffman's probation is scheduled to be completed November 4, 2012. She asked if he can be terminated in Utah and still be on probation in Oregon.

Ms. Taxin responded Dr. Hoffman has done well on his probation in Utah and his Order does not say two years or until Oregon terminates. She stated Utah is not bound by the Oregon timeframe but if the Board has concerns they could recommend an amendment to extend the probation or may terminate probation at the two year timeframe.

Dr. Ries commented she believes it would be appropriate to terminate Dr. Hoffman's probation in November.

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

An appointment was made for Dr. Hoffman to meet again September 20, 2012.

12:15 pm to 12:45 pm

Working Lunch

12:45 pm

Dr. James E. Pickens, Probationary Interview

Dr. Pickens met for his probationary interview.

Dr. Ries conducted the interview.

Dr. Pickens distributed the prescription prescribing course information he received at the PACE program. He stated it was a good course with all licensed instructors. Dr. Pickens stated the course covered appropriate documentation, ideas on who to contact if you suspect a patient is indicating signs of medication abuse. He stated one idea was to call in another practitioner to intervene.

Dr. Ries stated the Board talked with Dr. Pickens at the last meeting about attending the PRIME course in New Jersey as required by his Order and the Board recommended the PRIME course. She asked if Dr. Pickens believed the PACE course dealt with the issues that brought him before the

Board.

Dr. Pickens responded the guidance was if the State you are practicing in allows internet prescribing and the Federal guidelines are not for internet prescribing, you should go with the more conservative. He stated they are still working on State to State internet prescribing. Dr. Pickens stated the course spent most of the time on pain medications, Psychology and celebrity substance abuse situations. He stated his internet prescribing was for obesity/weight loss and most of the patients received their medication via the internet. He stated medicine does not have an obesity program in general and the food supply is a large part of the problem due to additives.

Ms. Taxin commented Dr. Pickens was not prescribing to celebrities but he was being paid by a company.

Dr. Ries asked Dr. Pickens if the Florida appeal hearing took place.

Dr. Pickens responded yes. He stated the charges were not dropped as he had thought they would be and the whole group is in the process of another appeal.

Ms. Taxin stated the documentation states Florida upheld the conviction. She asked if Dr. Pickens received any feedback regarding sentencing.

Dr. Pickens responded Ms. Taxin is correct but five of the group have appealed again and it will now go to a seven member group for review. He stated the sentencing was not discussed. Dr. Pickens stated the legal issue has been going on since 2004 and the medical group discontinued internet prescribing the first few months of 2005.

Dr. Ries stated the documentation mentions Dr. Pickens approved more than 40,000 orders and spent about 19 seconds on each order. She asked if 19 seconds is adequate time to evaluate a patient for medications.

Dr. Pickens responded about 30% of those orders were not approved.

Dr. Ries stated the documentation says approved orders.

Ms. Taxin asked if Dr. Pickens had someone helping him with the internet prescribing or if he worked after hours.

Dr. Pickens responded he worked at the internet prescribing for about three hours twice a day and nobody helped him.

Dr. Ries stated Dr. Youngblood is still not giving much detail on the reports. She requested Dr. Pickens to follow up with Dr. Youngblood for more detail.

Dr. Pickens responded he would.

Dr. Bennion asked if Dr. Pickens returned from the PACE course having learned he should be doing some things different in his practice.

Dr. Pickens responded he learned he needs better documentation in patient charts. He stated he also believes he became lax in writing prescriptions without know exactly what the situation was with patients and he needs to be more detailed.

Dr. Ries asked how many patients Dr. Pickens is seeing.

Dr. Pickens responded he sees about 10 to 15 patients a week.

Dr. Howell asked what Dr. Pickens prescribes to his patients.

Dr. Pickens responded he prescribes only HCG.

Dr. Howell voiced frustration regarding Dr. Pickens taking the PACE course when his Order is clear in that he was required to take the PRIME course and the Board had talked with him and

recommended the PRIME course. She stated either Dr. Pickens did not understand or he wanted to take the course he wanted. She stated it is not clear as to why he went to the PACE course.

Dr. Pickens responded the Order says the PRIME course or a Board approved course.

Dr. Howell stated the Board did not approve the PACE course.

Ms. Taxin reminded Dr. Pickens and the Board that Dr. Pickens did not want to travel back East to take the PRIME course as it was too costly. She stated Dr. Pickens also called her at the last minute to ask for the extension.

Dr. Pickens responded he was not aware the PACE course would not meet the requirements of his Order. He explained the PRIME course had to be taken in the winter and this one was available now. He stated he contacted the Director who recommended the PACE course and thought it would be alright to take it. He stated he also informed the Board and the Director of his financial difficulty and received no response.

Dr. Ries commented she recollected the Board discussed both the PRIME and PACE courses and the Board recommending the Order requirement be followed for Dr. Pickens to take the PRIME course but due to the minutes not being clear she believes Dr. Pickens may have misunderstood.

Dr. Howell commented most probationers follow the Order requirements.

Dr. Ries asked where Dr. Pickens sees his patients; at his Bountiful office, the Sandy office and/or Dr. Youngblood's office. She also asked how Dr. Pickens is able to make ends meet with only 10 to 15 patients a week and what is the purpose of maintaining his license.

Dr. Pickens responded he sees patients at the Bountiful office. He stated he is also involved in other things such as a machine for macular degeneration and some

nutritional things people can do for macular degeneration.

Dr. Bennion made a motion to accept the PACE course as having met the requirement of the PRIME course or a Board approved course.

Dr. Chapa seconded the motion.

The Board vote was unanimous.

Ms. Taxin stated the PRIME course might assist Dr. Pickens in being more aware of other issues within his medical practice and it might be good for him to take this course in the future. She requested Dr. Pickens to keep the Board updated regarding the Florida situation. Ms. Taxin cautioned Dr. Pickens to be sure if he writes a prescription he sees the patient and has documented appropriately in the patient chart.

Dr. Ries then made a motion for monthly reports to be due quarterly as Dr. Pickens has been on probation for six months and reports have been positive and submitted consistently.

Mr. Hale seconded the motion.

The Board vote was unanimous.

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

An appointment was made for Dr. Pickens to meet again July 11, 2012.

1:00 pm

Dr. Michael S. Roundy, Probationary Interview

Dr. Roundy met for his probationary interview.

Dr. Babitz conducted the interview.

Dr. Babitz thanked Dr. Roundy for making sure his reports were more detailed. He asked Dr. Roundy to update the Board regarding his work, stress, etc.

Dr. Roundy responded his personal life has been very stressful but his personal relationship is going well. He stated his practice used to be all inpatient practice but is now moving into doing half inpatient and half outpatient by doing some inpatient days and then doing clumps of outpatient days on a rotating schedule.

Ms. Taxin cautioned Dr. Roundy to be sure he uses prescribing contracts and justifications in charting for amounts and what he is prescribing.

Dr. Babitz asked if Dr. Roundy is conducting random drug testing on outpatients.

Dr. Roundy responded he is not at this time.

Ms. Taxin recommended Dr. Roundy check the database frequently on his patients as an outpatient could also be obtaining medications other places.

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

An appointment was made for Dr. Roundy to meet again September 12, 2012.

1:15 pm

Dr. Arif Chowdhury, Probationary Interview with Mr. Marshall McKinnon, Mr. Dixon Davis and telephonic with Dr. Mohammed Sadiq, Proposed Supervisors

Dr. Chowdhury, Mr. McKinnon and Mr. Davis, and met for Dr. Chowdhury's probationary interview. Dr. Sadiq was on standby for telephonic discussion if necessary.

Board members and Division staff were introduced.

Mr. Davis explained that he would be acting as the consultant for Dr. Chowdhury.

Dr. Schaecher conducted the interview.

Dr. Schaecher commented there has not been much progress since the last meeting but the Board does have the practice plan proposal to review.

Mr. McKinnon explained he wrote most of the proposal as the plan is for Dr. Chowdhury to be in

compliance with his Order. He explained one Physician, Dr. Sadiq, will observe spinal taps and supervise those as needed. He stated Dr. Sadiq has observed and reported on three spinal taps.

Dr. Schaecher asked how Dr. Sadiq came up with the number of three spinal taps to observe to determine competency for Dr. Chowdhury's skills as AGME requires observing five.

Mr. McKinnon responded he and Dr. Sadiq met and Dr. Sadiq agreed to observe, review and evaluate three spinal taps and if addition observation was necessary he would do more. Mr. McKinnon stated he believes the communication with patients was an issue and believed a separate Physician for the spinal taps and someone to consult on communications would be better for Dr. Chowdhury. He stated he believed Mr. Davis could evaluate and assist Dr. Chowdhury with the communications issues. He stated the plan is for Mr. Davis to evaluate the practice, Dr. Chowdhury's interactions and documentation three or four hours a week and then meet with Dr. Chowdhury and the staff to determine the approach for the next few months.

Dr. Schaecher asked Mr. Davis what clinical training he has had as typically probationers are supervised by licensed practitioners who watch the interaction with staff and patients to be sure the probationer is practicing to the professional standards.

Mr. Davis responded his training is in management.

Dr. Schaecher explained monthly reports will be required regarding medical records with 20% of all interactions being reviewed.

Mr. Davis responded he will be spending one day a week with Dr. Chowdhury and the medical charts will be reviewed by Dr. Sadiq.

Mr. McKinnon stated when he reviewed Dr. Chowdhury's Order and discussed it with Dr. Chowdhury he was not aware there were requirements for reviewing the medical record documentation.

Dr. Schaecher responded read the Order and stated typically Orders include chart review/clinical record review to assist in determining competence as it provides a level of detail.

Ms. Taxin stated the record review is to ensure the medical issues are noted accurately and thoroughly and the Board/Division need to be sure Dr. Chowdhury is documenting properly. She suggested Dr. Sadiq supervise the medical competency and performance and Mr. Davis review Dr. Chowdhury's documenting style of documentation and thoroughness, patients and staff information and office management.

Dr. Schaecher voiced concern regarding the lack of clinical supervision for Dr. Chowdhury.

Dr. Babitz reminded the Board that the Order requires supervision of spinal taps whenever one is done and then the supervisor certifies competence when probation is terminated.

Mr. McKinnon proposed the Board make a recommendation regarding a specific number of spinal taps be observed and not all of them.

Dr. Schaecher responded the Order requires all spinal taps be observed and Mr. McKinnon is recommending three. He stated maybe a specific number is somewhere between. Dr. Schaecher stated the Order also requires 20% of all case files be reviewed and supervision during spinal taps.

Dr. Babitz asked who will be supervising/observing when Dr. Chowdhury does the punctures for the spinal taps as he was charged with doing an inordinate number of punctures when he did spinal taps.

Mr. McKinnon and Dr. Chowdhury did not respond.

Dr. Howell stated Dr. Chowdhury's story was different than the investigation report. She

reminded the Board and Dr. Chowdhury that he was quite angry about being on probation and stated he would no longer do any spinal taps. She stated the Board encouraged him to continue doing them but to do them wisely and re-evaluate if he is unable to complete the procedure within a reasonable number of punctures. She stated the Board also voiced concern regarding Dr. Chowdhury releasing one patient's records to a different patient.

Mr. McKinnon again responded he believes Mr. Davis will be able to work with Dr. Chowdhury regarding the communications issue and Dr. Sadiq review a number of spinal taps but that Dr. Sadiq did not believe he needed to observe each spinal tap to determine competence.

Dr. Howell asked how Mr. McKinnon, Mr. Davis and Dr. Sadiq will be paid for monitoring Dr. Chowdhury.

Mr. McKinnon responded he is receiving no monetary amount for his assistance. He stated Dr. Chowdhury has a monetary agreement with Mr. Davis, who he did not previous know, for an hourly rate and an undisclosed monetary agreement with Dr. Sadiq.

Dr. Babitz voiced concern regarding Dr. Chowdhury paying Mr. Davis and Dr. Sadiq. He stated Dr. Chowdhury could terminate them at any time if he does not want to work with them. Hee also questioned if Mr. Davis and Dr. Sadiq will be honest in their reports, give support to the requirements of the Order and protect the public.

Ms. Taxin stated if the Board approves the proposal Dr. Chowdhury would have to agree not to terminate the relationship with Mr. Davis and Dr. Sadiq as their supervision would need to independent of influence from Dr. Chowdhury and they would need to report to the Board honestly regarding any issues or concerns that may arise. She stated most supervisors are volunteers.

Mr. McKinnon responded he and Dr. Sadiq would be

willing to supervise without being paid but Mr. Davis needs to be paid for his consultation time.

Ms. Taxin clarified Mr. McKinnon would be overall in charge of coordinating and submitting reports.

She suggested Dr. Sadiq supervise the spinal taps for a period of time instead of a specific number and then meet with the Board to report on Dr. Chowdhury's competency. She stated the Board would then have enough information to amend the Order if they believe it appropriate. She stated the probation is for two years and she does not believe requesting three months of the spinal taps being observed is too much to ask of Dr. Sadiq.

Dr. Babitz asked about how many spinal taps Dr. Chowdhury does in a day or a week.

Dr. Chowdhury responded some months he does not do any and other months he has several scheduled. He stated he schedules the spinal taps only when Dr. Sadiq is available to observe and if Dr. Sadiq is unavailable to observe then he refers the patients elsewhere.

Dr. Babitz voiced concern at Dr. Chowdhury doing spinal taps at Dr. Sadiq's convenience but stated he would like Dr. Sadiq to include in his reports the ages of the patients, the number of punctures it took to complete the procedure and how well Dr. Chowdhury did in the procedure .

Dr. Chowdhury responded the patients he observed so far varied in characteristics as one patient was small, one was obese and one was an older person.

Ms. Taxin stated for the next two months Dr. Chowdhury should schedule the spinal taps when Dr. Sadiq is available to observe.

Dr. Ries reminded Dr. Chowdhury that it is important to know when to quit trying to complete spinal taps and refer the patient to someone else. She stated he should be sure to keep written

documentation in the patient chart and also note if the patient was upset or not.

Ms. Taxin stated there will be three reports coming in for Dr. Chowdhury, one from Mr. McKinnon, one from Mr. Davis and one from Dr. Sadiq. She stated if there were no spinal taps then Mr. McKinnon may note the information in his report and Mr. Davis should continue working on the communication education and office management. She stated Mr. Davis will need to submit a letter confirming he is receiving payment for his time from Dr. Chowdhury but is completely independent from Dr. Chowdhury. She requested all three give input on the reports regarding Dr. Chowdhury's improvement, etc. Ms. Taxin then asked if Mr. Davis knows how to read clinical notes.

Mr. Davis responded he may not know clinical content but he does know how to read clinical notes.

Ms. Taxin requested a revised practice plan to be submitted so she can review it and get it sent out to the Board to review and approve.

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

An appointment was made for Dr. Chowdhury to meet again July 11, 2012.

1:45 pm

Dr. Robert Simpson, Probationary Interview

Dr. Simpson met for his probationary interview.

Dr. Howell conducted the interview.

Dr. Simpson reported he is doing well in his recovery. He stated he started working May 1, 2012, with the first week being orientation and has now started seeing patients. He stated he still attends his recovery meetings three or four days a week, has a group of people he associates with and now has a social life.

Dr. Howell stated the 4th Street Clinic submitted a positive report. She then asked if Dr. Simpson

attends PIR meetings.

Dr. Simpson responded he has been to one on a Monday night. He stated it was a good group but he did not find it beneficial. He stated the AA meetings are beneficial and he has friends who also attend.

Dr. Howell asked if Dr. Simpson has attended any International Doctors Alcoholics Anonymous (IDAA) meetings.

Dr. Simpson responded no. He stated the meeting this year will be Orlando, Florida.

Dr. Howell explained IDAA are meetings for people in recovery who receive scholarships to attend. She asked what Dr. Simpson is dealing with in recovery.

Dr. Simpson responded he is learning to deal with day to day living. He stated it has been difficult but he has not suffered from any compulsion to use since last summer and has tried to live his life without an ego.

Ms. Taxin stated Dr. Simpson completed treatment at Betty Ford and asked if he believes he has received the help and skills he needs.

Dr. Simpson responded he believes he got a lot from Betty Ford but also gets much benefit from AA.

Dr. Howell commented if Dr. Simpson could get a group going it would good for him as well others in the community. She gave Dr. Simpson a name of a contact person to assist him if he is interested.

Dr. Simpson thanked Dr. Howell and stated he knows the person and she has been very helpful to be sure he attends his meetings but also has social activities.

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

An appointment was made for Dr. Simpson to meet again July 11, 2012.

2:15 pm

Dr. John R. Corkery, Initial Probationary Interview

Dr. Corkery met for his initial probationary interview.

Board members and Division staff were introduced.

Dr. Fowler disclosed he had worked with Dr. Corkery at St. Marks Hospital and he recused himself from the discussion and any Board decisions.

Dr. Byrd conducted the interview.

Dr. Byrd asked Dr. Corkery to briefly explain what brought him before the Board.

Dr. Corkery responded in 2009 he was looking through a Henry Shein catalog and noticed he could order medications through them, which he did. He stated he provided/dispensed medications to family and friends and when treating people at outdoor events where he works or attends events when they got hurt. He stated he did not document the medications or follow up with the patients at his office.

Dr. Byrd asked if the DEA explained why Dr. Corkery's practice was not a good idea.

Dr. Corkery responded the DEA was very clear in that you cannot dispense medications to patients. He stated he now understands the difference between dispensing and administering and the reasons for the guidelines. He stated he was not aware and was treating in good faith but now understands there can be implications any time CS's are given to someone.

Dr. Byrd asked if Dr. Corkery had any questions regarding the requirements in his Order.

Dr. Corkery responded the Order requires him to work 16 hours a week and he would like to work less hours. He also asked what happens if he takes a vacation. He stated he works over 16 hours in the winter when he is at the ski resort.

Dr. Byrd asked Dr. Corkery to explain the lack of documentation.

Dr. Corkery responded he had the accounting of the medications and kept it all in his brief case which he did not often take home with him. He stated these resort places for outdoor activities are not usually near a hospital so he did not have documentation to present to the DEA when they approached him. He stated the DEA auditor had said he could only take patient records that day and he did not have all the records to give the DEA auditor as he had taken them home. Dr. Corkery stated for a typical off road accident he would give the patient 1 tablet for pain.

Dr. Byrd asked what Dr. Corkery would take for himself if he was in pain.

Dr. Corkery responded he had a knee problem and was given two prescriptions but he used what he had on hand and kept the prescriptions. He stated he no longer keeps patient records in his truck. He stated the Henry Shein company asked him if he had been using the medications he had ordered for personal use and he had been honest and told them yes he had used the medications he had left over. He stated the Henry Shein company contacted DEA.

Dr. Babitz asked Dr. Corkery to explain his understanding of the expectations when he sees a patient in the outdoor settings.

Dr. Corkery responded he examines the patient, explains the problem and the medication he will be giving them. He stated the patients he saw could not afford medical treatment.

Dr. Babitz stated in an emergency care setting there are patient charts. He asked if Dr. Corkery uses that method of documenting.

Dr. Corkery responded he does not use the charting method of documenting but does keep notes in order to check himself and have the documentation of what he did, also for billing purposes and to give the information to the Primary Care Practitioner if requested.

Dr. Babitz stated Dr. Corkery missed a big step by

not documenting medications given and to have a complete patient chart.

Dr. Schaecher commented Dr. Corkery ordered 2000 Hydrocodone pills over a two month period. He stated it is disturbing that Dr. Corkery believes it was ok. He stated Dr. Corkery failed to follow basic standards that should be ingrained and does not understand how Dr. Corkery can say he just helped those who needed help and thought it was ok. He stated all ski resorts have medical clinics where patients are treated. He stated people pay about \$70.00 for a ski pass and can afford to go to the clinic.

Dr. Corkery responded he did return a bottle of 500 pills. He stated Dr. Schaecher is correct but there are so many people who do not have insurance such as employees so he gave them one or two pills to help them.

Dr. Howell commented she treats many patients from the ski resorts who are addicts and Dr. Corkery has been supporting their addiction with his practices.

Dr. Corkery responded he does not believe he contributes to the addictions. He stated the main patient he treated had several knee surgeries and also saw another practitioner.

Dr. Chapa commented in about three months Dr. Corkery is giving out more Hydrocodone than most ER's give in a much longer period of time.

Dr. Corkery responded he did not write a prescription for the patient as the medication was too expensive. He stated the patient was traveling and needed the medication. He stated he then referred the patient to the pain clinic.

Dr. Howell explained what Dr. Corkery is hearing from the Board is they are questioning his clinical judgment as he does not appear to think what he has been doing is unusual. She asked if he had a chart on this specific patient.

Dr. Corkery responded yes.

Dr. Howell asked when Dr. Corkery will be taking the PRIME and PACE courses. She stated she sincerely hopes he will listen and learn as he certainly was practicing outside the scope of practice.

Dr. Corkery agreed that his practice is not normal but stated he maintains he gave out appropriate doses of medication for appropriate reasons.

Dr. Schaecher responded it is the planned part of Dr. Corkery's practice that is a concern as he ordered x amount of medications and planned to take them to the outdoor programs to treat people.

Dr. Corkery stated he will not be ordering any more medications and plans to comply with his Order. He stated he has affidavits from patients which account for all the medications dispensed. He stated if the DEA does not reinstate his registration he will not be able to continue to work. He stated he has tried to contact the DEA for some answers but has been unsuccessful in reaching them.

Dr. Byrd again asked how many hours Dr. Corkery works each week. He also stated he is not convinced Dr. Corkery understands why it was wrong to prescribe/dispense they way he has been doing it.

Dr. Corkery responded about 10 to 12 hours a week. He stated once the ski season is over his work drops off. He stated his malpractice insurance will cover 8 to 10 hours a week but if no one comes in then he is not working with patients all those hours.

Dr. Howell stated Dr. Corkery has signed the Stipulation and Order with the Division. She stated if he is not currently working or planning to work 10 to 12 hours a week then the Board would need to consider amending the Order.

Ms. Taxin clarified the Board/Division will be able

to give some leeway for awhile but the Board would need to establish how many hours a week Dr. Corkery will need to work to be considered working.

Dr. Schaecher stated the time for the probation will only count if Dr. Corkery is working and he questioned if the ski resort and outdoor activity venues are willing to employ him if he cannot write prescriptions. He stated if the Order is amended to 10 hours a week and Dr. Corkery is unable to be employed then the time will stop and the probation will be extended until he is employed and working the specified number of hours.

Dr. Schaecher then made a motion to amend the Order for Dr. Corkery to do clinical work a minimum of 10 hours a week.

Dr. Chapa seconded the motion.

The Board vote was unanimous.

Ms. Taxin stated she will check on the proposed supervisor to be sure she is appropriate to supervise Dr. Corkery.

The Board determined Dr. Corkery is in compliance with his Stipulation and Order as much as possible for his first appointment.

An appointment was made for Dr. Corkery to meet again July 11, 2012.

Dr. Corkery then commented the Order will not allow him to prescribe to family. He asked if that is for controlled substances only or does it include legend drugs.

The Board responded it includes both CS's and legend drugs. They stated treating family and friends is considered unprofessional conduct and they should be referred to their own Primary Care Practitioner.

DISCUSSION ITEMS:

Legislative Update

Ms. Taxin reviewed the following Legislative Bills with the Board:

HB 25 Patient Identity Validation
HB 51 Medical Specialty Practice Act Amendments
HB 85 Forensic Phlebotomy
HB 109 Use of Controlled Substances in Research
HB 126 1 Sub Physician & Osteopathic Medicine Amendments
HB 254 1 Sub Controlled Substances Amendments
HB 257 1 Sub Controlled Substance Database Amendments
HB 306 Disposal of Unused Prescription Drugs
HB 399 Physician & Osteopathic Licensing Amendments
HB 434 Pharmacy Practice Act Modifications

Ms. Taxin stated HB 122 3 Sub E-prescribing Amendments have been postponed for now.

SB 40 5 Sub Cosmetic Medical Procedures
SB 88 Pharmacy Distribution Amendments

Dr. Babitz asked if the training course taken through DOPL to renew the license will count toward CME in the future.

Ms. Taxin responded it will count.

Dr. Fowler, Report on FSMB Conference

Dr. Fowler reported on the FSMB Conference he attended. He stated it was the 100th meeting for FSMB and they are still meeting with some of the same issues. Dr. Fowler reported many States have combined the Physicians and Osteopathic Physicians into one Board. He stated Dr. Fishman spoke regarding the 2nd edition of his book, "Responsible Opioid Prescribing" and the Surgeon General of the U.S. spoke. He stated FSMB is trying to get their verification program running more smoothly and are working on a U.S. licensing examination hoping all States will accept. Dr. Fowler presented Ms. Taxin with a plaque regarding the 100 years of business and presented each Board member a coin.

Board members thanked Dr. Fowler for the update.

Dr. Bennion Question

Dr. Bennion asked for an explanation regarding if Utah attracts practitioners for the online prescribing.

Ms. Taxin responded yes, that Utah is the only State that licenses for this practice and the founders of the online prescribing got into the business at a time when they could obtain free internet advertising. She stated that is no longer the case and the \$7,000 application fee and yearly renewal make it so online licensing is not worth the expense for some companies. She stated in 2012 the Legislature passed some Legislation for Physicians to dispense additional drugs but those who do, must follow the Pharmacy guidelines for dispensing.

Dr. Trevor Jacobson asked if online prescribing includes telemedicine.

Ms. Taxin responded not at this.

Dr. Howell stated the Board has discussed a Law being introduced for National licensure. She stated it is being pushed by those who are interested in telemedicine.

Dr. Schaecher responded the American Telemedicine Association is against National licensure.

Dr. Fowler stated a Physician from Montana stated they now have a telemedicine license and can only do telemedicine.

Ms. Taxin stated she has heard of the Montana Law and telemedicine is being discussed in each State regarding what is best for that State.

FYI

Ms. McCall distributed the Stipulation and Order for Dr. Daniel Joseph Albertson for the Board to review to prepare for Dr. Albertson's appointment on July 11, 2012.

Ms. Taxin explained Dr. Albertson is currently in

Nebraska and moving to Utah in July for a residency.

CORRESPONDENCE:

Discussion Regarding Community
Paramedicine Programs and Information
Regarding EMS Treatment and The Use of
Outdated Medications

Ms. Taxin stated there are two issues:

1. Using paramedics to augment services and extending health care access by doing home visits; and
2. Paramedics using outdated medication on the ambulance.

Dr. Babitz stated paramedics are people with two years of training vs. a Physician Assistant (PA) who has additional education and training. He stated the scope of practice is not specifically outlined.

Dr. Schaecher stated the idea allows paramedics to provide services that Nurses and PA's can do and they can bill for the services.

Dr. Babitz stated there are not enough Primary Care Practitioners to meet the needs of the public.

The Board voiced concern about expanding the scope of practice for EMS's to include PA's, MD's, DO's scopes.

Ms. Taxin asked the Board's opinion regarding paramedics using outdated medications on the ambulances.

Mr. Hale, the Pharmacist Board member, reviewed the list of outdated drugs being used. He stated Tetracycline is the only one on the list that should not be used beyond the expiration date. He stated Epinephrine will turn brown if it is not used and Nitro Glycerin loses its potency but if being used up to six months after expiration date would be acceptable.

Mr. Perry stated the expiration dates are set Federally but the responsibility to enforce is put on the States. He stated the Board/Division cannot say anyone can use outdated medications. Mr. Perry stated Texas addressed the issue by sending out an

informal letter stating they would look at the expiration date, how the medication was stored and if used appropriately for an emergency then would not take any action. He stated he believes Utah should so the same.

Dr. Babitz commented the Health Department licenses the EMT's and Paramedics and they could take action for inappropriate storing and using of medications. He stated the hospitals will replace the ambulance medications.

Dr. Babitz stated he believes allowing EMS's to use expired drugs is critical and the drug shortage is having an effect on service and saving lives.

ABMS Information/Notification Regarding the Liaisons for Utah

The Board reviewed the information with no Board action taken.

FSMB, Maintenance of Licensure – Fast Facts

Ms. Taxin briefly covered the information submitted and passed it around for Board members to review. She stated language was put in their Statute that says the Division cannot require Board specialty but if it becomes an issue the UMA may have to make a Legislative change and the Board/Division would have to identify which specialties to accept.

Dr. Howell commented if a Physician is Board Certified they cannot maintain the certification if they have had action against their license. She stated she did not realize Physicians would be required to have a valid, unrestricted license in one State to qualify.

Dr. Schaecher commented maintaining certification is a better way for hospitals, etc., to ensure quality of Physicians.

Dr. Fowler asked if the advertising has to identify the certification now.

Ms. Taxin responded yes.

Dr. Howell stated Ms. McOmber, UMA, has said there are several Board specialties that are approved by ABMS. She stated those Physicians

must prove the type of Board specialty they obtained and take an examination with other requirements for Board Certification.

Dr. Byrd agreed with Dr. Howell and stated there are also some Board specialties that cannot obtain certification.

Ms. Taxin stated the Dental specialty is one that cannot obtain Medical Board Certification.

Dr. Fowler stated the American Board of Cosmetic Surgery is another one that is not ABMS certified.

Following discussion, no Board action was taken.

FSMB – Newslines, Spring 2012

The Board reviewed the information with no Board action taken.

NEXT MEETING SCHEDULED FOR:

July 11, 2012

ADJOURN:

The time is 3:37 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 11, 2012
Date Approved

(ss) Elizabeth F. Howell, MD
Chairperson, Utah Physicians Licensing Board

June 12, 2012
Date Approved

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