

PUBLIC SESSION MINUTES
STATE BOARD OF MEDICAL EXAMINERS OF SOUTH CAROLINA
August 6 - 8, 2012

Board Meeting
Synergy Business Park
The Kingstree Building
110 Centerview Dr., Room 108
Columbia, South Carolina 29210

MEETING CALLED TO ORDER

Dr. Louis E. Costa, II, President of the Board, called the regular meeting of the S.C. Board of Medical Examiners to order at 8:30 A.M., on Monday, August 6, 2012, at 110 Centerview Drive, Room 108, Columbia, South Carolina, with a quorum present. Dr. Costa announced the meeting was being held in accordance with the Freedom of Information Act by notice emailed to The State newspaper, Associated Press, WIS-TV and all other requesting persons, organizations, or news media. In addition, notice was posted on the Board's website and on the bulletin boards located at both of the main entrances of the Kingstree Building where the Board office is located.

Board members present for this meeting were:

Dr. Louis E. Costa, II, President, of Charleston
Dr. David deHoll, of Iva
Dr. Robert T. Ball, Jr., of Charleston
Dr. Robert E. Turner, of Florence
Dr. Jeff Welsh, of Columbia
Dr. Timothy Kowalski, of Columbia
Dr. Stephen Gardner, of Greenville
Dr. James Hubbard, of Rock Hill

Members of the S.C. Department of Labor, Licensing and Regulation (LLR) staff participating at various times in the meeting included:

S.C. Board of Medical Examiners

Bruce F. Duke, Board Administrator
April Dorroh, Program Assistant
Brenda Eason, Administrative Assistant
Ieshia Watson, Administrative Assistant
Laura McDaniels, Administrative Assistant
Connie Flanery, Administrative Assistant
Kathy Burgess, Administrative Assistant
Latonia Jones, Administrative Assistant

Office of General Counsel

Patrick Hanks, Assistant General Counsel
Erin Baldwin, Assistant General Counsel
Suzanne Hawkins, Assistant General Counsel

Office of Advice Counsel

Sheridon Spoon, Advice Counsel

REVIEW/APPROVAL OF AGENDA

An agenda for this meeting was reviewed and approved.

REVIEW/APPROVAL OF MINUTES FROM MAY 2012 BOARD MEETING:

After considering recommendations, additions, deletions and corrections, a motion was made to approve the minutes by Dr. deHoll and seconded by Dr. Turner. The motion and the minutes were unanimously passed.

TRANSFER OF PATIENT RECORDS

Mr. Duke presented requests for the Boards consideration about the selling of patient's records to an individual or entity other than a physician or hospital (see attached). After discussion Dr. Gardner moved to accept, with Dr. Kowalski seconding the motion and the requests were unanimously approved.

INTERVIEW PROCESS

Dr. Ball stated that the personal interview is the backbone of our vetting process and that this is the reason we have the lowest license revocation rate in the country. He also presented a copy of the Boards website home page that he wants staff to start making copies and delivering this copy with the interview packets. A motion was made to approve this process by Dr. Costa and the motion was seconded by Dr. Kowalski.

DARRA COLEMAN, CHIEF ADVICE COUNSEL

Darra Coleman, Chief Advice Counsel for LLR introduced herself and spoke to the Board about LLR's organizational tree. She stated that the advice attorney's job is to support and advise the Board on statutory authority and regulatory authority. One of the tasks that have been assigned to her is reviewing all the Boards policies and making sure that we have consistency among all the Boards.

Dr. Costa had questions concerning the process of how advice counsel has handled situations in the past as to the way they handle things now. Mrs. Coleman stated that it is her and Director Holly Pisarik's position that advice counsel is not here to advocate any position. They are not members of the Board nor do they vote. The sole purpose of advice counsel is to make sure the procedure is appropriate for the conduction of the meetings and to make sure all laws are being followed and help interpret laws and regulations. She also stated that they have decided that the attorney assigned to each Board will be the only attorney assigned to that Board with the exception if the attorney should be absent that she intends to be the one to fill that role for the Board if at all possible. Dr. Costa stated that the Board is very pleased with Sheridan Spoon which is the advice attorney assigned to the Medical Board at this time.

iSELECTMD UPDATE ON PILOT PROGRAM

Michael Iaquina appeared before the Board with an update on the iSelectMD pilot program. He stated that this marks two years since he has been appearing in front of the Medical Board regarding telemedicine. He stated in reference to a Medicaid or MCO (Managed Care Organization) pilot program, that they continue to explore new avenues and they are currently having conversations with two MCO's and they are looking into doing a program that does more than just provide consultation but also doing outbound calling to inform and educate others. They are looking into educating and informing their membership as they come on board with Medicaid. Dr. Costa wanted confirmation that this would not be a marketing effort but an effort for subscribers to let them know what services are available. Mr. Iaquina confirmed.

Mr. Iaquina wanted to address a few questions that he didn't feel were effectively answered at the previous meeting about narcotics. He stated that their physician contract states their physician will not under any circumstances prescribe DEA controlled substances or narcotics in the course of conducting consultation for iSelectMD. If a doctor did in fact prescribe a narcotic or a lifestyle drug, they would be terminated.

Dr. Kowalski asked questions concerning the process of outbound calling and wanted clarification as to whether they have started a pilot program with any MCO's. Mr. Iaquina stated that they do not at this time but they plan to get the ball rolling in the next quarter. Dr. Kowalski also asked if the MCO's are requesting iSelectMD to reach out to its members. Mr. Iaquina stated that there is one of them that they are exploring this option with.

Dr. Costa wanted clarification about the physicians listed in iSelectMD's handout. He wanted to know if the physicians listed in the Beaufort county area were physicians that are contracted with iSelectMD or are they primary care doctors that you have had interaction by referral or otherwise. Mr. Iaquina stated that they are the physicians in that county. For each county they have a list of every pharmacy, hours of operation, and contact information. There is also a list of every primary care physician in that county. He stated that none of the physicians on that list are associated or affiliated with iSelectMD. Dr. Costa stated that one of the Boards primary objectives with the pilot program was to see if the patient had a primary care doctor and that the program didn't violate the medical home concept. The Boards understanding is that iSelectMD would be proactive in getting them back into their medical home or assist them in finding an ongoing primary care physician if they didn't already have one. He wanted to know if there had been any interaction taking place in the Beaufort area between iSelectMD and the doctors in that regard. Mr. Iaquina stated that they have reached out to many of them but it would depend on where their client is. He wanted to make sure the Board understood that there were two types of clients. The Medicaid population is assigned a PCP (Primary Care Physician) and they have protocols to triage them with that PCP and have that PCP make that decision whether or not it is appropriate to do a phone consultation or try to get them an appointment within the next 24 to 48 hours. He feels they will do their best to make sure the PCP assigned to that client makes that decision. He stated they have seen on the commercial side that clients don't have PCP's. He stated all they can do is provide them with the information in the county, hours of operation, and if they are taking on new patients. He stated more and more doctors are not taking on new patients.

Dr. Costa stated they were expecting a great deal of outcomes' based evidence as to whether or not the pilot was going to achieve the General Assembly's expectations and HHS's (Health and Human Services) expectations. He stated that the letter received from Director Keck with HHS states there had been an interaction between iSelectMD and HHS that requested information which was then given to iSelectMD and that those two organizations in combination with the MCO's involved determined that they could not come to an agreement for the size or scope of the contract and that they were discontinuing the pursuit of the pilot program. He stated that this Board gave authorization under that aegis and under that model. Dr. Costa also stated that the data they expected to bring to bear on the decision was structured data that would be facilitated by the agreed upon basic design. However, he is seeing that the basic design was never really instituted. Dr. Costa asked Mr. Iaquina if iSelectMD was ever able to accomplish a successful interaction/treatment of the HHS patient pool in order to derive any of the data and conclusions to date. Mr. Iaquina stated no. He stated that they were still in research and development on the Medicaid side and that they were in communication with the MCO's and that they look forward

to exploring the pilot in the coming three to six months. He also stated that right now they are having conversations with two MCO's. Dr. Costa went on to say that the Board had hoped to be responsible to the General Assembly and its need to relieve the State's burden through the emergency room mechanism of primary care delivery. He stated the Board is fully empathetic with the urgency of that. He stated the Board tried to be a constructive component of it, making accommodations where they could within existing state code. He stated he believed the existing code was clear and that at this point the Board feels there is very little relief in that regard.

Dr. Ball asked Mr. Iaquina if iSelectMD had reached out to the SC Academy of Family Physicians as requested at several previous Board meeting to serve as backup for doctors who do not have 24/7 call backup. Mr. Iaquina stated they have reached out to them on occasions but have never received a response. Dr. Ball also had questions concerning video consultation. He wanted to know if iSelectMD had any examples of video communication with patients. Mr. Iaquina stated that they have not had any request for this at this time but that iSelectMD has offered this service. Dr. Ball had questions as to whether or not iSelectMD was following the requirement that the Board requested that iSelectMD would send a survey to the primary care provider stating that they took care of their patient and provided services. Mr. Iaquina stated that it was a challenge to reach out to the family physician if they had one and they would have to have the patients' permission to do that. Dr. Ball noted that the surveys that were presented to the Medical Board were surveys provided by physicians employed by iSelectMD. He also noted that another requirement that the Board imposed on iSelectMD was to provide a statement of information regarding the electronic health records and how iSelectMD would link them to SCHIEEx (South Carolina Information Electronic Health Record Highway), but did not see records of that in iSelectMD's report. Mr. Iaquina stated that they are researching that and they are willing to link up to with SCHIEEx.

Dr. Costa stated that he does want iSelect to be the measuring stick for Telemedicine. However, the Board doesn't believe at this time that they have met the Boards goals. He stated that the Board is empathetic with Director Keck as well as any number of legislators and entrepreneurial efforts out there that have successfully convinced the Board that this technology can offer certain advantages in terms of access and in terms of quality to under-served areas. He stated the Board wants to see that. He also stated the Board continues to believe that a physical interaction at some point in the patients care is imperative if they are to ascribe at all to the virtues of the medical home. He also stated that the Board has been very clear in their request at previous meeting on how iSelectMD can be an integral component of that physical interaction, yet iSelectMD continues to state they are working on that and the Board feels they haven't met the requirements that have been set forth. Mr. Iaquina agreed that iSelectMD needs to commit to giving more data to the Board.

Dr. Costa noted that the Board authorized a pilot program at the behest of an agreement between certain legislators that saw the urgency in finding alternatives to the state's burden. He stated that the Board took a creative approach to what they think was very reasonable parameters that would assure the public's safety and at the same time allow the collection of information. However, iSelectMD, for various reasons has been unable to take advantage of the umbrella. He stated this was confirmed by Director Keck. He also stated the Board feels that iSelectMD has certain entrepreneurial activity going on that does not fall within that umbrella of protection and provision.

Ms. Giese spoke for HHS stating that it is HHS's responsibility as an agency to contract with the MCO and it is the MCO's responsibility to be able to self-contract with other providers such as iSelect. She stated their liability is in having the managed care company take full responsibility for their vendors or subcontractors. She stated their intent in allowing this with the contractor was to see if this was productive for the MCO and if it was, then the MCO would continue the contract. She stated HHS would not pick up the fee.

Dr. Costa stated that he thanked all parties for being at the meeting and the Board was very sensitive to these needs and that they are not trying to protect the profession but are trying to see how they can safely utilize this technology by looking at other models and then able to adopt policy if that is what is required. He stated that the Board's intent was to see all the parties involved and how the Board can serve as a facilitator to protect the public.

Jim Coleman with Continuing Care Retirement Community spoke about the concept of Continuing Care Retirement Community. He stated they have 300 employees and that they have been with iSelectMD over a year and that it's been a wonderful experience for his employees. He stated that he thinks iSelectMD will significantly lower premiums. Dr. Garder wanted to know who pays for the expense of utilizing iSelectMD. Mr. Coleman stated that it was the entities club that pays the fee monthly per employee but that the employee pays the consult fee.

Sally Rogers spoke on behalf of the South Carolina Association of Family Physicians. She stated that they spent quite a bit of time with iSelectMD as well as meeting with the SCMA (South Carolina Medical Association). They came to a comfort level which was in the form of the pilot program. It was focused on a pilot with an MCO with assigned primary care providers so that they could see how the iSelectMD doctors would work with the primary care providers assigned through the MCO. They embodied that in a letter and forwarded it to iSelectMD. It outlined what they understood the pilot to look like and expressed some concerns about how the pilot was structured. She stated that they asked iSelectMD to look carefully to make sure that they were proactively getting information to the primary care provider, not the primary care provider having to go track it down. She stated they also expressed concerns about over-prescribing antibiotics. She stated that the pilot program being presented to the Board at a previous meeting was not the same pilot that is now being presented. She stated that the South Carolina Association of Family Physicians does support telemedicine and that they have worked at some length trying to come to an agreement on legislation that would allow telemedicine to move forward in an appropriate way. She stated they support reimbursement for physicians that are providing these services and are very supportive of the doctors using telemedicine with their own patients. She continued to say the Academy is working hard with education and trying to work with their physicians to encourage them to look at becoming certified medical homes.

Dr. Costa stated that HHS and the primary care sector have a willing spirit. He stated that iSelectMD has vowed under terms of the pilot program to get the Board some outcomes-based evidence that shows a reconciliation of these requisites that are well known and promulgated. He stated that the Board looks forward to some constructive effort in that regard.

Mr. Iaquina stated that he feels that there has not been enough recognition of iSelectMD trying to battle the over-prescribing issue and they feel they are addressing that fully.

Dr. Costa stated that the Board fully appreciates those efforts. He stated the goals and objectives set forth in the pilot program, providing a model that satisfies existing code, and to see the private primary care sector involved in that effort is paramount.

See motion after Teladoc Presentation

TELADOC PRESENTATION

Mr. Gorevic with Teladoc spoke to the Board about them having some of the same goals as iSelectMD in terms of improving access to care, reducing the costs of health care, and improving quality. He stated they have no commercial relationship with iSelectMD but that they operate independently. He stated because of their leadership model in the clinical rigor of their process that they have been successful with both national and state-specific health plans in addition to very large as well as small employers. He stated they have four million members across the country that has access to their services. He spoke about the process of member experiences and the processes that the physician uses in order to perform consultations and details of their clinical program. He stated they have a product that is specifically designed to wrap around a physicians practice and provide them with after hour coverage and the facility to perform remote consultations for their own patients. He stated that in their model there is not a requirement to have a patient site presentation but rather the physician and the patient are at different locations without an intermediary. He stated they do provide services for managed Medicaid programs in six states and that they do that with three different managed care plans. He stated that Teladoc was really built on the premise of improving access to care and doing it in a manner that helps to control medical costs. He applauded the Boards support of telemedicine and the expansion of telemedicine. He went on to say that Teladoc was founded in 2002. He stated they are only available through a sponsoring organization like a health plan or an employer and they are not available through direct sign up on the internet or any related avenues. He stated they operate in 49 different states plus the District of Columbia. He stated they have done over 125,000 remote patient encounters through telephonic interaction and video interaction. He stated their physicians are available twenty four hours a day, seven days a week. He spoke of the process members go through while accessing their website. Dr. Ball asked a question concerning their level of encryption they use and Mr. Gorevic said he would have to ask this technology officer but that he would be happy to provide that information. Mr. Gorevic stated that board certification is a requirement for their physicians.

Dr. Costa asked Mr. Mullins (Teladoc's legal representative) about the establishment of the physician-patient relationship and specifically about code section 40-47-113 that gives certain exceptions to a physical encounter as part of a bonafide physician-patient relationship. Dr. Costa stated that Teladoc is operating with a model that does not include those exceptions and wanted an explanation as to how this was accommodated. Mr. Mullins stated the physical encounter is not absolutely required. He also stated there are certain conditions that exist where a physical encounter is not needed but that code section is very clear in such a way that the Medical Board has the discretion to determine what those conditions may be. Dr Costa stated that the Boards interpretation has been that a call setting is implicit and explicit. He also stated that he personally wanted to compliment Teladocs model and that it may have served their purpose well in other states but that we are here today discussing South Carolina and to establish unequivocally what the Board feels is best and safest for the public.

There was a lengthy discussion between the Board members and Teladoc representatives on how they intended to make sure they were facilitating the patients into a medical home if there is not a pre-existing medical home and also allowing the primary care doctor to determine whether or not a physical encounter is appropriate or not.

Three motions were made by the SC Board of Medical Examiners.

1. Dr. Ball made a motion that the Board propose they offer the following interpretation of 40-47-113, which states the establishment of a physician-patient relationship is a prerequisite to prescribing drugs and professional conduct. It is unprofessional conduct where a licensee initially to prescribe drugs to an individual without first establishing a proper physician-patient relationship. A proper relationship, as a minimum, requires the licensee make an informed medical judgment based upon the circumstances of the situation and on the licensee's training and experience and that the licensee personally perform and document an appropriate history and physical examination; make a diagnosis; and formulate a therapeutic plan. An exception, is prescribing for a patient of another licensee for whom the provider is taking call. On call is the temporary assumption of responsibility for an established doctor-patient relationship. On call is considered to be the availability of a South Carolina licensed physician physically present to attend to urgent and follow up care. Dr. Kowalski seconded the motion. All in favor. Motion carries
2. Dr. Turner made a motion that Teladoc is currently not compliant with the provisions of Section 40-47-113. The Board will allow Teladoc 90 days to become compliant. A Cease and Desist Order will be issued if compliance has not been achieved. Dr. Ball seconded the motion. All in favor. Motion carries
3. Dr. Kowalski made a motion that the Board has determined that iSelectMD is currently acting outside the scope of authority set forth in the Pilot Program. iSelectMD has 90 days in which to become compliant with the terms of the Pilot Program and other requirements of 40-47-113 as defined. Dr. Hubbard seconded the motion. All in favor. Motion carries

FINAL ORDER HEARINGS

A motion was made and passed for the Board to go into Executive Session to conduct Final Order Hearings. Each hearing was held in Executive Session, and a transcript of each hearing, as well as the Board's Final Order, are on file at the Board Office. After testimony for each case, the Board entered a private deliberative session. No votes were made or actions taken while the Board was in Executive Session. **A motion was made and passed to return to Public Session and the Board voted on the following after each Final Order Hearing:**

Naoma Agnes Crisp-Lindgren, M.D.

2011-101

Final Order Hearing

A motion was made by Dr. Turner to dismiss the formal complaint.

Motion was seconded by Dr. Gardner

All in favor

Motion carries

MCG RESIDENTS

MCG Residents appeared before the Medical Board with an issue of the renewal of their license. While they were students at MCG their administrative staff failed to properly renew the residents licenses as a whole. The Board took this under consideration and vacated the private order that was previously issued and decided to issue a letter of caution instead. The motion was made by Dr. Gardner and seconded by Dr. Ball.

All in favor

Motion carries

David Colon-Ruiz, MD

Applicant for Licensure

Dr. Welsh made a motion to allow applicant to proceed with licensure

Motion seconded by Dr. Hubbard

All in favor

Motion carries

Joseph Williard Washington Jr, MD

Board required appearance and request

Dr. deHoll made a motion that the Board put Dr. Washington's request to work at the VA Hospital on hold until the Board receives clarification from Dr. Stevens in Florida on Dr. Washington's evaluation. Upon positive feedback then the Board will approve the request.

The motion was seconded by Dr. Kowalski.

All in favor

Motion carries

OGC REPORT

Pat Hanks, General Counsel stated that they had no cases on appeal at this time. He stated that 56 Cases were open, 7 cases will be addressed at this board meeting, and 77 cases have been closed since 2011.

OIE REPORT

Mark Sanders, chief investigator for Office of Investigations presented the Investigative Review Committee's Report. He also introduced Althea Myers to the Board as the new chief of investigations assigned to the Medical Board.

Dismissals

Cases 1 – 58 were presented for dismissal. There were originally 60 cases but two cases were pulled for further review. Dr. Hubbard moved to accept the recommendations and Dr. Gardner seconded the motion. The Board unanimously approved the recommendations.

Formal Complaints

Four cases were presented for formal complaints. Dr. Kowalski moved to accept with Dr. deHoll seconding the motion and the Board unanimously approved the recommendations.

Letters of Caution

Six cases were presented for a letter of caution. Dr. deHoll moved to accept with Dr. Welsh seconding the motion and the Board unanimously approve the recommendations.

Mr. Sanders presented a statistical report of cases in OIE to the Board (see attached).

Obinwanne U Osuji, MD
Applicant for Licensure

Dr. deHoll made a motion to allow applicant to proceed with licensure

Motion seconded by Dr. Welsh

All in favor

Motion carries

MILITARY SPOUSE LICENSURE STATUTE

Dr. deHoll made a motion to approve the temporary license for military spouses and for them to have a SC Medical license approved for one year once they have a completed application and submitted a \$150 fee for the temporary application. FCVS will not be required.

Motion seconded by Dr. Hubbard

All in favor

Motion carries

PHYSICIAN ASSISTANTS ADVISORY COMMITTEE RECOMMENDATIONS

Mr. Gardner presented recommendations from the July 2012 Physician Assistants Advisory Committee' meeting for the Board's review. The motion was made by Dr. Ball to approve the recommendations with the exceptions that Christopher Hewitt, PA was denied his on the job training request for Percutaneous Gastrostomy Tube Insertion. Kristy L Halasy, PA was denied her on the job training request for Abscessogram, Ultrasound guided biopsy thyroid nodule, tunneled venous catheter, central line placement-jugular/brachiocephalic, lumbar puncture, bone marrow biopsy, image guided drain placement, venous chest port placement-jugular, paracentesis, thoracentesis, and lumbar puncture for myelogram due to the procedure being the practice of medicine. Dr. Gardner will make contact with the PA and her supervising physician to further clarify her OJT request. Dr. Hubbard seconded the motion to approve the recommendations as amended by the Board. The Board unanimously approved the following recommendations (see attached).

A motion was made by Dr. Gardner and seconded by Dr. deHoll to adjourn at 5:30 pm

Reconvened at 8:30 am Tuesday August 7, 2012

Gregory B Caudill, MD
Applicant for Licensure

Dr. Ball made a motion to allow applicant to proceed with licensure

Motion seconded by Dr. Kowalski

All in favor

Motion carries

RECOVERY PROFESSIONAL PROGRAM POLICY

Frankie Sheheen appeared before the Medical Board to discuss RPP policy. He introduced Dr. Graham to speak and answer questions that the Medical Board may have. Mr. Sheheen spoke very highly and is happy with the Abstinence policy the Board passed at the May meeting. He stated the percentages of positive drug screens have dropped drastically.

Dr. Graham stated he appreciated the Board for all their support with the Abstinence policy. He stated that in his practice he sees diagnosis by testing and medication management. He stated when you go to an abstinence policy, that you identify the prescribers out there who are trying to give medication that they think is helpful. He stated studies show that only 6 percent of physicians can diagnose addiction. He spoke that it has been an interesting journey and process of being able to educate doctors on the importance of abstinence in recovery. After a lengthy discussion, both the Board and RPP are satisfied with the policy as set forth.

Lindian J Swaim, MD

Applicant for Licensure

Dr. Hubbard made a motion to allow applicant to proceed with licensure

Motion seconded by Dr. Turner

All in favor

Motion carries

Ikenna U Onwumere, MD

Applicant for Licensure

Dr. Turner made a motion to allow applicant to proceed with licensure

Motion seconded by Dr. Welsh

Dr. Ball, Dr. Costa and Dr. deHoll dissented

Motion carries

Guy G Lemire, MD

Applicant for Licensure

Dr. Ball made a motion to allow applicant to proceed with licensure

Motion seconded by Dr. deHoll

All in favor

Motion carries

Arthur L Smith, MD

Final Order Hearing

A motion was made by Dr. Turner as follows:

- Accept the Panel Report and dismiss all charges

Motion was seconded by Dr. Gardner

All in favor

Motion carries

Patrick G McMenamin, MD
Applicant for Licensure

Dr. Costa made a motion to allow applicant to proceed with licensure with an abundance of caution that the Board scrutinizes and respects that its licensees have qualified scopes of practice and that the Board would be very sensitive to that relative to the license.

Motion seconded by Dr. Kowalski
All in favor
Motion carries

Ted A Harris, MD
Applicant for Licensure

Dr. Hubbard made a motion to allow applicant to proceed with licensure
Motion seconded by Dr. deHoll
All in favor
Motion carries

RESPIRATORY CARE ADVISORY COMMITTEE RECOMMENDATIONS

Mr. Duke presented the recommendations from the Respiratory Advisory Committee's July 2012 meeting. Dr. deHoll moved to accept the recommendations. Dr. Ball seconded the motion and the Board unanimously approved the recommendations (see attached)

MCLEOD REGIONAL RESIDENCY STUDENTS

Dr. Ball made a motion that the previous consent orders issued to the residency students be changed to letters of caution and that all documents reflect that change.
Motion was seconded by Dr. Kowalski
All in favor
Motion carries

A motion was made by Dr. Welsh and seconded by Dr. Ball to adjourn at 6:00 pm

Reconvened at 8:30 am Wednesday August 8, 2012

Ralph S Henry, MD
Request to be released from Boards final order

Dr. Kowalski made a motion to grant the request to be released from the Boards final order.
Motion was seconded by Dr. Gardner
All in favor
Motion carries

MANIPULATION UNDER ANESTHESIA REGULATION

Mr. Spoon, Advice attorney for the SC Board of Medical Examiners spoke about the new proposed regulation from the Board of Chiropractic Examiners. He stated that there is a part of the chiropractic regulations that deals with therapeutic modality, and it adds language in regulation that's proposed to be promulgated that states a therapeutic modality is that a chiropractor can perform manipulation under anesthesia. He stated that this is a submission that the Chiropractic Board submitted to the Administrative Law Court.

After a lengthy discussion, Dr. Gardner made a motion that the SC Board of Medical Examiners stands opposed to the proposed regulation changes by the chiropractic Board to allow them to prescribe manipulation under anesthesia or medication as this is the practice of medicine.

The motion was seconded by Dr. deHoll

All in favor

Motion carries

ACUPUNCTURE COMMITTEE RECOMMENDATIONS

A motion was made to approve the recommendations from Dr. Gardner and seconded by Dr. Welsh. All in favor. Motion carries (See attached)

Achu Fongong Mofor, MD

Applicant for Licensure

Dr. Welsh made a motion to allow applicant to proceed with licensure

Motion seconded by Dr. Kowalski

All in favor

Motion carries

Alexis Hope Lewis, MD

Applicant for Licensure

Applicant withdrew application

Rachel Chaya Shemtov, MD

Applicant for Licensure

Applicant withdrew application

Joel Ransom, MD

Applicant for Licensure

Dr. Welsh made a motion to allow applicant to proceed with licensure

Motion seconded by Dr. Gardner.

All in favor

Motion carries

Robert Michael Kennerly, MD
Applicant for Licensure

Dr. Gardner made a motion to allow applicant to proceed with licensure
Motion seconded by Dr. Kowalski
All in favor
Motion carries

A motion was made by Dr. Kowalski and seconded by Dr. Welsh to adjourn at 2:15 pm

Respectfully Submitted
Bruce Duke
Administrator