

PUBLIC SESSION MINUTES
STATE BOARD OF MEDICAL EXAMINERS OF SOUTH CAROLINA
November 5 - 7, 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 8:15 A.M., on Monday, November 5, 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. James Hubbard, DO of Rock Hill
Dr. Jeff Welsh, of Columbia
Dr. Timothy Kowalski, of Columbia
Dr. Stephen Gardner, of Greenville
Dr. Jim Chow, of Columbia

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 AUGUST 2012 BOARD MEETING:

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

JOINT STATEMENT OF THE SC BOARD OF NURSING AND SC BOARD OF MEDICAL EXAMINERS

After discussion on the joint statement, Dr. Kowalski made a motion to accept the joint statement and it was seconded by Dr. deHoll.

All in favor

Motion carries

(See attached at end of document)

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 sanctions after each Final Order Hearing:**

PROPOSED MANIPULATION UNDER ANESTHESIA REGULATION

After a lengthy discussion on the proposed MUA regulation and a brief consultation with Dr. Roles, president of the Chiropractic Board, a motion was made by Dr. Gardner to approve the MUA agreement with additional language and modification of the language. The changes in paragraph A are to take out "Sedated by" and replace with the word "Under" and to add to the last sentence of paragraph A "or the American Osteopathic Association". In addition to those changes, paragraph B would be changed from "doctor of osteopathy", to "doctor of Osteopathic medicine".

Dr. Kowalski seconded the motion

All in favor

Motion carries

(See attached to end of document)

PROPOSED ADVISORY OPINION REGARDING TELEMEDICINE

Wade Mullins, Paul Squire and Butch Bowers, Esquire for Teledoc appeared before the Board to discuss the advisory opinion regarding Telemedicine. Dr. Costa briefly went over some key points of discussion from the previous Board meeting. He emphasized that the Board has empathy with the needs of the state and yet its paramount mission is to protect the public.

Mr. Mullins spoke about the discussion they had with the Board at the previous Medical Board meeting and had some confusion on the motion that was passed defining what on call means. Dr. Costa said that the Board feels that statute does adequately define on call but asked Mr. Mullins to give them Teledocs perspective on this issue. Mr. Mullins stated that they feel that the Boards effort to further define on call would impact a lot of broader circumstances than just telemedicine. Mr. Squire stated that in his opinion, the Board has adopted motions and policy statements and it's unclear to him how the two relate. Dr. deHoll stated that the Boards intent going forward is to have better integrated care rather than compartmentalized care. Dr. Costa stated that the Board is more than willing to bring clarity that will satisfy both parties' interests.

After a lengthy discussion, there was a motion made by Dr. Kowalski as follows:

The Board revised the intended advisory opinion to read: With regard to the exception set forth in South Carolina code 40-47-13, the SC Board of Medical Examiners had adopted a definition of on call that's the temporary assumption of responsibility for an established doctor-patient relationship. An on-call physician is a South Carolina licensed physician who is available to physically attend if necessary to urgent the followup care needs for a patient whom he is temporarily assumed responsibility with the acknowledgement of the primary care provider. A physician who prescribes drugs to an individual he has never personally examined and for whom he has not assumed responsibility with the acknowledgment of the primary care provider has engaged in unprofessional conduct unless he is writing admission orders for a newly-hospitalized patient, prescribing for a patient examined by a licensed advanced practice nurse, a physician's assistant or other physician extender authorized by law and supervised by the physician, for continuing medication on a short-term basis for a new patient prior to the patient's first appointment.

Dr. Ball seconded the motion

All in favor

Motion carries

A second motion was made by Dr. Ball as follows:

The Board will continue to abstain from the issuing of any Cease and Desist Orders to allow Teledoc to submit a written practice plan to comply with the intent of our interpretation of 40-47-113 to be accomplished within 90 days.

Dr. deHoll seconded the motion

All in favor

Motion carries

Kevin Schuller, M.D

Request to be released from Terms and Conditions

The Board abstained from any motion at this time until Dr. Schuller follows through with his recommendation from BMI. At that time he can petition again for reconsideration once that information is on hand for the SC Board of Medical Examiners to review.

Catherine L Munson, M.D.

Request to be released from Boards Final Order

A motion was made by Dr. Kowalski to grant Dr. Munson her request for removal of all conditions and restrictions. The motion was seconded by Dr. Gardner.

All in favor
Motion carries

OIE REPORT

Althea Myers, chief investigator for Office of Investigations presented the Investigative Review Committee's Report along with the statistical report.

Dismissals

Cases 1 – 67 were presented for dismissal. Dr. Hubbard moved to accept the recommendations and Dr. Welsh seconded the motion. Dr. Ball dissented to number 2012-165. Motion carries.

Formal Complaints

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

Letters of Caution

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

Dan Rafael Azar, M.D

Applicant for Licensure

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

A motion was made by Dr. Ball and seconded by Dr. Costa to adjourn at 6:05 pm

Reconvened at 8:30 am Tuesday November 6, 2012

Christopher S Acree, PA

Request to be released from Terms and Conditions

Dr. Gardner made a motion to approve the release from terms and conditions. Motion seconded by Dr. deHoll. All in favor. Motion carries

Robert Troy Ramos, M.D.

2011-5

Final Order Hearing

A motion was made by Dr. Kowalski as follows:

- Accept Memorandum of Agreement
- Public Reprimand
- Pay court cost of \$ 1,063 within 12 months
- Pay fine of \$ 1,000 within 12 months
- Professional boundaries course approved by the Board to be completed within six months
- Disruptive physician workshop approved by the Board to be completed within six months
- Continue counseling with Dr. Sullivan with quarterly reports to the board and to his employer

Motion was seconded by Dr. Welsh

All in favor

Motion carries

PHYSICIAN ASSISTANTS ADVISORY COMMITTEE RECOMMENDATIONS

Mrs. Martha Green, Chair of the PA Committee, presented recommendations from the October 2012 Physician Assistants Advisory Committee meeting for the Board's review. Dr. deHoll moved and Dr. Welsh seconded the motion to approve the recommendations. The Board unanimously approved the following recommendations.

(See attached to end of document)

Mef Durri Galle, M.D.

Applicant for licensure

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

Motion seconded by Dr. Ball

All in favor

Motion carries

David Alan Smith, M.D.

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

ACUPUNCTURE ADVISORY COMMITTEE

Mr. Herbkersman, Chair of the Acupuncture Advisory Committee, and Mr. Will Hendry, Chair of the Dry Needling Task Force for the American Association of Acupuncture and Oriental medicine spoke to the Board about dry needling. They came with the concerns that other professions may be practicing acupuncture but calling it another name. After a lengthy discussion, the Board decided not to make a decision on this subject but to take it under advisement at this time.

Jason Edward Gosnell, M.D.

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

**A motion was made by Dr. Hubbard and seconded by Dr. deHoll to adjourn at 6:00 pm
Reconvened at 8:30 am Wednesday November 7, 2012**

Adrienne Denise Westmoreland, DO

Applicant for Licensure

Dr. Kowalski made a motion to allow applicant for proceed with licensure

Motion seconded by Dr. deHoll

Motion carries

William Robert Fry, MD

Applicant for Licensure

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

Motion seconded by Dr. Chow

Motion carries

Adam Wesley Bruckner, DO

Applicant for Licensure

Dr. Kowalski made a motion to grant applicant a temporary license with the condition that applicant must pass Boards to obtain a permanent license

Motion seconded by Dr. deHoll

Motion carries

Jabran Akhtar Hussain, MD

Applicant for Licensure

Dr. Gardner made a motion to allow applicant to have a temporary license and the opportunity to take and pass his Boards on his first attempt. Should he fail to pass his Boards then he shall appear before the Medical Board to explain and possibly have temporary license terminated

Motion seconded by Dr. deHoll

Motion carries

George K Ibrahim, MD
Applicant for Licensure

Dr. deHoll made a motion to allow applicant to proceed with licensure
Motion seconded by Dr. Kowalski
Motion carries

Board adjourned 2:50pm on Wednesday November 7, 2012

Respectfully Submitted
April Koon
Program Assistant

JOINT STATEMENT OF THE SC BOARD OF NURSING AND SC BOARD OF MEDICAL EXAMINERS

In October of 2010, the Institute of Medicine of the National Academies issued a report titled, "The Future of Nursing: Leading Change, Advancing Health."

The report included four key messages:

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
- Effective workforce planning and policy making require better data collection and an improved information infrastructure.

Based on the issuance of this report, the S.C. Board of Nursing asked its Advance Practice Committee to review the report and look at what gaps may exist between current practice by advanced practice nurses in South Carolina and the IOM recommendations.

The Advance Practice Committee put together what is commonly called a "white paper" and presented it to the Board of Nursing. The Board of Nursing endorsed the "white paper" solely as information from the Advance Practice Committee.

The Board of Nursing's practice act currently provides that all advanced practice nurses must perform their duties with physician supervision. The Board has not and does not plan to seek

changes to its practice act on this matter. Any change in this regard would be at the discretion of the Legislature.

The S.C. Board of Medical Examiners, at a recent meeting, voted to endorse the Nursing Board's current practice act, which requires physician supervision of advanced practice nurses.

Agency Name: Board of Chiropractic Examiners
Statutory Authority: 40-1-70 and 40-9-30
Document Number: 4282
Proposed in State Register Volume and Issue: 36/2
House Committee: Medical, Military, Public and Municipal Affairs Committee
Senate Committee: Medical Affairs Committee
120 Day Review Expiration Date for Automatic Approval: 05/08/2013
Status: Pending
Subject: Requirements of Licensure for Chiropractors

History: 4282

<u>By</u>	<u>Date</u>	<u>Action Description</u>	<u>Jt. Res. No.</u>	<u>Expiration Date</u>
-	02/24/2012	Proposed Reg Published in SR		
-	01/08/2013	Received by Lt. Gov & Speaker		05/08/2013
H	01/08/2013	Referred to Committee		
S	01/08/2013	Referred to Committee		

Document No. 4282
BOARD OF CHIROPRACTIC EXAMINERS
CHAPTER 25
Statutory Authority: 1976 Code Sections 40-1-70 and 40-9-30

Synopsis:

To satisfy the requirements of licensure for chiropractors, Regulations 25-1 through 25-9 are updated in conformance with the current Chiropractic Examiners Practice Act and pursuant to the Public Hearing Report approved by the Honorable John D. McLeod, South Carolina Administrative Law Court, in the Public Hearing Report on Docket No. 12-ALJ-11-0240-RH on November 19, 2012.

The Notice of Drafting was published in the *State Register* on November 25, 2011.

Instructions:

Replace Regulations 25-1 through 25-9 as printed below.

~~Indicates Matter Stricken~~
Indicates New Matter

Text:

25-1. Organization, Administration and Procedure.

Purpose. The Board of Chiropractic ("Board") was created to protect the health, safety and welfare of the public. This purpose is achieved through the establishment of minimum qualifications for entry into the profession and through swift and effective discipline for those practitioners who violate the applicable laws or rules promulgated thereunder.

25-2. Application for Licensure.

A. Application. Any person desiring to be licensed as a chiropractor must apply to the Board and provide all information and documentation required by the Board. Applications and accompanying documents will be valid for one (1) year from the initial application date. After one (1) year, a new application with attendant documents and appropriate fees must be submitted. Applicants must be within ninety (90) days of graduation or graduated, and have passed all applicable National Board examinations, ~~prior to taking the Board examination.~~ Applications must include:

(1) Pre-professional education transcript. A certified copy of the applicant's transcript from an accredited pre-professional college. An applicant's transcript must indicate two years (60 semester hours) toward a degree from a college or university accredited by the Southern Association of Colleges and Schools or an accrediting agency of equal status and recognition.

(2) Chiropractic college transcript. A certified copy of the applicant's transcript from a chiropractic college accredited by or has recognized candidate status with the Council of Chiropractic Education or with the Commission on Accreditation of the Straight Chiropractic Academic Standards Association or meets equivalent standards. Students who are within ninety (90) days of graduation may submit an attested letter from the chiropractic college establishing estimated date of graduation.

(3) National Board of Chiropractic Examiners scores. Applicants must have completed and passed all required parts of the National Board examinations prior to application for the South Carolina

examination. ~~Examination results must be received thirty (30) days prior to the administration of the South Carolina examination.~~

(a) Graduates from Chiropractic College prior to July 1, 1987, must have passed Parts I and II and/or passed an practical examination approved by the Board, such as the Special Purpose Examination for Chiropractic (SPEC) or Part IV.

(b) Graduates from Chiropractic College on or after July 1, 1987, but before January 1, 1997, must have passed Parts I, II and III and passed a practical examination approved by the Board, such as the Special Purpose Examination for Chiropractic (SPEC) or Part IV.

(c) Applicants graduating from a Chiropractic College on or after January 1, 1997, must have passed Parts I, II, III, and IV with the National Board of Chiropractic Examiners (NBCE) recommended passing score.

(4) South Carolina Board of Chiropractors ~~sic~~ Examiners State Ethics and Jurisprudence Examination. Applicants shall be tested in South Carolina law and ethics and pass with a score of seventy-five percent (75%) or better more. If an applicant fails to achieve a score of seventy-five percent (75%) or better more the applicant may retake the examination within one (1) year. ~~Applicants will be permitted two (2) successive retake examinations.~~

(5) Verification(s) of Licensure. Complete verification of licensure, active or inactive, is required from each state in which the applicant is or has been licensed.

(6) Photographs. Two (2) recent passport-size photographs of the applicant.

(7) ~~Fees. A payment to cover all fees. Fee schedule.~~

Licensure fees will be established by the Department in conjunction with the Board and adjudicated in accordance with Sections 40-9-50 and 40-1-50(D).

B. Denial of application. An application may be denied if the applicant has committed any act which indicates that the applicant does not possess the character and fitness to practice chiropractic, including any act that would be grounds for disciplinary action against a licensed chiropractor.

25-3. Licensure by Endorsement.

A license may be granted for applicants who meet the following requirements:

A. Applicant must have practiced for one (1) continuous year immediately preceding application to this Board.

B. Applicants who matriculated after July 1, 1987, must meet all National Board examination requirements as set forth in Section 25-2.

C. Applicants who matriculated prior to July 1, 1987, must:

(1) have passed a state examination substantially equivalent to the National Board examinations or passed National Board Parts I and II;

(2) if National Board examination Parts I and II have not been passed, a Waiver form must be completed and submitted from the state in which the applicant was licensed by examination, to include subjects tested and grades.

D. Verification of licensure from every state where a license has been held, active or inactive, current or expired. Verification must be received directly from the respective state board to the South Carolina Board of Chiropractic Examiners.

~~E. Applicant must be tested in take and pass the South Carolina law and Ethics and Jurisprudence Examination and pass with a score of 75% or better more. If applicant fails to achieve a score of 75% or better, the applicant may retake the examination within one (1) year. Failure of the second examination disqualifies the chiropractor for endorsement. The chiropractor must apply for license by examination.~~

F. Applications for endorsement are valid for one year only, and the application must be completed within one (1) year of the initial application date.

25-4. Waiver of Fees and Special Volunteer Licensure Under Special Circumstances.

~~B. A. Special~~ Volunteer License. This license shall be issued for one calendar year, or a part thereof, renewable annually upon approval by the Board. It will limit practice to a specific site(s) and practice setting(s). There will be no licensure or other fees associated with this ~~Special~~ Volunteer License. Requirements for the ~~Special~~ Volunteer License shall be as follows:

(1) satisfactory completion of a ~~Special~~ Volunteer License Application, including documentation of chiropractic school graduation and practice history;

(2) documentation of specific proposed practice location(s);

(3) documentation that applicant has been previously issued an unrestricted license to practice chiropractic in this state or another state of the United States;

(4) documentation that applicant has never been the subject of any disciplinary action in any jurisdiction;

~~(5) documentation that the applicant shall only practice under a supervising chiropractor(s) approved by the Board. Factors the Board shall consider for supervisor approval will include, but not be limited to:~~

~~(a) the training and practice experience of the supervising chiropractor;~~

~~(b) the current nature and extent of the supervising chiropractor's practice;~~

~~(c) the existence of any recent demonstration of the supervising chiropractor's clinical competency; and~~

~~(d) the number of Special Volunteer Licensees the chiropractor proposes to supervise;~~

~~(6) documentation of the name(s) of supervising chiropractor(s) and that such chiropractor(s) has agreed to accept supervisory responsibility. All supervising chiropractors must possess an active, unrestricted permanent license to practice chiropractic in South Carolina. An approved supervising chiropractor must physically be on the premises whenever a Special Volunteer Licensee is practicing chiropractic;~~

~~(7)(5)~~ documentation and acknowledgment that the applicant shall receive no payment or compensation, either direct or indirect, or have any expectation of payment or compensation for chiropractic services rendered. Moreover, the supervising chiropractor shall not receive any compensation or payment as the result of the ~~Special~~ Volunteer Licensee's provision of chiropractic services.

~~A. (6) Waiver of Fees Needy and Indigent Care.~~ The Board shall waive all application, examination and renewal fees for any chiropractor who otherwise meets all permanent licensure requirements if the chiropractor proves, to the satisfaction of the Board, that the chiropractor's practice is to be exclusively and totally devoted to providing chiropractic care to the needy and indigent in South Carolina. To be eligible for the waiver of such fees, a chiropractor must acknowledge that there shall be no expectation of payment or compensation, direct or indirect, monetary or in-kind, for chiropractic or any health services rendered.

B. Emergency License. This license shall be for chiropractors who wish to devote their expertise exclusively to providing chiropractic care to citizens of the State in areas which have been declared by the Governor's office to be in a state of emergency. It will limit practice to a specific site(s) and practice setting(s). There will be no licensure or other fees associated with this Volunteer License. Requirements for the Volunteer License shall be as follows:

(1) satisfactory completion of a Volunteer License Application, including documentation of chiropractic school graduation and practice history;

(2) documentation of specific proposed practice location(s); and

(3) documentation that applicant has a current, unrestricted license to practice chiropractic in this state or another state of the United States;

C. Special Event License. This license shall be issued to chiropractors traveling with a team or organization in this State. They shall be allowed to treat only members of the team or organization with which they are associated during the period in which the team or organization is in this State. The license will limit practice to a specific site(s) and practice setting(s). There will be no licensure or other fees associated with this Volunteer License. Requirements for the Volunteer License shall be as follows:

(1) satisfactory completion of a Volunteer License Application, including documentation of chiropractic school graduation and practice history;

(2) documentation of specific proposed practice location(s); and
(3) documentation that applicant has a current, unrestricted license to practice chiropractic in this state or another state of the United States.

25-5. Professional Practices.

~~A. Renewal Fees. Renewal fees shall be in accordance with Section 40-1-50(D) of the South Carolina Code of Laws, as amended.~~

~~(1) Licenses shall be renewed biennially upon submission of the renewal fee and the Biennial Renewal Form.~~

~~(2) A late fee will be assessed, in addition to the renewal fee, if renewal materials are received within two (2) months after the license renewal deadline date.~~

~~B. Expired Licenses. The right to practice in South Carolina is suspended until the following requirements are met.~~

~~(1) A chiropractor whose license has been expired for less fewer than twelve (12) months may reactivate the license by submitting satisfactory evidence of continuing education, if applicable, payment of the license fee plus the applicable penalty.~~

A. Lapsed or Expired Licenses.

~~(2)-(1) A chiropractor whose license has been expired for more than twelve (12) months but less fewer than three (3) years, may reactivate the license by submitting an Application for Reinstatement, satisfactory evidence of continuing education, if applicable and each year's license fee plus the applicable penalty.~~

~~(3)-(2) A chiropractor whose license has been expired for three (3) years or longer must complete a new application and take and pass the SPEC examination, or meet requirements in effect at the time of the new application.~~

~~C. B. Continuing Education. As a pre-requisite for biennial renewal of a practitioner's license, the licensee must complete a minimum of thirty-six (36) hours of approved professional continuing education, no more than half of which may be online. Of the thirty-six (36) continuing education hours, two (2) hours are required in rules and regulations of the S.C. Board of Chiropractic Examiners (limited to four (4) hours per renewal period) and two (2) hours in risk management which include, but are not limited to, boundary or public health issues.~~

~~(1) Acceptable educational programs or courses are those that are:~~

~~(a) presented and/or sponsored by accredited chiropractic colleges;~~

~~(b) taught by post-graduate level instructors of an accredited college or school approved by the Board; or~~

~~(c) presented and/or sponsored by other individuals or organizations approved by the Board.~~

~~(2) In addition, continuing education may also be granted by:~~

~~(a) administering Part IV of the National Board of Chiropractic Examination may count toward twelve (12) hours of continuing education;~~

~~(b) further, attendance at Federation of Chiropractic Licensing Boards/National Board of Chiropractic Examiners (FCLB/NBCE) meetings may be accepted as twelve (12) hours of continuing education per meeting;~~

~~(c) teaching a course at an accredited college may provide the number of continuing education hours commensurate with the hours earned by the students taking the course;~~

~~(d) out-of-state licensees meeting their home state's continuing education requirements will satisfy the Board's continuing education requirements.~~

~~(e) teaching an approved continuing education seminar, which may provide the number of continuing education hours equal to the number of hours taught in the course limited to eighteen (18) hours per renewal period.~~

~~(2)-(3) Sponsor Requirements. All sponsors seeking approval for educational programs must submit a written request to the Board Administrator at least ninety (90) days prior to the scheduled date of the~~

presentation, be PACE (Providers of Approved Continuing Education)-approved (provided it is within the scope of chiropractic practice), South Carolina Chiropractic Association, Palmetto State Chiropractic Association, or other associations or organizations approved by the Board in its discretion. ~~Each Non-PACE-approved~~ providers shall:

- (a) have a mechanism for the maintenance of records for no ~~less~~-fewer than three (3) years;
- (b) have a method of monitoring and verifying attendance;
- (c) provide each participant adequate documentation of participation in the program to include:
 - (i) name and license number of participant;
 - (ii) name and address of the sponsoring individual(s) or organization;
 - (iii) name of program;
 - (iv) number of hours completed;
 - (v) date and location of program;
 - (vi) authorized signature.

(d) not present sales promotions during the continuing education seminar or presentation. Sales promotions are appropriate by sponsors or instructors outside the seminar or presentation, or outside the room during a seminar or presentation.

~~(3)-(4)~~ Program Approval Requirements. Requests for program approval must include the following information:

- (a) name and address of the sponsoring individual(s) or organization;
- (b) instructors' name and credentials;
- (c) outline of program content;
- (d) the number of actual 60-minute hours of instruction;
- (e) the method of monitoring and certifying attendance;
- (f) location at which the program will be presented;
- (g) the dates on which the program will be presented;
- (h) course approval is valid for two (2) renewal periods.

~~(4)-(5)~~ Program approval will be based on the following criteria:

(a) The program will enhance the practitioner's knowledge and skill in the practice of chiropractic as defined by state law.

(b) The instructors are sufficiently qualified in the field of instruction either by practical or academic experience or both.

(c) The program will be held in a suitable setting, conducive to learning.

(d) Adequate monitoring or certifying measures are provided.

~~(5)-(6)~~ Practice-building subject matter (administration, finance, etc.) will not be approved for license renewal.

~~(6)-(7)~~ Comprehensive Approval. A comprehensive approval allows the provider or sponsor to submit an application indicating all course offerings for a given calendar year. Requests for a comprehensive approval may be submitted to the Board office ~~on an annual basis~~ at least ninety (90) days prior to the beginning of each year or ninety (90) days prior to the beginning of a scheduled program. Providers and sponsors shall be responsible for ~~annual~~-renewal approval.

~~D.-C.~~ Retention and Audit. Licensees must maintain copies of attendance certificates for ~~three~~-four (4) years from the last renewal date. The Board may conduct random audits of licensees on an annual or biennial basis to certify compliance with continuing education requirements.

~~E.-D.~~ Waiver During Period of Temporary Medical Disability. The Board reserves the right to waive continuing education requirements for individual cases involving extraordinary hardship or incapacitating illness. A licensee may be eligible for waiver or extension who, upon written application to the Board and for good cause shown, demonstrates that the applicant is unable to participate in a sufficient number of regular continuing education programs for license renewal.

~~F.-E.~~ Therapeutic Modalities. Usage of therapeutic modalities is permitted only by those chiropractors who have passed the National Board of Chiropractic Examiners' (NBCE). Chiropractors licensed in South

Carolina prior to June 1, 1986, are exempt from this examination. Therapeutic modalities are limited to those modalities within the chiropractic scope of practice.

(1) Permitted Machines. The following machines are approved for use in therapeutic modalities:

- (a) high Frequency Diathermy: Shortwave diathermy, Microwave diathermy, Ultrasound;
- (b) low Frequency Direct current: Low voltage galvanism, High voltage galvanism;
- (c) alternating Current: Sine Wave, Faradic, Transcutaneous Stimulation;
- (d) medium Frequency Current: Interferential;
- (e) combination currents: Ultrasound with sine, Ultrasound with high voltage, Sine with galvanism;

(f) cold laser and intense pulse light (IPL) therapy;

(g)-(f) such other machines as may be approved by the Board, in its discretion.

(2) The following therapy procedures are approved for use in therapeutic modalities:

- (a) heat: hot moist packs, heating pads, infrared, paraffin, ultraviolet;
- (b) cold: cold packs, ice massages, ice therapy;
- (c) hydrotherapy: whirlpool, hubbard tanks;
- (d) nutritional therapies;
- (e) exercise and massage;
- (f) rehabilitation and rehabilitative procedures;
- (g) manipulation under anesthesia.

(3) The following traction therapies are approved for use in therapeutic modalities: cervical, thoracic, lumbar, pelvic, intersegmental.

(4) Use of Diagnostic Equipment and Testing Procedures. A chiropractor may request diagnostic and testing procedures, consistent with all other applicable laws and regulations, and may perform those tests which are consistent with the chiropractic scope of practice as approved by the Board in its discretion.

~~(5) A chiropractor may perform non-invasive EMG testing in order to diagnose and treat conditions within the scope of practice, provided the chiropractor has completed ten (10) hours of instruction offered by a qualified instructor approved by the South Carolina Chiropractic Board of Examiners. Spinal manipulation and musculoskeletal manipulation (MSM) of animals may be performed by a licensed chiropractor.~~

~~G. F.~~ Terms and Definitions.

(1) Accepted terms are Chiropractic Physician, D.C., Chiropractor, Doctor of Chiropractic.

(2) Chiropractors may not refer to themselves as physical therapists or physiotherapists ~~in any fashion.~~

G. Licensees who fail to meet the continuing education requirements will be notified in writing of their deficit, ordered to cease practice, and advised to obtain continuing education. Failure of the continuing education audit results in a lapsed license. After the Board is in receipt of the approved continuing education credits, the Board staff will reinstate the license to active status.

The following sanctions will be imposed:

(1) First Offense: Private Reprimand and \$2000 fine and automatic audit for the next two (2) audit periods; or

(2) Second Offense: Hearing scheduled before the Board.

If evidence is received that the licensee continued to practice after an order to cease and desist from practice, the matter will be scheduled for a hearing before the Board, and the licensee will not be permitted to resume practice pending hearing and until further order of the Board.

H. Manipulation Under Anesthesia (MUA)

(1) For purposes of this regulation, Manipulation Under Anesthesia (MUA) means a manipulation of the spinal column and its immediate articulations by a licensed practitioner (DC, MD or DO) of a patient who is under the administration of anesthesia performed by a physician licensed in this state who is Board certified or Board eligible in anesthesiology by the American Board of Medical Specialties or American Osteopathic Association.

(2) Manipulation under anesthesia (MUA) may be performed by a DC in collaboration with an MD or DO, as long as the MUA is performed in accordance with this regulation. MUA shall be performed by two practitioners (doctor of chiropractic, "DC," and a medical physician, "MD," or doctor of osteopathic medicine, "DO") who constitute the collaborative treatment team and have attained their certificates of training in MUA as described in this regulation. The two MUA practitioners must be in addition to the anesthesiologist. One practitioner must be designated primary practitioner; the second practitioner will serve as the first assistant. Practitioners, including MDs and DOs, performing MUA must be appropriately trained through a course of instruction approved by their respective boards.

(3) The practitioners must have proper training demonstrated by successful completion of a postgraduate educational course approved by their respective boards.

(4) The DC must have proper training demonstrated by successful completion of a postgraduate educational course approved by the Board or which has been approved by a Council on Chiropractic Education (CCE) accredited chiropractic college prior to performing the procedure.

(5) MUA must be performed in an appropriately licensed hospital or ambulatory surgical center or office based surgical facility approved by American Association of Ambulatory Surgery Facilities (AAASF); Accreditation Association for Ambulatory Health Care (AAAHC); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or the Healthcare Facilities Accreditation Program (HFAP), a division of the American Osteopathic Association; or any other agency approved by the South Carolina Board of Medical Examiners in statute or regulation.

(6) The patient must receive a medical evaluation and clearance prior to undergoing MUA. It is the responsibility of the MD or DO to conduct an appropriate medical evaluation regarding the patient's ability to undergo the procedure. A physician licensed and Board certified or Board eligible as a medical specialist in anesthesiology must complete an evaluation of the patient's suitability for undergoing anesthesia in accordance with American Society of Anesthesiologists (ASA) standards of care for Monitored Anesthesia Care (MAC).

(7) It shall be the responsibility of the practitioners (DC, MD or DO) to submit their documentation of appropriate training in MUA to their respective boards in accordance with the established parameters of this regulation.

(8) Patient safety shall be of paramount concern, and shall be regulated by proper training, patients' selection criteria, medical clearance for anesthesia, and by following the standards and protocols for the performance of MUA.

(9) Failure of a practitioner to follow the standard of care contained in this section while performing MUA shall constitute unprofessional conduct.

25-6. Professional Conduct.

A. Unprofessional Acts. The following acts or activities by a licensee of this Board constitute unprofessional, unethical or illegal conduct and grounds for disciplinary action. The following acts are not to be considered all-inclusive and are subject to revisions and additions necessary to carry out the Board's purpose of protecting the health, safety and welfare of the public.

(1) Limitation of Practice. Persons licensed by the Board shall be limited to:

- (a) the care and performance of therapeutic or hygienic treatment of patients;
- (b) the x-ray of patients; and
- (c) such other procedures as are generally used in the practice of chiropractic.

(2) Such other procedures as are generally used in the practice of chiropractic shall be limited to:

- (a) the use of diagnostic and therapeutic procedures;
- (b) the adjustment and manipulation of articulations;
- (c) the treatment of inter-segmental disorders for alleviation of related neurological, muscular, and osseous joint complex aberrations.

(3) Patient care shall be conducted with due regard for environmental, hygiene, sanitation, rehabilitation and physiological therapeutic procedures designed to assist in the restoration and maintenance of neurological and osseous integrity.

(4) Diagnostic or therapeutic procedures shall not include the use of:

- (a) drugs;
- (b) surgery;
- (c) cauterization;
- (d) desiccation or coagulation of tissues;
- (e) rectal examinations;
- (f) gynecological examinations;
- (g) obstetrics;
- (h) catheterization with a needle;
- (i) injecting of dyes for radiological procedures;
- (j) lumbar puncture to obtain spinal fluid;
- (k) treatment of cancer or x-ray therapy.

(5) Fraud or deceit in applying for a license or in taking an examination.

(6) Making misleading, deceptive, untrue or fraudulent representations or communications in the practice of chiropractic.

(7) Unprofessional conduct, gross incompetence, negligence or misconduct in the practice of chiropractic.

(8) Disobedience to a lawful rule or order of the Board.

(9) Practicing while license is suspended or lapsed.

(10) Being convicted of a felony or misdemeanor.

(11) Having a license to practice chiropractic suspended, revoked or refused or receiving other disciplinary actions by the proper chiropractic licensing authority of another state, territory, possession or country.

(12) Being unable to practice chiropractic with reasonable skill and safety to patients by reason of illness, drunkenness, excessive use of drugs, narcotics, chemicals or any other type of material, or as a result of any mental or physical condition. In enforcing this paragraph, the Board shall, upon probable cause, have authority to compel a chiropractor to submit to a mental or physical examination by physicians approved by the Board.

(13) Knowingly aiding, assisting, procuring or advising any unlicensed person to practice chiropractic contrary to this act or regulations of the Board.

(14) Committing immoral or unprofessional conduct. Unprofessional conduct shall include any departure from, or failure to conform to, the standards of acceptable and prevailing chiropractic practice. Actual injury to a patient need not be established.

(15) Improper charges, fraud. Improper charges constitute a form of fraudulent and deceptive practice. Improper charges or fraud may include, but are not limited to: Intentionally submitting to any third-party payor a claim for a service or treatment which was not actually provided to a patient.

(16) Advertising x-ray services restricted. Advertising free x-ray services without explanation of need or otherwise implying indiscriminate use of x-radiation is prohibited.

B. X-ray and Patient Records Release.

(1) A patient or the patient's legal representative has a right to receive a copy of patient records and x-rays, or have the records transferred, upon written request, when accompanied by a written authorization from the patient or patient's representative to release the record and to receive these records within fourteen (14) calendar days of the date of request.

(2) A chiropractor may rely on the representations of a health and life insurance carrier or administrator of health and life insurance claims that the authorization of the patient or of a person upon whose status the patient's claim depends for release of the record is on file with the carrier as an authorization to release medical information.

(3) Unpaid charges incurred by the patient are not grounds for refusal to release records.

(4) A chiropractor may charge reasonable costs for copying patient records not to exceed those found in statute.

C. Closure of or departure from a chiropractic practice.

(1) In accordance with 25-6(F), when departing or closing a chiropractic practice, current and former patients and the board must be notified by written or electronic mail correspondence a minimum of sixty (60) days prior to the closure. The notice must include:

(a) the office closing date;

(b) where records will be stored;

(c) how to obtain records;

(d) a release of information form

(e) deadline for submitting records request; and

(f) information on how to contact a new chiropractor/healthcare provider.

(2) An announcement should be placed in the local newspaper of the closure for a minimum of sixty (60) days prior to the closure.

D. In the event the chiropractor chooses to terminate the relationship with the patient and no longer plans to provide or render professional services, the patient shall be notified in writing by certified mail at his or her last known address and a copy sent to the board administrator. The chiropractor shall offer the patient a referral to seek other care and the ability to obtain his or her records.

~~C.~~ E. Specialty Certification. Practitioners may not advertise or hold themselves out as a specialist or specializing in any activity other than those for which they have received certification for that specialty unless the practitioner is certified from:

(1) a specialty council approved by the American Chiropractic Association or International Chiropractors Association;

(2) a specialty taught by a chiropractic ~~college~~ school accredited by the Council on Chiropractic Education, or its equivalent specialty board or council; or

(3) a specialty approved by the Board.

~~D.~~ F. Chiropractic Records. A practitioner must keep written chiropractic records justifying the course of treatment of the patient for a minimum of ten (10) years for adult patients and at least thirteen (13) years for minors. These minimum record-keeping periods ~~begin to run from on~~ the last date of treatment.

~~E.~~ G. Contagious and Infectious Diseases. In all cases of known or suspected contagious or infectious diseases occurring within this State, the attending practitioner shall report such disease to the county health department within twenty-four (24) hours, stating the name and address of the patient and the nature of the disease.

(1) The Department of Health and Environmental Control shall designate the diseases it considers contagious and infectious.

(2) Any practitioner who fails to comply with this provision is subject to penalties imposed by the appropriate health department.

25-7. Code of Ethics.

A. Doctors of Chiropractic shall be guided by the highest standards of moral conduct. Chiropractors shall exemplify professional qualities in all dealings with patients, the general public and other members of the profession.

B. The Doctor of Chiropractic reserves the option to establish a chiropractor/patient relationship.

(1) A chiropractor/patient relationship requires that the chiropractor make an informed judgment based on training and experience. This will require that the chiropractor:

(a) discuss with the patient the analysis and the evidence for it, and the risks and benefits of various treatment options; and

(b) ensure the availability of the chiropractic coverage for patient follow-up care.

C. The Doctor of Chiropractic owes a duty to maintain the highest degree of skill and care by keeping abreast of all new developments in Chiropractic to improve knowledge and skill in the Science, Art and Philosophy of Chiropractic.

D. A Doctor of Chiropractic holds in confidence all information obtained at any time during the course of the chiropractor/patient relationship except where required by law or to protect the welfare of the patient or community.

E. A chiropractor may not assume to speak for the chiropractic profession ~~on controversial subjects~~. The chiropractor should qualify remarks as a personal opinion and not necessarily that of the profession.

F. The commission of an act of sexual misconduct or sexual relations by a chiropractor with a patient is unprofessional conduct and cause for disciplinary action pursuant to Section 25-6 of this chapter. Sexual misconduct is defined as engaging in, soliciting or otherwise attempting to engage in, any form of sexual relationship, activity or contact with a current patient, or with a former patient who has received a professional consultation, diagnostic service or therapeutic service within the past ninety (90) days.

25-8. Advertising and Solicitation.

A. Professional Standards. Advertising practices by chiropractors should be ethical and professional.

B. For the purpose of this regulation, the terms communication, solicitation or advertisement shall mean any message, written broadcast or offer made by or on behalf of a licensee.

C. Signs, solicitations, or advertisements shall clearly indicate that chiropractic services are being offered.

D. A communication, solicitation or advertisement shall not:

(1) contain a material misrepresentation of fact or law, or omit a fact necessary to make the statement considered as a whole not materially misleading;

(2) create an unjustified expectation about results the chiropractor can achieve, or state or imply that the chiropractor can achieve results that violate the rules of Professional Conduct, the Code of Ethics, or other law;

(3) compare the chiropractor's services with other chiropractors' or practitioners' services, unless the comparison can be factually substantiated;

(4) fail to indicate clearly, expressly or by context, that it is an advertisement;

(5) involve intrusion, coercion, duress, compulsion, intimidation, threats, or harassing conduct, particularly those communications requiring an immediate response such as in-person or live telephone contact;

(6) solicit a prospective patient while transmitted at the scene of an accident or en route to a hospital, emergency care center or other health care facility;

(7) involve the payment, receipt of a commission or other gratuity for referral of patients. The chiropractor must limit the source of his professional income to services actually rendered by him or under his supervision, to his patients.

E. Every licensee shall display prominently in the licensee's office the word chiropractor or D.C.

25-9. Disciplinary Actions and Procedures.

A. Complaint; Determination of Just Cause. Any action of the Board shall commence only after the Board receives a written complaint ~~of misconduct~~. If the Board determines, after a preliminary investigation, the facts are not sufficient to support an alleged violation, the Complainant will be notified, and the complaint dismissed.

(1) Initial complaints regarding alleged professional misconduct that involve what may be determined to be an imminent threat to the public, incorporating a finding to that effect in an order, may require the issuance of a temporary suspension order. A temporary suspension order may be issued without a prior hearing being afforded to the licensee, in which event the licensee may request by the close of the next business day after receipt of the order a review by an administrative hearing officer. The

fact of suspension or restriction of a license, and the fact of any subsequent related action, is public information under the Freedom of Information Act after issuance of an order, unless a review by the administrative hearing officer has been timely requested in writing. Filing a written request for a review by the administrative hearing officer does not stay the temporary suspension and no stay may be issued; however, the fact of the issuance of the temporary suspension order must not be made public until the time for requesting a review has passed or the administrative hearing officer issues an order after a review hearing. Upon proper written request, a review hearing must be held by the administrative hearing officer within three business days of the filing of the request for review, unless otherwise agreed by the parties. If the issuance of the temporary suspension order is not sustained by the administrative hearing officer, the matter must remain confidential and must not be made public, except to the extent the Board considers it relevant to the final decision of the Board.

B. Formal Complaint and Board Hearing. If the Board determines sufficient facts exist to support an alleged violation, disciplinary action will proceed as follows:

(1) The Office of General Counsel shall provide thirty (30) days' notice to the Complainant and the Respondent and schedule a hearing before the Board.

(2) The General Counsel's office shall present the case for the Complainant before the Board.

(3) The Respondent and counsel shall have the right to appear before the Board at such hearing, submit briefs and be heard in oral argument.

(4) Thereafter, the Board will file a final certified report of its findings of fact, conclusions of law and disciplinary action to be taken.

(5) The Board will notify the Complainant and the Respondent of such action.

(6) A decision by the Board to revoke, suspend or otherwise restrict a license, or to limit or otherwise discipline a licensee, shall require a majority vote by the Board.

(7) A decision by the Board to revoke, suspend or otherwise restrict a license or to limit or otherwise discipline a licensee, or one who is found to be practicing chiropractic in noncompliance with this chapter shall not become effective until the tenth (10) day following the date of delivery to the Respondent of a written copy of the decision. The Board's decision will constitute a final administrative decision.

C. Appeal of Decision. The Board's final administrative decision shall be subject to appeal to the Administrative Law Court. The Respondent shall serve notice of the appeal upon the Board within thirty (30) days from the delivery date of the Board's decision to the Respondent. Service of a petition for a review of the decision shall stay the Board's decision pending completion of the appellate process.

D. Proceedings Confidential Until Filed. As authorized by Sections 40-9-97 and 30-4-70, S. C. Code of Laws 1976, unless and until otherwise ordered by this Board, all proceedings and documents relating to complaints and hearings thereon and to proceedings in connection therewith shall be confidential, unless the Respondent shall in writing request that they be public. The Administrator of the Board shall keep secure in the Board's offices all written records and documents pertaining to disciplinary procedures.

Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions.

Statement of Rationale:

These regulations are updated in conformance with the current Chiropractic Practice Act.

Physician Assistant Committee Meeting Recommendations

Held October 5, 2012 at LLR 110 Centerview Drive Columbia, SC 29210 at 2:00 PM

The committee members participating were as follows: Keith Stewart, P.A., of Marion, SC; Martha Green, P.A., of Summerville, SC; Sean Irvin, P.A., of Travelers Rest, SC; Dr. Hueston, M.D., of Mt. Pleasant, SC; Dr. Jack Scheuer, Jr., MD of Camden SC; and Stacey Day of Columbia SC. Staff participating included: Bruce Duke, Administrator; Sheridan Spoon, Legal Counsel; Ieshia Watson, Administrative Assistant; Kathy Burgess, Administrative Assistant.

The meeting was called to order at 2:02 pm with a quorum of committee members. Committee members were distributed an agenda and minutes from the July 27, 2012 meeting. It was noticed that LLR announced the meeting through all the proper channels.

Minutes/recommendations from July 27, 2012 meeting were approved as written without concern.

Recommendations and Requests for Committee Opinion

Applicant Appearances:

1. Glenn Lysack, PA, appeared before the committee to answer questions regarding “yes” answer to question #1 on his application, “Has your physician assistant certificate/license ever been revoked, suspended, reprimanded, restricted or placed on probation by any licensing board or any other entity?” Mr. Lysack explained he entered into a Consent Agreement with the Florida Board of Medicine for prescribing a controlled substance without authorization from his supervising physician. Mr. Lysack received a letter of concern, a fine of \$2,500.00, reimbursement of costs for \$684.06 and a Laws and Rules Course. Mr. Lysack has completed all requirements imposed by the Florida Board and continues to have an active license in the state of Florida.

After discussion the committee decided to approve licensure without conditions.

2. Jennifer D’Antoni, PA and her supervising physician, Dr. Constance Casebolt appeared before the committee to explain “yes” answers to question #12 “Have you ever discontinued practicing as a physician assistant for any reason for one month or more?” and question #15 “Have you ever been known by any other name or surname?” Ms. D’Antoni was named in a malpractice suit, but was dismissed from the case. Ms. D’Antoni’s maiden name was Jennifer Catherine Grasha. Ms. D’Antoni also explained she has only worked for one year as a Physician Assistant and then placed her Physician Assistant license on inactive status after accepting a job as a Pharmaceutical Representative. While on inactive

status, she kept her NCCPA current and wishes to reactivate her license at this time.

After discussion the committee decided to grant licensure with the condition that Ms. D'Antoni have one hundred percent supervision for the first six months of licensure by her supervising physician or alternate physician. The Committee has also required that a new scope of practice be submitted.

3. Gregory Schaller, PA appeared before the committee to ask for an exception to the seventy five percent rule regarding supervision. Mr. Schaller's supervising physician submitted a letter to request the Board to approve Mr. Schaller to practice at a correctional facility with limited supervision. Mr. Schaller has ten years experience with correctional facilities in Texas and has submitted all required licensure documentation. Mr. Schaller has requested the board approve his licensure with twenty percent supervision due to the fact the Correctional facility will not have medical care and has not been able to hire a medical physician.

After discussion, the committee approved the request without condition.

Scope of Practice Guidelines:

Scope of Practice Guidelines approved by Mr. Harold Harvey, PA.

After review it was decided to approve all 2 Scopes that have been reviewed and approved by Mr. Harold Harvey.

Scope of Practice Guidelines approved by Keith Stewart, PA.

After review it was decided to approve all 13 Scopes that have been reviewed and approved by Keith Stewart, PA.

Scope of Practice Guidelines approved by Martha Green, PA.

After review it was decided to approve all 11 Scopes that have been reviewed and approved by Martha Green, P.A.

Scope of Practice Guidelines approved by Lisa Sand, PA.

After review it was decided to approve all 6 Scopes that have been reviewed and approved by Lisa Sand, PA.

Scope of Practice Guidelines approved by Stephen Gardner, MD.

After review it was decided to approve 1 Scope that has been reviewed and approved by Stephen Gardner, M.D.

Scope of Practice Guidelines approved by William Hueston, MD.

After review it was decided to approve all 11 Scopes that have been reviewed and approved by William Hueston, MD.

Scope of Practice Guidelines approved by Jack Scheuer, MD.

After review it was decided to approve all 4 Scopes that have been reviewed and approved by Jack Scheuer, MD.

Scope of Practice Guidelines approved by Robert Ball, MD.

After review it was decided to approve all 4 Scopes that have been reviewed and approved by Robert Ball, MD.

Scope of Practice Guidelines approved by Sean Irvin, PA.

After review it was decided to approve all 3 Scopes that have been reviewed and approved by Sean Irvin, PA.

Additional Task Request:

1. James Lucas, P.A. and his supervising physician, Dr. Scott M Sweazy requested an additional task for monitoring of extracorporeal shockwave lithotripsy procedures.

After discussion, it was decided more information would be needed and no action be taken at this time. Motion carried.

Temporary to Permanent Applicants:

After review of Temporary licenses the committee approved all 59 applicants to have permanent licensure.

	<u>Name</u>	<u>Supervising Physician</u>	<u>Interviewing Bd. Member</u>
1)	Steven Wood, PA	Dr. John Baugh	Dr. Jeff Welsh
2)	Linda Walker, PA	Dr. Andrey Ilyasov	Dr. Timothy Kowalski
3)	Matthew Carroll, PA	Dr. Luke Baxley	Dr. Robert Ball
4)	Kimberly Dunbar, PA	Dr. CP Dunbar	Dr. Jeff Welsh
5)	Zachary Sutton, PA	Dr. Joachim Hertel	Dr. Stephen Gardner

6)	Lara Hoshko, PA	Dr. Celia Thomas	Dr. Stephen Gardner
7)	Ashley Moody, PA	Dr. Deborah Wheeler	Dr. Sompong Kraikit
8)	Suzanne Livengood, PA	Dr. Charles Mitchell Jr.	Dr. Robert Ball
9)	Kathryn McFadden, PA	Dr. Jocelyn Renfrow	Dr. John deHoll
10)	Kelly Caggiano, PA	Dr. Geoffrey Gray	Dr. Robert Ball
11)	James Romine, PA	Dr. Frank Armocida	Dr. Stephen Gardner
12)	Kathryn Seitz, PA	Dr. Rajesh Kedar	Dr. James Hubbard
13)	Elaine Smith, PA	Dr. Sushil Singhi	Dr. James Hubbard
14)	Allyson Naylor, PA	Dr. David Palma	Dr. Stephen Gardner
15)	Jordan Lane, PA	Dr. Ranjini Pillai	Dr. Robert Ball
16)	Brooke Webster, PA	Dr. Troy Mitchell	Dr. Timothy Kowalski
17)	Susan Cutter, PA	Dr. Elizabeth Kline	Dr. Louis Costa, II
18)	Emily Baise-Shuman, PA	Dr. Susan Hackman-Quinty	Dr. Louis Costa, II
19)	Nilaphone Homsombath, PA	Dr. Brett Cannon	Dr. James Hubbard
20)	Lindsay Tayloe, PA	Dr. Mudunuri Raju	Dr. Timothy Kowalski
21)	Kathleen Graves, PA	Dr. Kenneth Chavin	Dr. Robert Ball
22)	Matthew Erickson, PA	Dr. Eleanor Jenkins-Alford	Dr. Robert Ball
23)	Mark Sink, PA	Dr. Brett Cannon	Dr. Jeff Welsh
24)	Thomas Eppley, PA	Dr. P. Douglas DeHoll	Dr. Jeff Welsh
25)	Carol Martin-Hicks, PA	Dr. Eric Bour	Dr. Stephen Gardner
26)	John Ulmer, PA	Dr. Elizabeth Dickinson	Dr. Robert Turner
27)	Candace Brown, PA	Dr. Larry Berglind	Dr. Stephen Gardner
28)	Marylee Jackson, PA	Dr. Eric Bour	n/a
29)	Virginia Wilson, PA	Dr. Rebecca Martin	n/a
30)	Gregory Chambers, PA	Dr. Deborah Chambers	Dr. Robert Ball
31)	Laura Vaughn, PA	Dr. Michael Miller	Dr. James Hubbard
32)	Rebecca Smith, PA	Dr. Einar Lurix	Dr. Stephen Gardner
33)	Bryan Loskill, PA	Dr. Nirlep Patel	Dr. Robert Turner
34)	Felicia DeNittis, PA	Dr. Gerald Congdon	Dr. Robert Ball
35)	Carole Michalak, PA	Dr. Raymond Allen	Dr. Robert Ball
36)	Carole Michalak, PA	Dr. Stuart Owens	Dr. Robert Ball
37)	David Hart, PA	Dr. Theodosios Patras	n/a
38)	Joanna Harvey, PA	Dr. Gene Saylor	Dr. Robert Ball
39)	Nick Evangelista, PA	Dr. George Sutherland	Dr. Robert Ball
40)	Dana Miller, PA	Dr. William Kanich	Dr. Robert Ball
41)	Shakisha Redmond, PA	Dr. Darlly Moore Bernardo	Dr. Stephen Gardner
42)	Amanda Kessler, PA	Dr. Paul Zorch	Dr. Louis Costa, II
43)	Patrick Penland, PA	Dr. Helen Stockinger	Dr. Timothy Kowalski
44)	Donna Mayo, PA	Dr. Lacey McNeely	Dr. Jeff Welsh
45)	Katrina McKay, PA	Dr. Lacey McNeely	Dr. Jeff Welsh
46)	Rita Brown, PA	Dr. Deepak Shah	Dr. James Hubbard
47)	Sanford Hardin, PA	Dr. Thaddeus Golden	Dr. Robert Turner
48)	Ashley Stover, PA	Dr. William Gerard	Dr. Jim Chow
49)	Lauren Shuler, PA	Dr. William James, III	Dr. Jim Chow
50)	Kylie Stott, PA	Dr. Jeffrey Buncher	Dr. Louis Costa, II
51)	Jennifer Meassick, PA	Dr. John Glaser	Dr. Louis Costa, II

52)	Heather Wolf, PA	Dr. Eleanor Sahn	Dr. Robert Ball
53)	Anthony Poole, PA	Dr. Gregory Cain	Dr. Jeff Welsh
54)	Jodi Lackey, PA	Dr. David Savage	Dr. Stephen Gardner
55)	Brittany Webb, PA	Dr. Anthony Rekito	Dr. James DeHoll
56)	Michael Carr, PA	Dr. Alexander Drew	Dr. Robert Turner
57)	Carlee Groomes, PA	Dr. Dwight Jacobus	Dr. Timothy Kowalski
58)	Brittany Wolfe, PA	Dr. Robert Sullivan	Dr. James Hubbard
59)	Colleen Watkins, PA	Dr. Arthur LaBruce	Dr. Louis Costa, II

Discussion on PA Committee Vacancy

The Committee held a brief discussion on the Physician Assistant Committee Member vacancy and they are looking for suitable candidates to present to the Board.

Discussion of supervising requirements for free medical clinics:

The Committee held a brief discussion on the letter sent by Erin Stewart regarding the supervisory rule for Free Clinics. Ms. Stewart requests an exception to the supervisory requirement to reflect that of a satellite clinic 20/80 for Free Clinics. The Committee recommends the Board make an exception to the rule and grant the request.

Discussion on conducting criminal background checks for PA's:

The Committee held a brief discussion on conduction background checks for PA's. The Committee decided to require a background check for new applicants applying for licensure beginning January 1, 2013.

Discussion/update on standardized scopes:

The Committee held a brief discussion on providing a standardized scope for the licensing process. Ms. Green and Mr. Stewart are working on a standardized scope that will eliminate confusion for Physician Assistants submitting a scope for licensure.

Chair discussion:

Ms. Green made a motion to adjourn at 4:23 pm. Dr. Hueston seconded the motion.

The next meeting is scheduled for January 4, 2013 at 2:00 P.M.