

**FULL BOARD MEETING MINUTES**  
of the  
**BOARD OF MEDICAL EXAMINERS**  
301 S. Park Ave, 4<sup>th</sup> Floor, Helena MT  
9:30 a.m. to 5:30 p.m.  
March 21, 2014

**1. Call To Order - Establish Quorum (00:10)**

**Board Members Present:**

Dr. Mary Anne Guggenheim (Chair), Dr. Kris Spanjian, Mr. Charles Farmer, Dr. Nathan Thomas, Ms. Tanja Brekke, Dr. Bruce Hayward, Ms. Carole Erickson, Ms. Patricia Bollinger, Dr. James Feist, Dr. Jim Upchurch (by telephone), Prof. Ana Diaz, Mr. Don Sullivan, Dr. Anna Earl (by telephone), Mr. Dwight Thompson

**Board Members Absent:**

None

**Staff Members Present:**

Mr. Ian Marquand - Executive Officer  
Anne O'Leary, Esq. - Board Counsel  
Ms. L'Joy Griebenow – Board Management  
Dr. Harry Sibold – State Medical Director (by telephone)  
Mr. Ken Threet – EMT Training Coordinator  
Ms. LaVelle Potter – Compliance Officer

**Guests Present (in person):**

Mr. Mike Ramirez, Dr. David Healow, Mr. Joshua Hilden, Mrs. Amelia Hilden, Mr. Jim DeTienne, Dr. Robert Remington, Mrs. Stephanie Remington, Mr. Matt Kuntz, Ms. Shirley Shipp, Mr. Owen Shipp, Ms. Wendy Field, Mr. Lester Pannetier, Kenneth Lay, Esq.

**Guests Present (by telephone):**

Dr. Tim Ochoa, Dr. Jim Bryant, Dr. George Griffin, Ms. Catherine Coutray, Ms. Allison Carter

**2. Approval of Agenda Order (3:21)**

- a. March 21, 2014 Agenda

**MOTION: Dr. Spanjian moved to approve [the March 21, 2014 agenda]; Prof. Diaz seconded the motion. Motion passed unanimously. (3:51)**

**3. Review and Approve Minutes (4:14)**

- a. January 17, 2014 Open Session

**MOTION: Ms. Erickson moved to approve the January 17, 2014 open board minutes as amended; Ms. Brekke seconded the motion. Motion passed unanimously. (5:29)**

- b. January 17, 2014 Executive Session

**MOTION: Ms. Bollinger moved to approve the January 17, 2014 minutes as amended; Dr. Thomas seconded the motion. Motion passed unanimously. (6:06)**

**4. Public Opportunity to Comment (6:48)**

The Presiding Officer read the statement of public participation and opened the meeting for public comment. Mr. DeTienne commented about the Helmsley Trust Foundation launching of the STEMI system and the EMS licensing interstate compact. Mr. Kuntz remarked about and provided an additional copy of a letter from the

## 5. Compliance Report (12:45)

### a. Screening Panel Report

Ms. Potter reported on the results from the morning screening panel meeting. The panel reviewed four complaints: one complaint was dismissed without prejudice and three complaints were tabled. This was for information only; no Board action was taken.

## 6. Board Action

### a. Correspondence and Reports (13:11)

#### i. E-mails re: Physician use of C-Arm

Mr. Marquand led the discussion.

**MOTION: Dr. Hayward moved [to direct staff] to send a letter to Ms. Larson stating [that the board does not dictate the parameters of medical practice by physicians] and that should there be specific concerns the avenue of a specific complaint is always available; Dr. Spanjian seconded the motion. Motion passed unanimously. (17:35)**

#### ii. E-mail from Nanette Gilbertson re Opternative (18:52)

Mr. Marquand led the discussion.

**MOTION: Ms. Bollinger moved to respond to Ms. Gilbertson to inform her that the Board will be forwarding the information to the Board of Optometry; Dr. Feist seconded the motion. Motion passed unanimously. (21:38)**

#### iii. E-mail from Patrick Grimm re: Prescription Drugs (22:21)

Mr. Marquand led the discussion.

**MOTION: Dr. Spanjian moved to send Mr. Grimm a letter saying that this is probably more pertinent to the Board of Pharmacy and to thank [him for his correspondence]; Prof. Diaz seconded the motion. (24:53) Discussion ensued. Motion passed unanimously. (26:12)**

#### iv. Letter from Dr. John Edmiston re: Pain (27:08)

Ms. Bollinger led the discussion.

**MOTION: Dr. Spanjian moved to write Dr. Edmiston a thank you letter and the Board appreciates his concern; Prof. Diaz seconded the motion. (29:26) Discussion ensued.**

Dr. Spanjian accepted a friendly amendment:

**MOTION: Dr. Spanjian moved to send Dr. Edmiston a thank you letter noting that the Board appreciates his concern and that the Board does not engage in making public statements or pronouncements on any aspect of the practice of medicine nor does it require any special education of physicians beyond what is required for licensing; Prof. Diaz seconded the motion. Motion passed unanimously. (30:31)**

#### v. MPDR Statistical Reports for January & February (31:50)

Dr. Hayward led the discussion. This was for information purposes only; no Board action was taken.

## b. Non-routine Applications

### i. George Griffin, PHYS (38:58)

Dr. Griffin was present before the Board by telephone. Ms. O'Leary briefly reviewed the Board's involvement to date in connection with Dr. Griffin's application. Dr. Griffin explicitly waived executive session.

**MOTION: Ms. Erickson moved that the Board take no action and let this application expire to avoid having a negative mark in the database against Dr. Griffin; Dr. Feist seconded the motion. Motion passed unanimously. (1:11:34)**

### ii. Catherine Coudray, ACU (1:15:56)

Ms. Coudray was present before the Board by telephone. Ms. O'Leary briefly reviewed the Board's involvement to date in connection with Ms. Coudray's application.

**MOTION: Ms. Brekke move to [grant] a full and unrestricted acupuncturist license for Catherine Coudray; Prof. Diaz seconded the motion. Motion passed unanimously. (1:22:26)**

### iii. Timothy Ochoa, PHYS (1:23:11)

Ms. Ochoa was present before the Board by telephone. Ms. O'Leary briefly reviewed the Board's involvement to date in connection with Dr. Ochoa's application.

**MOTION: Dr. Feist moved to not offer a full and unrestricted physician license. (1:31:19) Motion failed for lack of second.**

\*\*\*\*BREAK\*\*\*\* (1:36:38 - 1:36:51)

### iv. Robert Remington, PHYS (1:38:42)

Dr. Remington was present before the Board in person. Ms. O'Leary briefly reviewed the Board's involvement to date in connection with Dr. Remington's application. For information only; no Board action was taken.

### v. Joshua Hilden, EMT (2:010:58)

Mr. Hilden was present before the Board in person. Ms. O'Leary briefly reviewed the Board's involvement to date in connection with Mr. Hilden's application.

**MOTION: Dr. Thomas moved to [grant to] Mr. Hilden an EMT [ ] fully unrestricted license in Montana; Ms. Bollinger seconded the motion. (2:09:01) Discussion ensued. Motion passed unanimously. (2:10:04)**

## 8. Board Action

### c. Amendments to Statewide ECP Protocols and Endorsements (2:10:42)

Dr. Upchurch led the discussion regarding the new Adrenal Insufficiency (AI) ECP protocol.

**MOTION: Dr. Spanjian moved to approve the protocol on adrenal insufficiency under medical shock protocol as presented; Prof. Diaz seconded the motion. (2:15:10)** Discussion ensued. Dr. Spanjian' accepted a friendly amendment to her motion.

**MOTION: Dr. Spanjian moved to approve the protocol on adrenal insufficiency [together] with an added annotation under the medical shock and trauma protocol referring to the adrenal insufficiency protocol; Prof. Diaz seconded the motion. Motion passed unanimously. (2:15:25)**

**b. Request for Exception to Statewide ECP Protocols (2:17:06)**

- i. Public Hearing and Decision on Request from LifeFlight Network

Dr. Jim Bryan was present before the Board by telephone. Dr. Upchurch led the discussion.

**MOTION: Dr. Upchurch moved to accept the recommendation from the Medical Direction Committee to approve the exception with the understanding that the Medical Direction Committee will continue to monitor the program; Dr. Spanjian seconded the motion.** Dr. Guggenheim asked whether there was any public comment. No public comment made. **Motion passed unanimously. (2:21:27)**

Dr. Guggenheim transitioned the Board meeting into executive session. **(2:23:94)**

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**7. Executive Session (working lunch)**

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Dr. Guggenheim returned the meeting back to open session. **(2:23:43)** A quorum was present.

**8. Board Action (Continued)**

**a. Funding for Professional Assistance Program Contract for FY 2015 (2:23:52)**

Dr. Healow and Mr. Ramirez were before the Board in person. Dr. Guggenheim led the discussion.

**MOTION: Dr. Spanjian moved that the Board appropriate \$258,000 for the [2015] fiscal year or the same amount as this year [for MPAP funding]; Ms. Brekke seconded the motion. (3:04:42)** Discussion ensued. **Motion passed unanimously. (3:05:34)**

**c. Amendments to Statewide ECP Protocols and Endorsements (3:11:25)**

- i. Recommendations from Medical Direction Committee

Dr. Upchurch led the discussion.

**MOTION: Dr. Spanjian moved to accept the protocols with the change that references to "Benadryl" be "diphenhydramine" and "local Medical Director" to "Medical Director"; Ms. Brekke seconded the motion. (3:16:29)** Discussion ensued. **Motion passed unanimously. (3:18:54)**

**b. Request for Exception to Statewide ECP Protocols (2:17:06 and 3:19:04)**

- ii. Petitions for Exception to Protocols (receipt and referral only)

Dr. Upchurch led the discussion.

**MOTION: Ms. Brekke moved that the Board receives the [epinephrine injection exception and cyanide antidote exception] requests and refer them to the Medical Direction Committee; Ms. Erickson seconded the motion. Motion passed unanimously. (3:19:47)**

## **9. Medical Director and EMT Training Officer Reports**

- a. Medical Director Report—Dr. Harry Sibold (3:20:21)

**MOTION: Ms. Brekke moved to accept the Medical Director report; Prof. Diaz seconded the motion. Motion passed. (3:21:40)**

- b. Training Officer Report—Mr. Ken Threet (3:22:03)

**MOTION: Ms. Brekke moved that the Board would endorse any [ECP] who wishes not to move up to a higher designation based on national standards are allowed to stay at the lower [designation]; Ms. Bollinger seconded the motion. Motion passed unanimously. (3:26:19)**

**MOTION: Ms. Bollinger moved that the Board would endorse any ECP who at any time during a licensing period including renewal [wishes to reduce the level of licensure] or renew at the current or lesser level; Prof. Diaz seconded the motion. Motion passed unanimously. (3:25:42 and 3:26:42)**

**MOTION: Dr. Spanjian moved to accept Mr. Threet's report; Ms. Brekke seconded the motion. Motion passed unanimously. (3:27:19)**

## **8. Board Action (Continued)**

- c. Special Presentations (3:28:15)

- i. Genetic Counselors re: Licensure

(No one from Genetic Counselors was present; no presentation was made.)

**\*\*\*\*\*BREAK\*\*\*\*\* (3:28:35 - 3:29:50)**

- d. Rulemaking (3:29:57)

- i. Rules recommendations from Laws and Rules Committee  
ii. SB 139 Review and Statements

**MOTION: Ms. Erickson moved to advance the proposed change to A.R.M. 24.156.606 to rulemaking notice and that the proposal of this amendment will have no impact on small business; Ms. Brekke seconded the motion. Motion passed unanimously. (3:30:59)**

**MOTION: Prof. Diaz moved to [advance the proposed change to A.R.M.] 24.156.1620 [to rulemaking notice] and that [the proposal] will have no impact on small business; Mr. Thompson seconded the motion. Motion passed unanimously. (3:32:45)**

e. Legislation for 2015 (3:35:33)

i. Legislative recommendations from Laws and Rules Committee

**MOTION: Dr. Spanjian moved to approve the recommendation of the Laws and Rules Committee [regarding amendment of MCA 37-2-302]; Ms. Brekke seconded the motion. Motion passed unanimously. (3:41:33)**

**37-3-102. Definitions.** Unless the context requires otherwise, in this chapter, the following definitions apply:

(1) "ACGME" means the American council on graduate medical education.

(42) "Approved internship" means an internship training program of at least 1 year in a ~~hospital program~~ that is either approved for intern training by the American osteopathic association or conforms to the ~~minimum~~ standards for intern training established by the ~~council on medical education of the American medical association~~ American council on graduate medical education or successors. However, the board may, upon investigation, approve any other internship.

(23) "Approved medical school" means a school that either is accredited by the American osteopathic association or conforms to the minimum education standards established by the ~~council on medical education of the American medical association~~ liaison committee on medical education or the world health organization or successors for medical schools ~~that meet standards established by the Board in rules or is equivalent in the sound discretion of the board. The board may, on investigation of the education standards and facilities, approve any medical school, including foreign medical schools.~~

(34) "Approved residency" means a residency training program ~~in a hospital~~ conforming to the ~~minimum~~ standards for residency training established by the ~~council on medical education of the American medical association~~ American council on graduate medical education or successors or approved for residency training by the American osteopathic association.

(45) "Board" means the Montana state board of medical examiners provided for in [2-15-1731](#).

(56) "Department" means the department of labor and industry provided for in Title 2, chapter 15, part 17.

(7) "ECP" means an emergency care provider licensed by the board, including but not limited to an emergency medical responder, emergency medical technician, advanced emergency medical technician or paramedic.

(8) "LCME" means liaison committee on medical education.

(69) "Medical assistant" means an unlicensed allied health care worker who functions under the supervision of a physician or podiatrist in a physician's or podiatrist's office and who performs administrative and clinical tasks.

(710) "Physician" means a person who holds a degree as a doctor of medicine or doctor of osteopathy and who has a valid license to practice medicine or osteopathic medicine in this state.

(811) "Practice of medicine" means the diagnosis, treatment, or correction of or the attempt to or the holding of oneself out as being able to diagnose, treat, or correct human conditions, ailments, diseases, injuries, or infirmities, whether physical or mental, by any means, methods, devices, or instrumentalities. If a person who does not possess a license to practice medicine in this state under this chapter and who is not exempt from the licensing requirements of this chapter performs acts constituting the practice of

medicine, the person is practicing medicine in violation of this chapter.

**MOTION: Dr. Feist moved to approve the recommendation of the Laws and Rules Committee regarding MCA 37-3-102 [with changes discussed today]; Prof. Diaz seconded the motion. Motion passed unanimously. (3:46:08)**

**MOTION: Dr. Spanjian moved to amend the definition of “ECP” definition [in MCA 37-3-102 as discussed today]; Prof. Diaz seconded the motion. Motion passed unanimously. (5:19:39)**

**MOTION: Prof. Diaz moved to accept [MCA] 37-3-103 [recommendations of the Laws and Rules Committee] as [presented]; Ms. Brekke seconded the motion. Discussion ensued. Motion passed unanimously. (3:49:56)**

**MOTION: Dr. Spanjian moved to approve the changes [to MCA 37-3-201 as presented]; Ms. Bollinger seconded the motion. (3:51:44) Discussion ensued. Motion passed unanimously. (3:52:58)**

**37-3-203. Powers and duties.** (1) The board may:

(a) adopt rules necessary or proper to carry out parts 1 through ~~38~~ of this chapter, as well as chapters 6, 13, 20, and 25 of Title 37 and for emergency care providers as set forth in 50-6-203. The rules must be fair, impartial, and nondiscriminatory.

(b) hold hearings and take evidence in matters relating to the exercise and performance of the powers and duties vested in the board;

(c) aid the county attorneys of this state in the enforcement of parts 1 through 3 of this chapter and the prosecution of persons, firms, associations, or corporations charged with violations of parts 1 through 3 of this chapter;

(d) review certifications of disability and determinations of eligibility for a permit to hunt from a vehicle as provided in [87-2-803](#)(11); and

(e) fund additional staff, hired by the department, to administer the provisions of this chapter, by increasing license fees as necessary.

(2) (a) The board shall establish a medical assistance program to assist and rehabilitate licensees who are subject to the jurisdiction of the board and who are found to be physically or mentally impaired by habitual intemperance or the excessive use of addictive drugs, alcohol, or any other drug or substance or by mental illness or chronic physical illness.

(b) The board shall ensure that a licensee who is required or volunteers to participate in the medical assistance program as a condition of continued licensure or reinstatement of licensure must be allowed to enroll in a qualified medical assistance program within this state and may not require a licensee to enroll in a qualified treatment program outside the state unless the board finds that there is no qualified treatment program in this state.

(3) (a) The board shall report annually on the number and types of complaints it has received involving physician practices in providing written certification, as defined in [50-46-302](#), for the use of marijuana for a debilitating medical condition provided for in Title 50, chapter 46. The report must contain:

(i) the number of complaints received by the board pursuant to [37-1-308](#);

(ii) the number of complaints for which a reasonable cause determination was made pursuant to [37-1-307](#);

(iii) the general nature of the complaints;

(iv) the number of investigations conducted into physician practices in providing written certification; and

(v) the number of physicians disciplined by the board for their practices in providing written certification for the use of marijuana for a debilitating medical condition.

(b) Except as provided in subsection (3)(c), the report may not contain individual identifying information regarding the physicians about whom the board received complaints.

(c) For each physician against whom the board takes disciplinary action related to the physician's practices in providing written certification for the use of marijuana for a debilitating medical condition, the report must include:

(i) the name of the physician;

(ii) the general results of the investigation of the physician's practices; and

(iii) the disciplinary action taken against the physician.

(d) The board shall provide the report to the children, families, health, and human services interim committee by August 1 of each year and shall make a copy of the report available on the board's website.

(4) The board may enter into agreements or compacts with other states for the purpose of mutual recognition of licensing standards and licensing of physicians from other states under the terms of a mutual recognition agreement or compact.

**MOTION: Ms. Brekke moved to accept [the recommendation of Laws and Rules Committee re] MCA 37-3-203, striking “of physicians” from [the proposed amended language], and move it forward; Mr. Farmer seconded the motion. Motion passed unanimously. (4:00:14)**

**MOTION: Ms. Erickson moved to request [the Department] to shift [the language regarding ECPs] from Title 50 to Title 37; Prof. Diaz seconded the motion. (4:01:33) Discussion ensued. Motion passed unanimously. (4:03:23)**

**MOTION: Ms. Brekke moved to delete verbiage [from MCA 37-3-204] as recommended [by the Laws and Rules Committee]; Ms. Bollinger seconded the motion. Motion passed unanimously. (4:03:52)**

**MOTION: Dr. Spanjian moved to approve the recommendation of the Laws and Rules Committee regarding amendment of MCA 37-3-211; Prof. Diaz seconded the motion. Motion passed unanimously. (4:03:20)**

**37-3-301. License required -- kinds of licenses.** (1) Before being issued a license, an applicant may not engage in the practice of medicine in this state.

(2) The department may issue ~~four~~ three kinds of licenses under the board's seal, which include a physician's license, ~~a specialized license~~, a ~~temporary resident~~ license, and a telemedicine license issued in accordance with 37-3-341 through 37-3-345 and 37-3-347 through 37-3-349. ~~The physician's license and the specialized license must be signed by the president, but the temporary license may be signed by any board member. The board shall decide which kind of license to issue.~~

(3) A holder of a physician license who is ceasing the practice of medicine may petition the board to be placed on emeritus status. Once granted, the license shall not be used to practice medicine and shall not be eligible for renewal. No fees will be charged for a change to emeritus status or for maintenance of a license under emeritus status.

**MOTION: Ms. Brekke moved to table this. (4:17:05)** Discussion ensued. Motion failed for lack of a second.

**MOTION: Ms. Brekke moved to approve [the changes to the recommendation of the Laws and Rules Committee regarding amendment of MCA 37-3-301] with understanding that at the next [board] meeting will [be] further information and discussion about the telemedicine license; Dr. Hayward seconded the motion. Motion passed unanimously. (4:17:38)**

**MOTION: Ms. Erickson moved to approve the recommendation of the Laws and Rules Committee [regarding amendment of MCA 37-3-303]; Ms. Brekke seconded the motion. Motion passed unanimously. (4:18:38)**

**37-3-305. Qualifications for physician licensure.** (1) ~~Except as provided in subsections (4) and (5), a~~ A person may not shall be granted a physician's license to practice medicine in this state ~~unless if~~ the person:

(a) is of good moral character as determined by the board;

(b) is a graduate of an approved medical school as defined in [37-3-102](#);

(c) has ~~successfully~~ completed an approved residency program ~~of at least 2 years~~ or, for an applicant who graduated from medical school prior to 2000, has had experience or training that ~~in the opinion of~~ as determined by the board is at least the equivalent of an ~~2-year~~ approved residency program;

(d) has passed an examination by any of the following bodies:

i. the national board of medical examiners or successors;

ii. the federation licensing committee or successors;

iii. the national board of examiners for osteopathic physicians and surgeons, incorporated or successors;

iv. the medical council of Canada or successors if the applicant is a graduate of a Canadian medical school that has been approved by the medical council of Canada or successors; or

v. the education council for foreign medical graduates or its successor, if the applicant is a graduate of a foreign medical school outside of the United States and Canada;

(~~e~~) has submitted a completed application with the required non-refundable fee; and

(~~ef~~) is able to communicate, ~~in the opinion of the board,~~ in the English language as determined by the board.

(2) The board may impose additional requirements for licensure in order to protect the health and safety of the public or to enter into an interstate licensing agreement with another state.

(23) The board may authorize the department to issue the license subject to terms of probation or other conditions or limitations set by the board or may refuse a license if the applicant has committed unprofessional conduct or is otherwise unqualified.

~~(3) A person may not be granted a temporary license to practice medicine in this state unless the person:-~~

~~— (a) is of good moral character as determined by the board;-~~

~~—(b) is a graduate of an approved medical school as defined in [37-3-102](#);~~

~~—(c) has successfully completed an approved residency program of at least 2 years or, for an applicant who graduated from medical school prior to 2000, has had experience or training that in the opinion of the board is at least the equivalent of a 2-year approved residency program; and~~

~~—(d) is able, in the opinion of the board, to communicate in the English language.~~

~~—(4) The 2-year minimum requirements in subsections (1)(c) and (3)(c) do not apply to a person who:~~

~~—(a) has completed an approved internship of at least 1 year or in the opinion of the board has had experience or training that is at least the equivalent of a 1-year internship;~~

~~—(b) is a resident in good standing with the Montana family practice residency program; and~~

~~—(c) is seeing patients under the supervision of a physician who possesses a current, unrestricted license to practice medicine in this state.~~

(4) The board may shorten the term of the license from that prescribed in ARM 24.101.413 and establish the terms for license renewal.

~~—(5) The 2-year minimum requirements in subsections (1)(c) and (3)(c) do not apply to a person who:~~

~~—(a) has completed an approved internship of at least 1 year or, in the opinion of the board, has had experience or training that is at least the equivalent of a 1-year internship;~~

~~—(b) is a resident in good standing with a program accredited by the accreditation council for graduate medical education or the American osteopathic association;~~

~~—(c) in the course of an approved rotation of the person's residency program, is seeing patients under the supervision of a physician who possesses a current, unrestricted license to practice medicine in this state;~~

~~—(d) makes application to the department on an approved form; and~~

~~—(e) pays a fee set by the board, as provided in [37-3-308](#).~~

**MOTION: Dr. Spanjian moved to accept the proposed amended language [of MCA 37-3-305, 37-3-306, and 37-3-111 as recommended by the Laws and Rules Committee] with the change on number (4) [of 37-3-305 to now read]; “The board may shorten the term of the license from that prescribed in ARM 24.101.413 and establish the terms for license renewal.”; Ms. Bollinger seconded the motion. Motion passed unanimously. (4:38:01)**

**37-3-307. Qualifications for licensure -- temporary resident license.** (1) The board may authorize the department to issue to ~~an applicant~~ a temporary resident license to practice medicine ~~on the basis of to an applicant who:~~

(a) passing an examination prescribed by the board; is a resident in good standing with a Montana residency program and seeing patients under the supervision of a physician who possesses a current, unrestricted license to practice medicine in this state;  
or

(b) certification of record or other certificate of examination issued to or for the applicant by the national board of medical examiners or successors, by the federation licensing examination committee or successors, by the national board of osteopathic

~~medical examiners or successors, or by the medical council of Canada or successors if the applicant is a graduate of a Canadian medical school that has been approved by the medical council of Canada or successors, certifying that the applicant has passed an examination given by the board; is a resident in good standing with a program accredited by the accreditation council for graduate medical education or the American osteopathic association who in the course of an approved rotation of the person's residency program, is seeing patients under the supervision of a physician who possesses a current, unrestricted license to practice medicine in this state; or~~

~~(c) a valid, unsuspended, and unrevoked license or certificate issued to the applicant on the basis of an examination by an examining board under the laws of another state or territory of the United States or of the District of Columbia or of a foreign country whose licensing standards at the time the license or certificate was issued were essentially equivalent, in the judgment of the board, to those of this state at the time for granting a license to practice medicine; and submits an application to the department on an approved form and submits the fee set by the board, as provided in 37-3-308.~~

~~(d) being a graduate of an approved medical school who has completed 1 year of internship or the equivalent and being of good moral character and good conduct.~~

~~(2) The board may require that graduates of foreign medical schools pass the examination given by the education council for foreign medical graduates or successors. A resident license may not be issued for a period that exceeds 1 year. However, a resident license may be renewed, at the board's discretion, for additional 1 year periods so long as the resident license holder remains in good standing in an approved program.~~

~~(3) A temporary license may be issued to a physician employed by a public institution who is practicing under the direction of a licensed physician. The board may authorize the department to issue a temporary license subject to terms of probation or other conditions or limitations set by the board or may refuse a temporary license to a person who has committed unprofessional conduct. The issuance of a temporary license does not impose any future obligation or duty on the part of the board to grant full licensure or to renew or extend the temporary license. The board may, in the case of an applicant for a temporary license, require a written, oral, or practical examination of the applicant.~~

**MOTION: Mr. Thompson moved to accept the recommendation of the Laws and Rules Committee with respect to MCA 37-3-304 and 37-3-307 as amended today; Dr. Thomas seconded the motion. Motion passed unanimously. (4:43:03)**

**MOTION: Dr. Thomas moved to approve [the recommendation of the Laws and Rules Committee with respect to] MCA 37-3-308; Ms. Brekke seconded the motion. Motion passed unanimously. (4:45:38)**

**MOTION: Dr. Spanjian moved to accept the recommendation of the Laws and Rules Committee with respect to MCA 37-3-312; Prof. Diaz seconded the motion. Motion passed unanimously. (4:46:28)**

**MOTION: Ms. Erickson moved to repeal MCA 37-3-315 [in its entirety, delete "specialized" from list of licenses in MCA 37-3-301, and reduce the number of licenses from four to three in MCA 37-3-301]; Prof. Diaz seconded the motion. Motion passed unanimously. (4:53:44)**

**MOTION: Prof. Diaz moved to accept the [recommendation of the Laws and Rules Committee [with respect] to MCA 37-3-321; Ms. Brekke seconded the motion. Motion passed unanimously. (4:55:43)**

**MOTION: Ms. Brekke moved to accept the [recommendation of the Laws and Rules Committee with respect to] MCA 37-3-323; Ms. Erickson seconded the motion. Motion passed unanimously. (5:02:41)**

**MOTION: Ms. Brekke moved to accept the recommendation of the Laws and Rules Committee with respect to MCA 37-3-327 and 37-3-328; Prof. Diaz seconded the motion. Motion passed unanimously. (5:03:33)**

**MOTION: Ms. Bollinger moved to accept [the recommendation of the Laws and Rules Committee with respect to] MCA 37-3-402; Prof. Diaz seconded the motion. Motion passed unanimously. (5:04:41)**

**MOTION: Ms. Erickson moved to accept the [recommendation of the Laws and Rules Committee with respect to] MCA 37-3-403 - Report of prohibition or limitation on practice by hospital - as the proposed amended statute; Dr. Thomas seconded the motion. Motion passed unanimously. (5:05:59)**

**MOTION: Prof. Diaz moved to accept the [recommendation of the Laws and Rules Committee with respect] to MCA 37-3-802, 37-3-804, 37-3-805, 37-3-806, and 37-3-807; Dr. Feist seconded the motion. Motion passed unanimously. (5:18:52)**

**MOTION: Dr. Thomas moved to [repeal MCA 37-6-304]; Ms. Brekke seconded the motion. Motion passed unanimously. (5:20:54)**

**MOTION: Mr. Thompson moved to adopt MCA 37-3-402 as stated [in the recommendation of the Laws and Rules Committee]; Prof. Diaz seconded the motion. Motion passed unanimously. (5:22:08)**

**f. Scheduling of Next Meeting/Meeting Planning (5:23:16)**

- i. May 15-16, Buck's T-F4 Lodge, Big Sky

This was for information purposes only; no board action was taken.

**g. Approval of Travel (5:34:21)**

**h. Ratification of Final Orders (5:34:26)**

- i. Anna Crain, ACU (Probationary License)

**MOTION: Ms. Brekke moved to [ratify] the stipulation and final order [with respect to] Ms. Anna Crain; Prof. Diaz seconded the motion. Motion passed unanimously. (5:35:09)**

- ii. Mahmaud Shirazi (Default Denial)

**MOTION: Dr. Spanjian moved to [ratify] the final order by default for Dr. Shirazi; Ms. Bollinger seconded the motion. Motion passed unanimously. (5:35:46)**

**10. Executive Officer Report**

**a. Application Report (5:36:17)**

Mr. Marquand led the discussion. This was for information only; no Board action was taken.

**b. Budget Report (5:36:27)**

Mr. Marquand led the discussion. This was for information only; no Board action was taken.

**c. Update on Change Control Requests for Licensing/Renewals (5:37:25)**

Mr. Marquand led the discussion. This was for information only; no Board action was taken.

**d. Newsletter (5:37:46)**

Mr. Marquand led the discussion. This was for information only; no Board action was taken.

**e. 125<sup>th</sup> Anniversary of BOME (5:37:59)**

Mr. Marquand led the discussion. This was for information only; no Board action was taken.

**f. MT Pain Initiative (5:39:55)**

**MOTION: Ms. Bollinger moved that the Board support participation in the Montana Pain Initiative [and a \$500 contribution]; Prof. Diaz seconded the motion. Motion passed unanimously. (5:59:03)**

**11. Legal Report (5:42:14)**

Ms. O'Leary led the discussion. This was for information only; no Board action was taken.

**12. Board Committee, National Committee and Other Reports**

**a. Medical Direction Committee (5:43:26)**

Dr. Upchurch led the discussion. This was for information only; no Board action was taken.

**b. Laws & Rules Committee (5:44:00)**

Dr. Hayward led the discussion. This was for information only; no Board action was taken.

**c. Outreach Committee/Board Liaison (5:44:33)**

Ms. Erickson led the discussion. This was for information only; no Board action was taken.

**d. Acupuncture Committee (5:49:28)**

Ms. Brekke led the discussion. This was for information only; no Board action was taken.

**e. Montana POLST Coalition Report (5:51:53)**

Mr. Marquand and Dr. Sibold led the discussion. This was for information only; no Board action was taken.

**f. FSMB Reports (5:52:29)**

Dr. Guggenheim led the discussion. This was for information only; no Board action was taken.

**13. Adjourn**

**MOTION: Dr. Hayward moved to adjourn; Prof. Diaz seconded the motion. Motion passed unanimously. (5:58:45)**

Motion was adjourned. (5:59:03)