

**BOARD OF MEDICAL EXAMINERS
FULL BOARD MEETING
100 Saint Andrews Drive
DATE: MAY 17-18, 2012
TIME 1:00 PM to CONCLUSION
MINUTES**

AMERICANS WITH DISABILITIES ACT:

The Department of Labor and Industry is committed to providing meeting access through reasonable accommodation under the Americans with Disabilities Act. Please contact the Board office prior to the proposed meeting date for further information.

ITEM # 1: Call to Order and Introductions

Dr. Anna Earl called the meeting to order at 1:07 p.m. Roll call was taken and a quorum was present.

Members Present: Dr. Anna Earl (Chair), Dr. Dean Center, Dr. Kristin Spanjian, Dr. Bruce Hayward, Dr. Nathan Thomas, Ms. Pat Bollinger, Mr. Ryan Burke, Ms. Eileen Sheehy, Dr. Mary Anne Guggenheim, Ms. Tanja Brekke, Ms. Carole Erickson, Ms. Kay Bills-Kazimi and Mr. Dwight Thompson

Members Absent: Dr. James Upchurch

Staff present: Mr. Ian Marquand, Ms. L'Joy Griebenow, Anne O'Leary, Esq., Dr. Harry Sibold, Mr. Ken Threet, Mr. Jack Kane, Mike Fanning, Esq., Mr. Jerry Morse, Mr. Brad Bowers

Guests Present: Mr. Mike Ramirez; Ms. Patricia Murdo; Mr. Patrick Johnson; Ms. Kay Brown; Mr. Don Sullivan; Ms. LaRayne Oltz; Mr. Tafford Oltz; Dr. Ken Crawford; Dr. and Mrs. Dave Gurchieck; Ms. Jean Branscum; Dr. Mark Morasch; Dr. Nunaz Ali; Mr. Evan Baldwin; Ms. Sandra Marston; Mr. Jim DeTienne

ITEM # 2: Approval of Agenda

The Board reviewed the May 17-18, 2012 Agenda.

MOTION: Ms. Carole Erickson made a motion to approve the May 17-18, 2012 agenda as amended; Dr. Kris Spanjian seconded the motion. Motion passed unanimously.

ITEM # 3: Approval of Minutes

The Board reviewed the May 7, 2012 Meeting Minutes.

MOTION: Dr. Bruce Hayward made a motion to approve the May 7, 2012 meeting minutes; Dr. Mary Anne Guggenheim seconded the motion. Motion passed unanimously.

The Board reviewed the May 7, 2012 Executive Session Minutes.

MOTION: Dr. Nate Thomas made a motion to approve the May 7, 2012 executive session minutes; Ms. Pat Bollinger seconded the motion. Motion passed unanimously.

ITEM # 4: Open Forum for Public Comments

Dr. Anna Earl read the Public Comment Statement into the record.

PUBLIC COMMENT STATEMENT:

In accordance with 2-3-103(1), MCA, the Board will hold a public comment period. Please note that Open Forum is the public's opportunity to address the Board on any topic that is not on the agenda for this meeting. While the board cannot take action on the issues presented, the Board will listen to comments and may ask the issue be placed on a subsequent agenda for possible action by the Board. The Chairperson of the board will determine the amount of time allotted for public comment.

Dr. Anna Earl opened the meeting for public comment. There were no comments.

Before continuing with the agenda, all members of the staff present at the meeting were introduced to the Board.

Mr. Don Sullivan introduced himself. He will be the next physician assistant liaison to the Board at the end of Ms. Kay Bills-Kazimi's tenure.

ITEM # 5: Board Outreach and Licensee Education

Mr. Ian Marquand led the discussion. He solicited Board review and input regarding draft brochures prepared by staff corresponding to each of the professions for which the Board licenses.

The Board discussed the brochures and the need for additional informational tools.

Specifically, the Board discussed licensee education regarding the licensing and renewal processes with Board staff. The Board directed staff to develop tools, (e.g., a one-page fact sheet to include with renewal information, having licensees acknowledge an itemized list of responsibilities as mandatory part of online renewal process, etc.) to educate licensees concerning self-responsibility of licensees for timely renewals, prompt notification of address changes, providing e-mail addresses for more timely information dissemination, etc. Ms. Carole Erickson proposed sending a courtesy copy of generic renewal notices to Administrators groups (e.g., Montana Medical Group Management Association (MGMA) and MHA-An Association of Montana Health Care Providers), to improve likelihood of timely renewals by licensees. The Board directed Mr. Marquand to reach out to such groups to give a short presentation as part of Board outreach.

The Board discussed the topic of supervision and delegation agreements and EMT endorsements with staff. The Board directed staff to investigate options during renewal for a) physicians and physician assistants to confirm their respective supervisory/supervision relationships and b) EMTs and medical directors to confirm their respective relationships and services.

Mr. Marquand solicited feedback from the Board regarding newsletter form and substance. The Board discussed this matter, directing him to keep staff time used to prepare the newsletter reduced, and to add links to additional content for the electronic version of the newsletter.

Mr. Marquand mentioned that new signage is needed for stand-up display used at symposium booths, etc.

ITEM # 6: FSMB Annual Conference Report

Dr. Bruce Hayward presented to the Board a gift from the Federation of State Medical Boards (FSMB) which is a commemorative plaque on the occasion of its 100th anniversary to honor “the Montana Board of Medical Examiners as an original charter member of the FSMB serving the public interest and protecting the health of Montana’s citizens”.

Dr. Hayward was the voting delegate to the FSMB annual meeting. Board Executive Director Ian Marquand, Board attorney Anne O’Leary, and Board Program Manager L’Joy Griebenow also attended the meeting.

Dr. Hayward provided a succinct yet thorough presentation on each of the resolutions considered by FSMB delegates; he also provided a summary of some of the topics covered during the conference.

The Board discussed the topic of data-gathering on the state’s licensees. Mr. Marquand indicated that he had been asked about a similar concept during a recent Montana Medical Association (MMA) meeting, and that it will be on the agenda of the June Economic Affairs Interim Committee (EAIC) meeting. Some of the types of data of interest might include (medical) area of practice, board certification, physical locations of practice, percentage of practice devoted to clinical medical practice, etc.

The Board discussed costs and privacy issues associated with data-gathering and workforce management. Minimal data set would be used to identify physicians who require re-entry training or some kind of re-entry training; to identify physicians who should not be doing clinical care because they have not recently been doing clinical care. The Board tasked Board staff to set aside some time on an agenda to discuss this topic further.

Mr. Jack Kane recommended that the Board wait until after the June EAIC meeting to find out exactly what the Committee is looking for, and then perhaps go forward – at BOME cost – to develop interfaces to gather the requested information.

Dr. Mary Anne Guggenheim expressed concern that *locum tenens* individuals would artificially inflate the workforce data set.

Mr. Marquand reported on discussion at the FSMB meeting concerning national telemedicine licensing, including legislation seeking to create a single national license for telemedicine practitioners. It was observed that one downside to such a license would be a bypassing of a state’s licensing process. Ms. O’Leary noted that

one relevant break-out session at the FSMB meeting addressed the legal issues of such a national license, namely, no opportunity by states to review qualifications and no right by states to enforce the license (i.e., personal jurisdictional and commerce clause issues). Mr. Marquand stated that the Board likely will be asked by FSMB to communicate with Sen. Max Baucus and other Montana political leaders on the subject of national licensing.

Ms. Griebenow reported on the public members break-out session at the FSMB meeting, the graduate medical education session, the interactive improvements in the USMLE, and international testing.

At this point the Board took a 10 minute break.

ITEM # 7: Licensing Process

Mr. Ian Marquand outlined a letter from the Economic Affairs Interim Committee (EAIC) directed to Dr. Earl and one to the Business Standards Division (BSD) requesting BSD to gather and present a considerable amount of information. He noted that timeliness is a big concern of the Committee, and conveyed the Committee's interest in wanting to be able to have individuals able to access the application process to identify what is still missing to help expedite applications. He also mentioned the Committee's interest in the Board's reasoning for not issuing temporary practice permits especially to *locum tenens* doctors.

Mr. Jerry Morse and Mr. Brad Bowers (licensing specialists) joined the discussion with the Board to explain the licensing process. The Board requested their opinions on how the application process could be improved upon. Mr. Bowers noted that it usually takes 8-12 weeks average to get the applications processed; most of that time is waiting for applicants to get information submitted to Board staff. Other delays include:

- FSMB's Uniform Application (UA) process. This process takes longer than when applicants print out and submit the .pdf Montana application form.
- Medical education and post-graduate education verification paperwork. Such primary source verification typically takes a long time to receive from the schools.
- The FCVS verification service. It often takes longer for FCVS to verify than for the applicant to fill out the paperwork and get it to the corresponding primary source facilities.

Mr. Marquand presented a list of improvements identified by staff as possible opportunities to streamline the licensing process. The Board discussed these improvements in detail with staff.

Dr. Spanjian reported some questions from St. Vincent's staffing with respect to the licensing process:

- Why does the Board not accept credit card payment for applications? Board staff replied that credit card payment for applications is currently being developed and should be in place soon.
- Why won't the Board accept electronic or fax as primary source verification? Other states do accept that. Mr. Jack Kane replied that he anticipates Board staff should be able to receive original source encrypted in the future, which will address the current concern as to receipt of original (as opposed to potentially falsified) information, etc.
- Why is there no opportunity for medical staff offices to check on an application while it is being processed? The offices are seeking a checklist of what is missing. Board staff replied that this request is already on a wish list provided to IT, however, they stressed that such information must be only for applicants or individuals with signed release from applicants.

The Board discussed the need for character references, and carefully considered various options of additional information to establish good moral character.

MOTION: Dr. Mary Anne Guggenheim made a motion directing Board staff to eliminate the application requirement of written character references for all Board license applicants; Ms. Eileen Sheehy seconded the motion. Motion passed unanimously.

The Board discussed with staff potential time-savers for reducing licensing time. The Board directed staff to modify the application checklist (instruction sheet) to remind applicants that it is the applicants' responsibility - and in applicants' interest of speedier application processing - to remain actively involved to ensure that items requested of third parties are timely received by Board staff.

The Board and staff discussed the idea of temporary licensing in view of the fact that a license for a temporary physician mandates the same level of scrutiny and requirements as a regular applicant. The Board's and staff's responsibility to protect the public and increased review of applications by Board were discussed. Moreover, it seems that facilities that are desperate to get individuals on staff seem to more frequently select individuals that have issues that cause their application to be non-routine.

The Board discussed the reorganization with staff, including how it might affect the speed with which applications might be processed and who would be processing them. Mr. Kane answered the Board's questions regarding the adequacy of staffing and especially the sharing of the staff which will occur as a result of the impending division reorganization. He also emphasized that the reorganization will result in a more task-oriented division instead of a Board ("silo") organized division.

Dr. Earl has been asked to appear at EAIC June 11 meeting – would prefer to attend by SKYPE, with Carol Erickson and Dr. Guggenheim present in person. Ms. Pat Murdo offered to clarify whether Ms. Erickson may appear, and whether Dr. Earl may appear by SKYPE.

Item #8: Physician Re-Entry

Dr. Mary Anne Guggenheim offered to withdraw the physician re-entry topic for now, and to reintroduce the topic onto an agenda for a future meeting. she expressed the opinion that the re-entry and re-training issues so conveniently merge with MOL (maintenance of licensure), that both topics should more appropriately be considered together.

MOTION: Dr. Kris Spanjian made a motion to recess until 9:00 AM Friday, May 18, 2012; Dr. Nathan Thomas seconded the motion. Motion passed unanimously.

The Board took a scheduled break at this time until 9:00 AM Friday May 18, 2012.

The meeting resumed, as scheduled, at 9:00 AM Friday May 18, 2012. Roll call was taken and a quorum was present.

Before the Board continued with its business, a presentation was made by Mr. Ian Marquand on behalf of the Board and staff. Specifically, a plaque was given to Ms. Kay Bills-Kazimi, the representative of the Montana Academy of Physician Assistants "with gratitude for outstanding service" and in recognition of her service to the Board.

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ITEM # 9: Compliance Report

Ms. LaVelle Potter reported on the results from the morning screening panel meeting. She stated that the panel reviewed 6 cases, with the following dispositions:

2012-MED-LIC-396 Tabled for six months to allow licensee to activate NREMT registration

2012-MED-LIC-054 Tabled and referred to MPAP

2012-MED-LIC-242 Noticed for disciplinary action

2012-MED-LIC-392 Dismissed with prejudice

2012-MED-LIC-395 Tabled

2012-MED-LIC-398 Dismissed without prejudice

ITEM # 10: Department Update

Mr. Jack Kane continued the reorganization discussion from yesterday, noting that he anticipates the reorganization to be complete sometime in October. He reiterated that the reorganization involves a dynamic process. He also explained aspects of the reorganization structure regarding the differences among the administrative specialists (e.g., executive director, program manager) and licensing specialists, explained pay bands, and reported on upcoming rehearsals, etc.

He reported that the Governor's office recently met with chairmen or representatives of various boards in the Budget Office regarding the budget process; the representative from the Board was Ms. Pat Bollinger. Governor's Chief of Staff as well as the Budget Director discussed the budgeting process, authority vs. cash, and other topics. Mr. Kane mentioned that a different budget presentation is being developed to present to all of the boards, which he hopes will be more explanatory.

Mr. Kane relayed division IT's replies with respect to input and questions from yesterday's portion of the meeting.

The Board discussed the renewal process. Dr. Earl and Mr. Thompson volunteered to review renewal process FAQs for PAs and physicians.

ITEM # 11: Non-Routine Applications

A. Mark Morasch, MD

Dr. Morasch was present for the meeting by telephone. He was before the Board because he number of malpractice incidents, two of which are still pending, as well as concern of the Board that he has not been recently clinically active. His representations in his application were significantly inconsistent with representations of his employers. The Board reviewed and discussed these issues and the license application with Dr. Morasch.

MOTION: Dr. Mary Anne Guggenheim made a motion to grant Dr. Morasch a full and unrestricted physician license; Mr. Dwight Thompson seconded the motion. Motion passed unanimously.

B. Nauroz Ali, MD

Dr. Ali was present for the meeting by telephone. He was before the Board because he was placed on probation in residency, was on academic probation, was on probation for training issues, and one malpractice case (dismissed). He satisfactorily completed all remediation. The Board reviewed and discussed these issues and the license application with Dr. Ali.

MOTION: Dr. Bruce Hayward made a motion to grant Dr. Ali a full and unrestricted physician license; Dr. Mary Anne Guggenheim seconded the motion. Motion passed unanimously.

C. Evan Baldwin, EMT

Mr. Baldwin was present for the meeting by telephone. He was before the Board because he has had problems with possession of intoxicating substances, and various traffic and proper motor vehicle operation violations. The Board reviewed and discussed these issues and the license application with Mr. Baldwin.

MOTION: Mr. Ryan Burke made a motion to grant Mr. Baldwin a one-year probationary license, with requirement that he have no alcohol violations, no substance abuse, and no moving motor vehicle incidents during that one-year period; Dr. Bruce Hayward seconded the motion. Motion passed unanimously.

Ms. O'Leary informed Mr. Baldwin that a Notice and Stipulation containing these terms will be sent to him. She explained that if he has no alcohol violations, no substance abuse, and no moving motor vehicle incidents during that year, the

license becomes a full and unrestricted license; however, if there are any violations or incidents, then the Board has the right to suspend the probationary license.

The Board took a 15 minute break at this time.

ITEM #12: Medical Director/EMT Reports

Dr. Harry Sibold provided his report, highlighting ongoing discussions at the national level regarding DEA issues and discussions with FDA regarding critical drug shortages affecting EMS. He explained that there have been some drug shortages in Montana in limited areas to-date, although the shortages are not as widespread as some other states. Dr. Sibold anticipates Montana will see increasing shortages in the future if long-term solutions cannot be found. Board discussed the report with Dr. Sibold.

Mr. Ken Threet presented the EMT report to the Board. The Board had no questions regarding the report.

Dr. Harry Sibold and Mr. Ken Threet fielded questions. The Board accepted the reports.

ITEM #13: EMT Rules Presentation

Dr. Harry Sibold gave introductory remarks. Mr. Ken Threet provided an explanation of the impetuses for the current rule changes. Specifically, that the D.O.T. changed EMS provider names and skills, which change regularly occurs approximately every 10 years, and that the Board expressed a desire to increase the educational standards. The rules have been adjusted each time to match the current practice.

The draft rules focus about 50% on housekeeping clarifications and about 50% changes in levels. Mr. Threet compared current EMT education/training levels with the new D.O.T. names and skills.

The Medical Director subcommittee recommended that the national registry should be an option instead of a requirement. It was explained that individuals may demonstrate their skills and proficiencies using either path, and that neither path is better than the other; to become licensed each applicant must demonstrate at least the same level of knowledge and meet the same objectives regardless of which path is pursued.

The Registry will no longer allow a paramedic to sit for an exam unless they graduate from an accredited school beginning January 1, 2013. Montana has two accredited schools, with a third in process of becoming accredited.

The Board discussed the accreditation issue and its effect on new students. Dr. Sibold and Mr. Threet fielded questions from the Board.

The Board invited Dr. Dave Gurchiek to comment on the proposed rules. Dr. Gurchiek proposed that “instead of making the volunteer areas a paramedic level, why can’t we make them advanced EMTs with skills that would meet the needs of the community but still would not jeopardize conflicting who is really who on this matter? So I guess overall, what I see is first, what is being presented to the Board is very biased.”

Dr. Sibold expressed respectful disagreement that an advanced EMT with skills was the equivalent of a paramedic. He noted “the unusual happenstance in our business of EMS is really that the communities that need the highest level of care are the ones most at risk and have the most difficulty providing that care.....It is important that we not segregate the state in terms forcing our rural areas to accept lower levels of care...”

Mr. Dwight Thompson echoed comments made earlier that the subcommittee had carefully gone over the rules line-by-line, and addressed numerous questions around the state. He observed that the subcommittee is made up of small community medical directors and large community medical directors. He further respectfully disagreed that the information provided is “very biased”.

Dr. Dean Center inquired of Dr. Gurchiek that “since he [Dr. Gurchiek] has a taxpayer funded accredited program, would he be willing to provide an umbrella of accreditation to the local programs, which would give him the opportunity to make sure that they are training people in a quality fashion, and would provide those local programs the opportunity to graduate nationally accredited paramedics?” Dr. Gurchiek enthusiastically agreed to speak with his dean and the university chancellor with the goal of developing a consortium that would enable all of Montana’s paramedics to graduate from an accredited program and still be able to train in a local program.

The Board thoroughly considered these issues.

Ms. Ann O’Leary briefly explained the rule-making process.

MOTION: Ms. Carole Erickson made a motion to have the draft rules start the notice process for publication of the rules as presented; Ms. Tanja Brekke seconded the motion. The motion passed unanimously.

As a follow-up to the brief conversation yesterday during the Board meeting, Ms. Pat Murdo was invited to speak. She said that the Economic Affairs Interim Committee (EAIC) has agreed to permit Dr. Earl to participate by SKYPE on the June 11 meeting of the EAIC. The Committee is amenable with having Dr. Earl attending by SKYPE and another board member in person; staff can attend in the audience as well.

At this time, Dr. Anna Earl transitioned the Board meeting into executive session by stating:

“IT IS MY DETERMINATION THAT THE FOLLOWING MATTERS RELATE TO A MATTER OF INDIVIDUAL PRIVACY AND THAT THE DEMANDS OF PRIVACY CLEARLY EXCEED THE MERITS OF PUBLIC DISCLOSURE. FOR THIS REASON THE BOARD WILL NOW BE CLOSED FOR EXECUTIVE SESSION TO CONSIDER THESE MATTERS.”

Dr. Earl returned the meeting back to regular session. Roll call was taken and a quorum was present.

Report from the executive session:

One matter was heard and a vote was taken to take an administrative action.

One matter was heard and no action was taken.

One matter was heard and a vote was taken to dismiss the matter without prejudice.

ITEM #14: Board Communications

The Board considered Item #14C first because of the presence of invited speakers for this topic.

C. E-mail from Lee McCready regarding possible development of Anesthesiology Assistant (AA) license

The Board acknowledged Lee McCready's e-mail.

Dr. Kris Spanjian expressed her experience working with AAs. She explained some of the differences between AAs and CRNAs. Because AAs have to be supervised by an anesthesiologist, it was her opinion that AAs would not likely be used in rural areas but more likely be used in larger metropolitan areas.

Mr. Tafford Oltz (retired CRNA) and his wife LaRayne were invited to comment on this topic. They provided a presentation reflecting the Montana Association of Nurse Anesthesiologists' perspective concerning AAs. They expressed that it is the MANA's position, and their personal positions, that there is no need for AAs in Montana. The Board thanked Mr. and Mrs. Oltz for the presentation.

Dr. Spanjian proposed that the Board invite a representative from the Montana chapter of the American Society of Anesthesiologists to a future Board meeting to enable the Board to hear another side to this issue, and offered to so invite.

MOTION: Ms. Kay Bills-Kazimi made a motion to direct Mr. Ian Marquand to draft a letter response to Lee McCready's e-mail to state that there is currently no license in Montana for anesthesiologist assistants, that the process would involve legislative action to create a licensure process which may or may not be overseen by this Board, and if anesthesiologist assistants would like to pursue having such a license process created the required legislative action would not occur in less than three years hence; Dr. Mary Anne Guggenheim seconded the motion. The motion passed unanimously.

Mr. and Mrs. Oltz then departed the meeting.

A. Public communications received regarding the proposed EMT rules

Mr. Marquand presented the communications to the Board, noting that the substance of them had been discussed previously during the EMT rules discussion. The Board acknowledged the communications.

B. E-mail from Dr. Stephen Barrett regarding improper chelation for autism

Mr. Marquand outlined Dr. Barrett's e-mail and attachment requesting that the Board update its position statement [Position Paper No. 4].

The Board acknowledged Dr. Barrett's e-mail.

MOTION: Dr. Kris Spanjian made a motion to task Dr. Guggenheim to prepare a draft of a revision of the policy paper on chelation therapy; Ms. Eileen Sheehy seconded the motion. The motion passed unanimously.

D. Letter from Economic Affairs Interim Committee

Mr. Marquand presented the letter itself; discussion of the contents had previously occurred during this meeting as noted above.

The Board acknowledged the letter from Economic Affairs Interim Committee.

E. Letter from Samuel Long regarding SPEX

Mr. Marquand outlined the content of the letter.

MOTION: Ms. Pat Bollinger made a motion to task Mr. Marquand with preparing a letter response informing Dr. Long that the Board is in the process of amending the rules to address his concerns; Dr. Kris Spanjian seconded the motion. The motion passed unanimously.

The Board next considered Item #15.

ITEM # 15: Delegation of authority for Non-Routine Applications

Mr. Marquand read the list of opportunities for delegation of authority which Board staff had identified as possible opportunities to speed up processing of some non-routine applications. The Board staff requested that the Board grant them authority to grant licenses in these non-routine applications. The Board discussed this request.

MOTION: Mr. Dwight Thompson made a motion to delegate authority to Board staff to license an applicant who, during medical school or residency is named in a malpractice case, and there are no other red flags, and that such case should not be counted toward the two malpractice incidents reporting limit; Dr. Kris Spanjian seconded the motion. The motion passed unanimously.

MOTION: Dr. Kris Spanjian made a motion to delegate authority to Board staff to license an applicant if the applicant is dismissed from a malpractice case, and there are no other red flags, and such case should not be counted toward the two malpractice incidents reporting limit; Dr. Nathan Thomas seconded the motion. The motion passed unanimously.

MOTION: Dr. Nathan Thomas made a motion to delegate authority to Board staff to license an applicant if there is only an isolated (single) incident of academic probation in medical school or residence, with no other red flags, and the applicant has successfully completed the program; Dr. Bruce Hayward seconded the motion. The motion passed unanimously.

MOTION: Dr. Nathan Thomas made a motion to delegate authority to Board staff to license an applicant without requiring a primary source verification of medical school, residency, internship, or fellowship that are over 10 years old, if the physician had an active, full and unrestricted license without discipline in another state since then and there are no other red flags, unless the applicant is a foreign medical applicant; Ms. Tanja Brekke seconded the motion. The motion passed unanimously.

The Board further directed Board staff to require receipt of the application fee before beginning the review of any application, and to amend the application form to so reflect.

The Board thanked Mr. Brad Bowers and Mr. Jerry Morse for their fine work on behalf of the Board. Mr. Bowers and Mr. Morse departed the meeting.

ITEM # 17: Committee & Working Group Reports

A. Physician / Hospital Committee

Dr. Kristin Spanjian reported on the Maintenance of Licensure (MoL) survey results. She explained that the purpose of the survey was to see what the Montana constituency thinks about MoL, to find out whether licensees are maintaining board certification, and to get a sense as to how onerous this would be if Board moves in this direction. The survey results reflected a good cross-section, although a small sampling. Most respondents were board certified. The Board discussed the results and requested more information.

B. Medical Director Working Group

No report was given because Dr. James Upchurch was not present for the meeting.

The Board discussed membership for the EMS/Medical Direction Committee.

MOTION: Dr. Anna Earl nominated Dr. Upchurch as the chair of the EMS/Medical Direction Committee; Ms. Pat Bollinger seconded the nomination. The nomination passed unanimously.

The Board directed Mr. Marquand to request that Dr. Upchurch submit a recommendation, at the Board's July meeting, of potential committee members' names and the Committee's mission for the Board's consideration.

Mr. Ryan Burke requested that the Board consider the following subjects at its July meeting:

- improving EMS protocols for physically restraining combative patients
- improving EMS protocols for decontaminating patients

C. Laws and Rules Committee

Dr. Mary Anne Guggenheim made introductory remarks.

1. Requirements for Physicians with Inactive License Status in Montana for More than Two Years to Transition to Active License Status (24.156.618)

Ms. Anne O'Leary led the discussion regarding the draft language.

Dr. Kris Spanjian suggested the proposed language be changed from "clinical fellowship" to "clinical training".

MOTION: Dr. Kris Spanjian made a motion to approve 24.156.618 as amended, and have the amended draft rule start the notice process for publication; Ms. Tanja Brekke seconded the motion. The motion passed unanimously.

2. Applicant's Obligation to Report to Board (24.156.619, 24.156.2776, 24.156.1101, 24.156.812, and 24.156.1414)

Ms. Anne O'Leary led the discussion regarding the draft language.

Ms. O'Leary noted that the proposed language of 24.156.812 would be changed from "telemed" to "telemedicine practitioner" .

MOTION: Dr. Bruce Hayward made a motion to approve 24.156.619, 24.156.2776, 24.156.1101, and 24.156.1414 as presented and 24.156.812 as amended, and have all of these rules start the notice process for publication of the rules as presented; Ms. Tanja Brekke seconded the motion. The motion passed unanimously.

ITEM # 18: Executive Director Report

A. Budget Report

Mr. Marquand presented the budget report to the Board. Mr. Jack Kane answered the Board's questions regarding appropriations.

B. Applications Report

Mr. Marquand presented the applications report to the Board. The Board had no questions regarding the report.

Mr. Marquand then reviewed the Executive Director Report, which addressed physician & EMT renewals, the progress made toward a joint statement with DPHHS regarding medical direction, review of licensing requirements brochures, etc. The Board had no questions regarding the report.

Mr. Detienne of DPHHS made remarks which echoed Mr. Marquand's summary of the progress made between the Board and DPHHS regarding medical direction.

Ms. Pat Bollinger raised the possibility of a member of Board staff making a licensing presentation with her to the first class of dietetic interns on June 4 in Bozeman. Mr. Marquand indicated that he would try to get someone from staff there.

ITEM # 18: Meeting Planning

Ms. L'Joy Griebenow led this discussion.

MOTION: Dr. Mary Anne Guggenheim made a motion to direct Board staff to make a \$1,000 donation for a sponsorship to the Rocky Mountain Rural Trauma Symposium on the Board's behalf; Dr. Bruce Hayward seconded the motion. The motion passed unanimously.

The September Board meeting will not be held in conjunction with the Rocky Mountain Rural Trauma Symposium; the September meeting will be held September 21, 2012 in Helena.

The Board directed Ms. Griebenow to commence search for next year's retreat location, and report options to the Board at the July meeting.

ITEM # 19: Other Business

Dr. Guggenheim proposed the possibility of renaming the Board as something to consider since there is occasionally confusion with the profession of medical examiners.

Adjourn

MOTION: Dr. Kris Spanjian made the motion to adjourn the meeting; Mr. Dwight Thompson seconded. Motion passed unanimously.

Next meeting: July 20, 2012