

**NORTH DAKOTA BOARD OF MEDICINE**

**February 19, 2021**

**AMENDED Meeting Minutes**

**Call to Order:**

Rup Nagala, MD, chair, called the meeting to order at 8:05 a.m., through Zoom conferencing. The attendance was as follows:

Rup Nagala, MD, Chair	Present
Robert Sticca, MD, Vice Chair	Present
Michael Quast, MD	Present
Thomas Carver, DO	Present (until Office Matters)
Lacey Armstrong, MD	Present
Ann Reich	Present
Jay Metzger, PA-C	Present
Brenda Miller, MD	Present
Darin Leetun, MD	Present
Catherine Houle, MD	Present
Sara Solberg, MD,	Present
Rajendra Potluri, MD	Present
Vaune Johnson	Absent

Also present: Sandra DePountis, executive director; Lynette McDonald, deputy executive director; litigation counsel - Stacy Moldenhauer (present to NDPHP report); and general counsel - Allyson Hicks.

Guests present: Courtney Koebele, North Dakota Medical Assn; Dr. Melissa Henke and Ann Leiseth, NDPHP. The following were present for their respective interviews: Kilby Olson, MD; Nathan Mickelson, DO; John Dewalt, DO; and Shantell TwoBears, MD.

**Introduction of General Counsel**

Allyson Hicks introduced herself as the new General Counsel for the Board, appointed by the Office of Attorney General. Ms. Hicks gave information regarding her background and the role of General Counsel.

## **Minutes**

Dr. Solberg moved to approve the November 20, 2020, meeting minutes; seconded by PA-C Metzger. The motion passed unanimously.

### **IPA vs Padmini Nagaraj, MD**

IPB received an overview of the underlying case involving a federal indictment in which Dr. Nagaraj pled guilty to felony conspiracy to commit health care fraud. The IPB was presented with a signed Stipulation to indefinitely suspend the license and payment of fees. PA-C Metzger motioned to approve the signed Stipulation and proposed Order, seconded by Dr. Houle. The motion passed unanimously by a roll call vote of the IPB.

### **IPB vs Gary Wease, MD**

IPA received an overview of the underlying case involving two alcohol related incidents within two days of each other and a subsequent DUI conviction. IPA was presented with a signed Stipulation requiring participation in the NDPHP for the next five years and payment of fees. Dr. Carver motioned to approve the signed Stipulation and proposed Order, seconded by Dr. Armstrong. The motion passed unanimously by a roll call vote of the IPA.

### **IPB vs Douglas Lowe, II, MD**

IPA received an overview of the underlying case regarding an Alford Plea of simple battery and disorderly conduct, and a subsequent court ordered 24-session course with the Family Violence Intervention Program. IPA was presented with a signed Stipulation to require Dr. Lowe to complete this course and pay fees. Dr. Sticca motioned to approve the signed Stipulation and proposed Order, seconded by Dr. Carver. The motion passed unanimously by a roll call vote of the IPA.

### **Petition Request of K.O., MD**

Dr. K.O. was previously granted a Conditional License by the Board on September 8, 2020. The conditions of the license required he be chaperoned at all times when seeing patients and supervisors must file quarterly reports on overall performance and any concerns

with the Board. Dr. K.O. was previously arrested on suspicion of child molestation regarding an incident while working a night shift at a hospital and a 15–16-year-old victim alleged inappropriate sexual contact. This case has not moved forward by the Albany Police Department in over two years. Dr. K.O. was also previously placed on probation in his residency program in March 2020 due to a pattern of behavior with professionalism and interpersonal communication concerns. Dr. K.O. is petitioning the Board to remove the conditions on his license, detailing how he is having trouble finding employment with these conditions, the case has not moved in 28 months, he has since become certified in Family Practice, and has an unconditioned license issued by the Oklahoma medical board. Dr. Solberg led the interview of this applicant.

Dr. K.O. was asked to provide information on any changes since he was granted the conditional license in September of 2020. Dr. K.O. discussed that at the time of the previous interview, he believed that the employment he was seeking under contract would be fine with the conditions placed on his license, however, they were not, and they rescinded the contract. He was unaware of how difficult it would be to find employment or even an interview with a conditioned license. Since the last interview, he has become licensed in OK, nothing has moved along with the underlying case, and he would like the conditions lifted so he could obtain employment. There is a position in Jamestown he would like, but they would not give him an answer on whether he would get the job until the conditions on his license were lifted. He has been reading journals and is now board certified.

After the interview, the Board discussed the underlying case and its previous conditions which it did not feel were unreasonable. The Board recognized its responsibility to protect the public, but it is difficult with just allegations and no movement with the underlying case. Various options were discussed with regard to oversight and whether to continue or change any restrictions on the license. Dr. Carver ultimately motioned to grant the petition request of Dr. K.O. and remove the conditions on the previously issued license, seconded by Dr. Leetun. Roll call vote was taken: Ayes– Dr. Quast; Dr. Nagala, Dr. Carver, Dr. Armstrong, Ann Reich, Dr. Sticca, PA-C Metzger, Dr. Miller, Dr. Leetun, Dr. Houle; Nays – Dr. Solberg, Dr. Potluri. Motion passed 10-2.

### **Interview for Licensure - Nathan Mickelson, DO**

This applicant was previously denied licensure in 2015 based on conviction of possession of child pornography. The applicant again applied in 2019. When interviewed by the Board, the Board voted to hold the application open for Dr. Mickelson to provide a pathway back to the practice of medicine as he had not practiced since residency in 2011. Dr. Mickelson is back before the Board requesting an administrative license as he has since found employment with the ND State Health Department as a lab tech assistant within the division of Microbiology to help with the COVID pandemic, and his employer wants him to take on additional responsibilities that would require the administrative license. Dr. Carver led the interview of this applicant.

Dr. Mickelson was asked to provide information on changes since he was last before the Board in 2019. Dr. Mickelson gave information regarding his early release from probation and subsequent employment with the Department of Health working on genome sequencing with COVID and West Nile Viruses. He enjoys the work and there are opportunities to advance but he would need the administrative license. He is not looking to practice clinical medicine, and the pathways back to competency were timely and financially burdensome. Dr. Mickelson was released from his counseling requirements but continues to work with his 12-step program and relapse prevention program. He continues to read JAMA and do research on the COVID virus as it is specifically applicable to his work.

After the interview, the Board discussed the case and updates. Dr. Sticca motioned to grant an administrative license, seconded by Dr. Leetun. The motion was passed by unanimous roll call vote.

### **Interview for Licensure – Marie Raine, MD**

Dr. Raine is a non-board certified psychiatrist who holds an active license in WI and OK and has provided locum work at the State Hospital after her provisional temporary medical license was issued in December. Dr. Raine's license was suspended in MN from 2005-2008 due to outstanding tax liability and Dr. Raine was previously arrested in 2009 for preventing an officer from performing duties, which was ultimately dismissed. Verification letters on the

application showed concerns with Dr. Raine's ability to navigate EHR and other technology, communication and attitude concerns, and concerns regarding failure to properly taper off medication. The applicant was a no show for the interview. The Board directed the office to allow her provisional license to expire and if she reapplies to require her to interview with the Board before any other license is issued.

### **Interview for Licensure – John Dewalt, DO**

Dr. Dewalt is a surgeon who holds active licenses in IA, KS, KY, ME, OH, and TX, and is looking to do locums work at CHI St. Alexius in Bismarck. Dr. Dewalt resigned his vascular/thoracic surgery privileges at Fairfield Medical Center (FMC) in 2015 while under or to avoid investigation due to substandard or inadequate care because he lacked the necessary surgical volume to retain core general surgery privileges. In 2016, he let his general surgery privileges lapse, in order to avoid investigation relating to professional competence or conduct as FMC had initiated formal corrective action. Iowa issued a letter of warning to Dr. Dewalt for failure to report the investigation. Dr. Dewalt has had a \$150,000 malpractice settlement from 1994 for a trans-abdominal Nissen fundoplication. Dr. Sticca led the interview of this applicant.

Dr. Dewalt was asked to introduce himself and explain his practice intentions. Dr. Dewalt noted his application was for original locum tenens work in Bismarck, but this position was since given to someone else. Dr. Dewalt gave an overview of his education and experience, including his work with FMC, and subsequent advice from his attorney to just resign his position. Dr. Dewalt denies working outside of the scope of his practice and skill level at FMC and instead provided information on how he felt he was being pushed out of the facility and the investigation was a means to an end.

After the interview, the Board discussed Dr. Dewalt's qualifications and information regarding the privileges at Fairfield. Dr. Sticca made a motion to grant a license to Dr. Dewalt, seconded by Dr. Solberg. The motion passed unanimously by roll call vote.

## **Interview for Licensure – Shantell Two Bears, MD**

Dr. Two Bears practices family medicine and although she has been unemployed since January 2020, she has been volunteering at Tri-County Public Health in Denver since June 2020. She holds an active license in MT and a restricted license in CO. Dr. Two Bears was previously licensed in ND and previously disciplined by the NDBOM in 2010-2011 for failure to furnish the Panel with information legally requested. In 2007, Dr. Two Bears' obstetrical privileges were revoked by MeritCare in Fargo for an incident of misdiagnosing a patient with fetal demise which resulted in induction and unnecessary C-section of a premature, 28-week baby. The malpractice case settled for \$475,000 and her CO license was indefinitely restricted from performing any type of obstetrical care. In 2017, Dr. Two Bears was convicted of a DUI and her CO license was placed on probation for five years. She is currently under contract with the Colorado Physician Health Program. Dr. Solberg led the interview of this candidate.

During the interview, Dr. TwoBears provided information that after her previous ND license expired, she moved to Miles City, Montana, where she is still licensed in good standing, and her subsequent move to Colorado. She discussed the DUI accident in which there was physical damage to vehicles but no personal injuries. She discussed her experience with the Colorado PHP since April 2018, which presented a struggle her first year, but has since found it to be helpful. She continues with the monitoring program. Dr. TwoBears discussed her practice of doing volunteer work with the local health department, and how she handles the restrictions on her licensure for obstetrical care. She continues to look for a job that will be the right fit including locum tenens or telehealth work. She continues with general family practice, where she is board certified, and does not look to get back into obstetrics.

After the interview, the Board discussed Dr. TwoBears' qualifications and application. The Board did not see a need to continue with restrictions of obstetrical care but wanted Dr. TwoBears to continue being monitored by the Colorado PHP. Dr. TwoBears stated she would continue being monitored and did not have concerns on this requirement.

Dr. Solberg motioned to grant a license on the condition that Dr. TwoBears continue with her monitoring and compliance with the Colorado Professional Health Program, seconded by Ann Reich. The motion passed unanimously by roll call vote.

### **NDPHP Report**

Dr. Melissa Henke provided the NDPHP report: there are currently twelve (12) Board ordered participants, thirty-one (31) voluntary participants, and six (6) pending. Dr. Henke reported that the PHP has 1 CRNA being monitored and the rest are medical licensees.

The contract with NDPHP and NDBOM is up for renegotiation beginning in March and is set to expire May 21, 2021. Dr. Miller agreed to be the Board contact in the negotiations of a contract. Dr. Sticca made a motion to extend the payment to PHP under the current contract terms until May 31, 2021, seconded by Dr. Solberg. Motion passed unanimously by roll call vote.

### **Operations Manual Updates**

A draft update to the Board's Operations Manual by the Policy and Operations Committee was reviewed by the Board. The manual was updated to reflect current law. A large section was added to the manual regarding applicants and renewals – what the Board office can approve and what needs an interview or presentation before the Board or Panel. Director DePountis reiterated that although the Board office and chair have the authority to sign off on routine applications, any disclosures that now require discretion on whether to issue the license require a firm policy in place with clear designation of authority by the Board. This section was an attempt to start putting such policies in place.

The Board discussed the updates and further policy considerations on what disclosures require Board/Panel approval or interview. The Board discussed raising the threshold amount to \$500,000 for malpractice settlements. The Board further discussed that when an applicant chooses “yes” to the question involving whether he/she possesses a mental or physical impairment that precludes the applicant from competently, safely, and ethically performing their practice, follow up information should be obtained and reviewed before a license is issued

or renewed. Finally, the language regarding “case supervisors” was confusing and required some clarification on what “complaint” triggers the requirement.

The Board discussed approving the current draft and having the updates presented at the next Board meeting for approval. Dr. Sticca motioned to approve the draft operations manual as presented, seconded by Dr. Potluri. The motion passed unanimously by roll call vote. Director DePountis will work on incorporating the further discussed amendments and will present an updated draft for review at the next meeting.

#### **Physician Approval of License and Waiver of Interview**

Dr. Solberg moved to approve the seventy-one (71) licenses and waivers of interview for physician licensure applicants and one (1) administrative licensure candidate, as presented, seconded by Dr. Miller. The motion passed unanimously by a roll call vote.

#### **Physician Assistant Approval of License and Waivers of Interview**

Dr. Houle motioned to approve the licensure and waiver of interview for the seven (7) physician assistants, as presented, seconded by PA-C Metzger. The motion passed unanimously by a roll call vote.

#### **Genetic Counselor Waivers of Interview**

Dr. Houle motioned to approve the licensure and waiver of interviews for the ten (10) genetic counselors, as presented, seconded by Dr. Carver. The motion passed unanimously by a roll call vote.

#### **IMLC License Granted**

The Board received information on thirteen (13) Letters of Qualification for State of Principal Licensure and one hundred and one (101) non-principal licenses. To date – seventy-three (73) SPLs and four hundred and seventy-four (474) IMLC licenses have been issued.



## **IMLCC and FSMB Updates**

Deputy Director McDonald gave an update on the IMLC including that twenty-five (25) states have full participation, three (3) states are only processing non-SPLS, three (3) states are in the process of joining, and five (5) states have introduced legislation to join the IMLC. There is a lawsuit pending with the IMLC regarding a formal contract employee who handled software information with a motion to dismiss currently under review by the judge.

The Board received an update on the FSMB from Director DePountis – the annual meeting will be virtual this year from April 29 through May 1. Once information becomes available it will be provided to members who can let the office know availability and attendance. A congratulations was given to Dr. Nagala who was approved for nomination for election to the FSMB Nominating Committee. Dr. Nagala accepted the nomination and has been added to the 2021 roster of candidates – voting will take place May 1.

## **Investigative Panel A report**

Dr. Sticca, Chair, reported that Investigative Panel A reviewed twelve (12) cases and fifteen (15) summary matters: one (1) stipulation was approved, one (1) case referred for formal disciplinary action, two (2) Confidential Letters of Concern were authorized, two (2) cases were tabled for further review, and twenty-one (21) cases were dismissed.

## **Investigative Panel B report**

Dr. Solberg, Chair, reported that Investigative Panel B reviewed fourteen (14) cases and eleven (11) summary matters: two (2) stipulations were approved, three (3) cases were referred for formal disciplinary action, one (1) Confidential Letter of Concern was authorized, two (2) cases were tabled for further review, and seventeen (17) cases were dismissed.

## **Petition for Eligibility – Mohammed Waseemuddin, MD**

Dr. Waseemuddin is seeking licensure to do orthopedic work at Sanford Health in Fargo. Dr. Waseemuddin completed a 5-year residency in Qatar which is ACGME-I accredited, but not considered equivalent to ACGME by the FSMB. Dr. Waseemuddin has thus far completed an

additional 24 months of ACGME accredited training in the United States, passed the USMLE exam, and although is not ABMS board certified, holds training licenses in AZ, MA, OH, and FL. NDCC 43-17-18(3)(b) requires 30 months of postgraduate training in US/Canada or, the Board can grant a license if the applicant meets all other requirements for training, has one-year postgraduate training in the US/Canada and is either Board certified or passes the SPEX exam. Dr. Leetun made a motion to approve eligibility upon passing of the SPEX exam, seconded by Dr. Potluri. Motion passed unanimously by roll call vote.

### **Orders of Completion – Susan J. Thompson, MD**

Dr. Thompson was disciplined in July 2020 for prescription practices and ordered to complete a Prescribing Controlled Substances Course through the Center for Professional Health at Vanderbilt University and pay required fees. Dr. Thompson provided verification of course completion in November of 2020 and paid the required fees. Dr. Solberg motioned to approve the Order of Completion, seconded by Dr. Houle. Motion passed unanimously by roll call vote.

### **USMLE Step 2 Clinical Skills Exam**

The Board reviewed a letter from UND outlining contracting issues with residents since USMLE first suspended and is now subsequently eliminating the Step II Clinical Skills part of the exam. The Board currently requires this in its application. Dr. Solberg made a motion to no longer require information or passing on the USMLE Step 2 Clinical Skills exam, seconded by Dr. Houle. Motion passed unanimously by roll call vote.

### **BCI/FBI Fingerprint Issue**

The Board reviewed its law and policy on conducting criminal history background checks which require fingerprint submissions and the issues with some applicants not being able to get a clean fingerprint that can be utilized by the FBI. This is especially prevalent with applicants who are in contact with chemicals or wash their hands often. Dr. Potluri made a motion to require applicants to attempt three fingerprint submissions from different locations, and if candidates were found to run a name search through the FBI background check, otherwise the

Board will accept the “No Record Based on Descriptive Data” and not require further submissions; seconded by Dr. Carver. Motion passed unanimously by roll call vote. This policy will be added to the Operations Manual for review at the next meeting.

### **PA Practice Petitions to the Board**

The Board received information from its general counsel regarding the Corporate Practice of Medicine Act and how a non-profit corporation is not authorized to employ medical personnel. The Board previously authorized the independent practice of PA-Cs Shelley Bartow and Brenna Hudson, but such practices were with Compass Health, a non-profit corporation. Both practitioners have since moved to PLLC practices.

Dr. Houle made a motion to approve the amended authorization to practice of PA-C Brenna Hudson with the updated PLLC business model, seconded by PA-C Metzger. Motion passed with Dr. Leetun voting nay and all other members voting aye.

Dr. Houle made a motion to approve the amended authorization to practice of PA-C Shelley Bartow with the updated PLLC business model, seconded by PA-C Metzger. Motion passed with Dr. Leetun voting nay and all other members voting aye.

### **COMMITTEE UPDATES**

#### **Physician Assistant Practice Committee (Dr. Solberg, Dr. Houle, PA-C Metzger)**

The Committee reviewed its January 6 and January 26, 2021, meeting minutes. Dr. Houle motioned to approve the minutes, seconded by Dr. Solberg, motion passed unanimously by the committee.

The Committee was formed to come up with policies and procedures for the Board to approve physician assistants practicing independently at a “facility or practice approved by the board” pursuant to N.D.C.C. 43-17-02.1(4).

Dr. Houle gave an overview of the discussion of the Committee, including how the intent of the independent practice was to serve the rural and underserved areas of North Dakota. Therefore, the Committee discussed the applicant would need to show proof that the

practice serves such areas, and how this could be documented by a HPSA score, and the Board would not approve any cosmetic or medi-spa practice. The Committee came up with templates that were reviewed by the Board including:

- Updated PA Practice Petition template
- Updated Collaborative Agreement template
- Case Review and Summary templates

Dr. Houle made a motion to approve the four templates, seconded by Dr. Sticca. Motion passed unanimously by roll call vote.

#### **Policy and Operations Committee (Dr. Nagala, Dr. Armstrong, Dr. Potluri)**

The Committee reviewed its December 14, 2020, meeting minutes. Dr. Potluri motioned to approve the minutes, seconded by Dr. Armstrong, motion passed unanimously by the committee.

The Committee was formed to review its personal questions asked on applications, and the internal Office Policy Manual and Operations Manual.

The Board reviewed the recommended amendments to questions (K) and (L), regarding conditions impairing ability to practice, and questions (I) and (J), regarding violations of law. The Board then reviewed the Draft Office Policies and Procedures, updated to provide clarification, and comply with state law and the Office of Management and Budget's policies. Dr. Miller made a motion to approve the updated questions and Policy manual, seconded by Dr. Potluri. Motion passed by unanimous roll call vote.

#### **Legislative Committee (Dr. Sticca, Dr. Quast, Dr. Miller)**

The Committee reviewed its January 13, January 22, and January 29, 2021, meeting minutes. Dr. Quast motioned to approve the minutes, seconded by Dr. Sticca, motion passed unanimously by the Legislative Committee.

The Committee was formed to review bills filed during the 2021 Legislative Session and provide position testimony as determined necessary by the Committee.

Dr. Sticca provided an overview of the bills reviewed by the Committee, many of which the committee took a neutral position on. The Board received information on the difference between the Board versus the Association in reviewing and taking a position on legislation – how the Board focuses on the health and safety of the public by verifying only competent and qualified individuals practice medicine and how the Association is there to advocate for a physician scope of practice and business. The Board received an update from Dr. Sticca on the following bills in which the Committee took formal positions:

- SB 2274: expanded the scope of naturopaths to prescribe, dispense, administer, and procure drugs, including controlled substances. The Committee opposed the bill citing concerns for the health and safety of the public on whether naturopaths possess the required education, skills, and training to prescribe such drugs. The Legislative Committee subsequently amended the bill to remove the authority to prescribe controlled substances, except testosterone, and therefore only allowing prescriptions for legend drugs. This amended bill passed the Senate on 2/11/2021.

After receiving information regarding a naturopath's education from Dr. Quast, the Board expressed concerns on whether it was adequate to protect the health and safety of the public. The Board discussed the Senate's question on whether to move naturopaths under the Board of Medicine (versus the Board of Integrative Health in which they are currently housed) – the amount of work this would entail and the resulting fiscal impact. It may be better if there was just a requirement for supervising physician oversight of the prescribing practices, versus a complete overhaul of the law to move them into the BOM.

- HB 1166: adding an expedited licensure process for a “foreign practitioner who is a resident of the state.” The Committee opposed the bill as it conflicted with the expedited licensure process of its Compact. The Legislative Committee subsequently removed the BOM from the bill.
- HB 1472: allowing any individual to provide “complementary or alternative care” without defining what that care could all include. The Committee opposed the bill after

discussing the vague language creating a risk of harm to the public due to the potential for an unqualified individual to practice medicine.

- SB 2060: allowing a chiropractor to perform sport physicals. The Committee opposed the bill raising concerns on whether a chiropractor had the requisite training, skills, and experience to perform a thorough physical. The Legislative Committee subsequently removed this provision of the bill, the amended bill passed the Senate on 1/29/2021.
- SB 2179: expanding the definition of “telehealth” in the accident and health insurance chapter of the Century Code. The Committee submitted written testimony in support of the bill as the expanded definition would reach more patients in rural areas who do not have access to health care by other electronic means. The Legislative Committee subsequently amended the bill to become a study by Legislative Management to review telehealth costs, services, and reimbursement options.
- SB 2336: allowed the BOM’s executive director, at the direction of the board, to “certify” to Legislative Council that the Compact Commission exceeded its authority in administering rules under the IMLC, which would subsequently repeal the Compact. The Committee opposed the bill because it conflicted with the withdrawal provisions of the Compact, with ramifications that could include a lawsuit by the IMLC against the Board to enforce the Compact, or the IMLCC terminating ND’s use of the Compact. The Legislative Committee subsequently amended the bill to instead be a study of behavioral health boards, not including the BOM, to review rules, barriers to practice, and training of board members and executive directors. The amended bill passed the Senate on 2/10/2021.

### **New Committee on Regenerative Medicine**

Dr. Nagala gave information on why he would like a committee to be formed to review the practice of regenerative medicine. Dr. Nagala discussed how this practice has become more prevalent and therefore wants the Board to get a head start on guidelines to practice and make recommendations for the Board to review. Dr. Nagala made a motion to form the committee, seconded by Dr. Sticca. Motion passed by unanimous roll call vote. Dr. Nagala, Dr. Quast, and Dr. Leetun volunteered to serve on this committee.

## **2019 Audit**

Brady Martz finished the Board's 2019 audit which was presented to the Board for review and approval. Dr. Solberg motioned to approve the 2019 audit as presented, seconded by Ann Reich. The motion passed unanimously by roll call vote.

## **2021 Proposed Budget**

Director DePountis gave an overview of the proposed budget which was previously presented and reviewed by Vaune Johnson. The Board discussed leasing versus buying a printer – the pros and cons of doing so – leaving the decision up to the Director DePountis, taking into account the discussion. Dr. Quast motioned to approve the 2021 budget as presented, seconded by Dr. Miller. The motion passed unanimously by roll call vote.

## **Office Matters**

Bank Account v. Investments: Under FDIC laws and regulations, only \$250,000 of funds are insured by the bank. At the end of 2020, the Board's funds in Wells Fargo were close to that amount. The office is therefore seeking input from the Board on what policy it would like to put in place if this situation should arise in the future. The Board could open another account with a different bank and transfer funds exceeding the threshold. Otherwise, the Board could wire transfer excessive funds into its SIB investment account. Dr. Sticca motioned to transfer excessive funds at the end of the year into the SIB account, seconded by Dr. Miller. Motion passed unanimously by roll call vote.

Litigation Reserve Designation: The Board reviewed best practices with regard to having a reserve account for litigation purposes. There is normally a designated "litigation reserve" amount that the Board should designate and not dip into. In reviewing where this threshold should be, the number of complaints/disciplinary cases and the complexity of such cases should be considered. Due to the high volume of complaints received by the Board in any given year, and the complexity that could ensue which may require medical experts, medical chart reviews, etc., it is recommended that the Board designate \$2,000,000 for a litigation reserve. Dr.

Solberg made a motion to designate \$2,000,000 as a litigation reserve fund, seconded by Ann Reich. Motion passed unanimously by roll call vote.

Dr. Nagala adjourned the meeting at 12:02 p.m.