

VERMONT BOARD OF MEDICAL PRACTICE

September 7, 2022

108 Cherry Street, Burlington, VT

and remote via Teams

Dial: (802) 391-9319 Conference ID: #528 152 275#

9:45 a.m. Licensing Committee

12:00 p.m. Vermont Board of Medical Practice

1. Call to Order; Call the Roll; Acknowledge Guests:

2. Public Comment:

3. Approval of Minutes of the August 3 and August 17, 2022 Board Meetings

4. Board Issues (Ms. McClain):

5. Administrative Update (Mr. Herlihy):

6. Presentation of Applications:

7. Other Business:

- **Relief for Applicants Impacted by Disruption of USMLE Testing – Section 17 of the Board Rules provides that applicants must have passed all steps of the USMLE exam within seven years of their first attempt. The only exception in the rule is for applicants who are in good standing in another state and who hold specialty certification. There was a period during March and April 2020 when the testing centers used by USMLE were entirely closed due to COVID-19. Some centers reopened in May, but some did not. After reopening, as a COVID-19 precaution centers were operating at half capacity to allow for additional distancing between individuals taking the exam. Many individuals faced difficulty obtaining seats for testing in a timely manner. As a result, there are residents who have finished residency programs, or who will be finishing programs, who, through no fault of their own, did not complete the USMLE within seven years and who have not yet received specialty board certification. The Board will be asked to consider relief for individuals in that situation.**
- **Initial reports from the Ad Hoc Committee on Diversity, Equity, and Inclusion and the Ad Hoc Committee on Telemedicine.**

8. Convene hearing to discuss any stipulations or disciplinary matters that are before the Board (1:15 p.m. – 1:45 p.m.)

In re: John C. Louras, MD — Stipulation and Consent Order – MPN 060-0618

9. Reconvene meeting; Executive Session to Discuss:

- Investigative cases recommended for closure
- Other matters that are confidential by law, if any

10. Return to Open Session; Board Actions on matters discussed in Executive Session:

11. Board Actions on Committee recommendations regarding any non-confidential matters:

12. Upcoming Board meetings, committee meetings, hearings, etc.: (Locations are subject to change. You will be notified if a change takes place.)

- September 15, 2022, North Investigative Committee Meeting, 9 AM, *108 Cherry Street, Burlington, VT and remote via Teams*
- September 16, 2022, Central Investigative Committee Meeting, 9 AM, *108 Cherry Street, Burlington, VT and remote via Teams*
- September 21, 2022, Board Meeting on pending applications, 12:10 PM, *108 Cherry Street, Burlington, VT and remote via Teams*
- September 21, 2022, South Investigative Committee Meeting, 12:15 PM, *108 Cherry Street, Burlington, VT and remote via Teams*
- October 5, 2022, Licensing Committee Meeting, 11:00 AM, *108 Cherry Street, Burlington, VT and remote via Teams*
- October 5, 2022, Board Meeting, 12:00 PM, *108 Cherry Street, Burlington, VT and remote via Teams*

13. Open Forum:

14. Adjourn:

NON-BOARD MEMBERS/GENERAL PUBLIC PLEASE NOTE:

*******REMOTE PARTICIPATION*******

Dial: (802) 391-9319 Conference ID: #528 152 275#

If you join the meeting during the time the Board is in Executive Session, the line will be open and monitored by staff. You are welcome to remain on the line until the Board returns to Open Session.

If you have any questions about this meeting, you may contact: 802-657-4220 or email: AHS.VDHMedicalBoard@vermont.gov

VERMONT BOARD OF MEDICAL PRACTICE
Minutes of the August 3, 2022 Board Meeting
108 Cherry Street, Burlington, VT
and remote via Teams

Unapproved

1. Call to Order; Call the Roll; Acknowledge Guests:

Saran McClain, Chair, called the meeting to order at 12:23 PM.

Members Present:

Richard Bernstein, MD; Maureen Bogosian; Brent Burgee, MD; Richard Clattenburg, MD; Gail Falk; Matt Greenberg, MD; Rick A. Hildebrant, MD; Patricia Hunter; Suzanne Jones, PA-C; Leo LeCours; David Liebow, DPM; Christine Payne, MD; Marga Sproul, MD; Robert E. Tortolani, MD.

Others in Attendance

David Herlihy, Executive Director; Paula Nenninger, Investigator; Karen LaFond, Operations Administrator; Kelly Lawler, Administrative Services Tech IV; Justin Sheng, AAG; Megan Campbell, AAG; Kurt Kuehl, AAG; Bill Reynolds, AAG; George Belcher, Esq., David Smith, MD.

2. Convene hearing to discuss any stipulations or disciplinary matters that are before the Board:

In re: David Smith, MD – Stipulation and Consent Order for Licensure – Licensing Matter

Mr. Sheng addressed the Board, summarizing the facts leading up to the Stipulation and Consent Order for Licensure. Dr. Hildebrant made a motion to approve the Stipulation and Consent Order for Licensure. Ms. Falk seconded the motion.

Ms. LaFond recorded the roll-call vote: The motion passed; Yeas: Dr. Bernstein, Mr. LeCours, Ms. McClain, Dr. Sproul, Dr. Burgee, Ms. Bogosian, Dr. Clattenburg, Ms. Falk, Dr. greenburg, Dr. Payne, Dr. Hildebrant, Ms. Hunter, Dr. Liebow, Ms. Jones, Dr. Tortolani; Opposed: none; Abstained: none; Recused: None.

3. Approval of the Minutes of the July 6, 2022 Board Meetings:

Dr. Tortolani moved to accept the minutes of the July 6, 2022 meeting. Dr. Liebow seconded the motion. The motion passed; opposed: none; recused: none; abstained: none.

4. Board Issues (Ms. McClain):

Ms. McClain again asked members to consider serving on the two ad hoc subcommittees: Diversity, Equity, and Inclusion (DEI) and Telemedicine. Ms. McClain, Dr. Sproul, and Dr. Tortolani have volunteered for DEI; Dr. Hildebrant, Ms. Jones, and Ms. Hunter have volunteered for Telemedicine. She noted that it would be desirable to have more than 3

members on each committee and encouraged those who are interested to contact her or Mr. Herlihy to sign up for one before the meetings are scheduled.

Members and staff took a moment to recognize Ms. LaFond, who has accepted a position in the Health Department Operations Division. As the meeting was her last day with the Board, many expressed their appreciation for her work and her support for over a decade.

5. Administrative Updates (Mr. Herlihy):

Mr. Herlihy noted that the newsletter email was sent to all licensees since the July meeting. Ms. LaFond shared data about how the email was received:

- The email was sent to 5737 licensees.
- 3211 (58.1%) opened the newsletter
- 82.5% opened it on a desktop
- 17.5% opened it on a mobile device
- 568 clicks on the CME article
- 375 clicks on the Board Rules Highlights article
- 162 clicks on the Board Rules

Mr. Herlihy informed members that the Board is being reviewed by the Sunset Advisory Commission this year. The Sunset Advisory Commission is made up of four Legislators and two public members and its role is to examine all State of Vermont boards and commissions on a rotating basis. All boards and commissions associated with the Health Department are being reviewed this year. Answers will be submitted to a standard set of 10 questions and Mr. Herlihy will appear for the Board at a meeting on August 22nd.

Ms. LaFond's position has been posted. Applications will be accepted through August 14.

6. Presentation of Applications:

Applications for physician, physician assistant and limited temporary physician licensure were presented and acted upon as detailed in Appendix A, incorporated by reference into these minutes.

Ms. McClain called for a motion for the issuance of physician licenses and physician assistant licenses. (See Appendix A)

Dr. Hildebrant made a motion to accept all applicants for licensure as presented. Seconded by Dr. Greenberg. The motion passed; opposed: none; abstained: none; recused: none.

Ms. McClain called for a motion for the issuance of limited temporary licenses to practice medicine. (See Appendix A)

Recommended by Dr. Clattenburg for licensure. Seconded by Dr. Tortolani. The motion passed; opposed: none; abstained: none; recused: none.

7. Other Business:

- **VPHP Liaison Meeting** - Members were asked to consider taking part in a VPHP Liaison Meeting in September at a time and date to be determined. The last meeting took place in December 2021. Ms. McClain, Dr. Bernstein, Ms. Hunter, and Dr. Tortolani participated. All members are welcome to take part and all are asked to submit any topics they would like to have brought up at the meeting. An email will be sent reminding members of the opportunity to attend this virtual meeting and to submit topics or concerns. Mr. Herlihy shared that he has already brought up one topic for this meeting with Jessa Barnard. That is clarification of the process to be used when an Investigation Committee makes a recommendation for a licensee who is under investigation to consider VPHP as a resource for assistance contending with the stress of being under investigation. That happens at times and in a recent case there seemed to be some confusion about the process.
- **Laser Tattoo Removal** – a recent investigation served as a reminder that there is no specific regulation in Vermont of the use of lasers for tattoo removal and that the only control on the practice is the prohibition on unlicensed practice of medicine. Mr. Herlihy provided some background about the issue.
 - i. The devices used for laser tattoo removal are regulated by the FDA as medical devices.
 - ii. The Board passed a motion on use of lasers on July 3, 2013 to say: “the use of lasers/pulsed light devices, or other energy source, chemical, or modality that affects living tissue, for the purpose of correcting or treating a disease, illness, pain, wound, fracture, infirmity, defect, or abnormal physical or mental condition constitutes the practice of medicine under Vermont law, 26 VSA § 1311.”
 - iii. The Board had a presentation on medical use of lasers by a dermatologist at its October 2016 meeting.

Dr. Hildebrant added that the issue had come up in the South Committee and they would be willing to do some research and discuss options, and report back to the Board. Dr. Clattenburg said that he would like information about what complaints or problems have been seen with tattoo removal. Mr. Herlihy noted that the Board might consider laser tattoo removal as a topic for the retreat during discussion of the next agenda item.

- **Continued Discussion of Retreat** – Mr. Herlihy recapped suggestions from the July meeting. Members had offered telemedicine, physician morale, and workforce/staffing issues as topics for the retreat. There were no additional topics submitted by email.

Most of the discussion focused on the topic of physician morale/wellness. Mr. Herlihy noted that he and Dr. Bernstein had seen a presentation on physician wellness by a Vermont consultant at a VMS annual meeting a few years ago. He thought it well done and could look into what they might be able offer that would be relevant to the Board. Members commented that this should not be a session detailing observations that indicate a problem with morale and wellness but a more productive endeavor. Dr. Hildebrant shared a concept known as “the Triple Aim.” In short, it sums up the three goals of health care as (1) great quality/low cost (2) great patient experience (3) great clinician experience. He observed that the clinician experience seems to get overlooked. Members built on that and the discussion turned to the experience of licensees with the Board and how we might improve that experience, or at least reduce

stress or annoyance experienced during investigations: Ms. Falk observed that an important part of such a discussion should be an internal discussion among the Board of how the experience could be improved. Mr. Herlihy said that he would look further into what might be available in terms of presentations and or a facilitator for a Board discussion of improving the experience of those who interact with the Board. Dr. Sproul added that the *Dobbs* decision will have a significant impact on the practice of medicine and commented that the topic would be a good use of retreat time. Ms. Falk commented that while she thinks that the laser tattoo removal issue is significant it is not so central to the Board's mission and functioning that it should be a main topic for the retreat.

Ms. McClain thanked members for their input and said that she and Mr. Herlihy will work further on an agenda.

- **Supreme Court Decision in *Dobbs v. Jackson Women's Health Organization*.** Mr. Herlihy explained that this is to introduce members to issues that the Board may encounter in the wake of the recent US Supreme Court decision overruling the *Roe v. Wade* case that found a constitutional right to abortion in 1973. There is great variance in the way states are responding to the case, which did away with the federal right to abortion, opening the door to state-by-state handling of the issue. One example of an issue that will come up for the Board is seen in the actions and proposals in other states to limit the effect on licensees of actions taken by states to discipline licensees for conduct that is prohibited in the disciplining state, but that was legal in the state where the care was rendered. Two references were distributed that give insight to controversies that may involve medical boards: slides from a presentation put on by The Network for Public Health Law, which lists some state responses already taken (pages 34-41); and, a newspaper article regarding the plans announced by two candidates for Vermont Attorney General as to how they would respond to *Dobbs*.

8. Reconvene meeting; Executive Session to Discuss:

- **Investigative cases recommended for closure**
- **Other matters that are confidential by law, if any**

Dr. Hildebrant made a motion at 1:46 PM to go into Executive Session to discuss confidential matters related to investigations. Dr. Clattenburg seconded the motion. The motion passed; opposed: none; recused: none; abstained: none.

9. Return to Open Session; Board Actions on matters discussed in Executive Session:

Dr. Hildebrant made a motion at 2:44 PM to return to Open Session Dr. Sproul seconded the motion. The motion passed; opposed: none; recused: none; abstained: none.

Dr. Payne, Central Investigative Committee, asked to close:

MPC 019-0322 – Letter #1

MPC 033-0422 – Special Letter #1

Ms. Hunter made a motion to close the cases presented. Dr. Liebow seconded the motion. The motion passed; opposed: none; abstained: none; recused: Central Investigative Committee.

Dr. Liebow, South Investigative Committee, asked to close:

MPS 047-0522 – Letter #1 – Dr. Greenberg, Dr. Sproul recused
MPS 050-0522 – Letter #1 – Dr. Sproul recused
MPS 049-0522 – Letter #1 – Dr. Sproul recused
MPS 048-0522 – Letter #1 – Dr. Sproul recused

Dr. Clattenburg made a motion to close the cases presented. Ms. Bogosian seconded the motion. The motion passed; opposed: none; abstained: none; recused: South Investigative Committee.

10. Board Actions on Committee recommendations regarding any non-confidential matters:

11. Upcoming Board meetings, committee meetings, hearings, etc.: (Locations are subject to change. You will be notified if a change takes place.)

- **August 11, 2022, North Investigative Committee Meeting, 9 AM, *108 Cherry Street, Burlington, VT and remote via Teams***
- **August 12, 2022, Central Investigative Committee Meeting, 9 AM, *108 Cherry Street, Burlington, VT and remote via Teams***
- **August 17, 2022, Board Meeting on pending applications, 12:10 PM, *108 Cherry Street, Burlington, VT and remote via Teams***
- **August 17, 2022, South Investigative Committee Meeting, 12:15 PM, *108 Cherry Street, Burlington, VT and remote via Teams***
- **September 7, 2022, Licensing Committee Meeting, 11:00 AM, *108 Cherry Street, Burlington, VT and remote via Teams***
- **September 7, 2022, Board Meeting, 12:00 PM, *108 Cherry Street, Burlington, VT and remote via Teams***

12. Open Forum:

13. Adjourn: Ms. McClain declared the meeting adjourned at 2:53PM.

APPENDIX A

INSERT Presentation of Applications

**Vermont Board of Medical Practice
Minutes of the August 17, 2022 Board Meeting
Meeting Conducted via Microsoft Teams**

Unapproved

1. Call to Order; Call the Roll; Acknowledge Guests:

Ms. McClain called the meeting to order at 12:10 p.m.

Members Present via phone:

Richard Clattenburg, MD; Leo LeCours; David Liebow, DPM; Maureen Bogosian; Patricia Hunter; Matthew Greenberg MD; Rick Hildebrant, MD; Richard Bernstein, MD; Gail Falk; Robert Tortolani, MD

Others in Attendance via phone:

David Herlihy, Executive Director; Paula Nenninger, Investigator; Scott Frennier, Investigator; Tracy Hayes Medical Licensing Specialist

2. Public Comments: None

3. Presentation of Applications (Recommendations were in the form of motions by the member making the recommendation).

Ms. McClain called for a motion for the issuance of Physician and Physician Assistant Licenses for:

Rajat Bhalla MD
Kaitlyn Roseman PA-C

Dana Kennedy MD

Chaya Pinson MD

Recommended by Ms. Hunter for licensure. Seconded by Dr. Tortolani, passed, opposed: none; recused: none; abstained: none.

Ms. McClain called for a motion for the issuance of Limited Temporary Physician Licenses for:

Armando Alvarez MD
Emma Hyde MD

William Engel MD
Paul Schwingler MD

Diana Flanagan MD
Razvan Turcu MD

Recommended by Mr. Greenburg for Limited Temporary Physician licensure. Seconded by Ms. Bogosian, passed, opposed: none; recused: none; abstained: none.

4. Other Business: None

5. Next Regular Board meeting: September 7, 2022, 12 p.m., via Teams, Vermont.

6. Adjournment

Ms. McClain adjourned the meeting at 12:14 p.m.

Respectfully submitted,
Tracy Hayes

PRESENTATION OF FULL APPLICATIONS

September 7, 2022

Note: Applicants listed below have been notified that their applications for licensure appear to be complete and may be presented at the next scheduled Board Meeting.

**** Must pass through licensing prior to being presented.**

| Name | School | Specialty | Practice Location |
|------------------------------|-------------------------------|-----------------------------|--------------------------|
| **Alosi, Julie MD | University of Vermont | Surgery (BC) | Private Practice |
| Amundson, Janet MD | University of Wisconsin | Diagnostic Radiology (BC) | StatRad |
| Anderson, Matthew MD | Loma Linda University | Critical Care Medicine (BC) | RRMC |
| **Aslakson, Rebecca MD | Harvard | Anesthesiology (BC) | UVMC |
| Beamer, Jonathan MD | OHSU | Psychiatry (BC) | Brattleboro Retreat |
| **Bruin, Michael MD | Bowman Gray SOM | Radiation Oncology (BC) | RRMC |
| **Burgess, Jonathan MD | Dartmouth | Psychiatry | CVMC |
| **Carr, Shannon MD | University of Vermont | OB/GYN (BC) | PPNNE |
| Carter, Sadie MD | Georgetown University | Emergency Medicine (BC) | Springfield Hospital |
| Casler, Alice MD | University of Connecticut | Pediatrics (BC) | State of VT |
| **Chun, Trissy MD | John A. Burns SOM | Emergency Medicine (BC) | Private Practice |
| Clancy, Thomas MD | Harvard Medical School | Surgery (BC) | Telemedicine |
| **Clark, Kierstin PA-C | Yale University | Unknown | Brattleboro Memorial ER |
| **Cohen, David MD | Sackler School of Medicine | Diagnostic Radiology (BC) | StatRad |
| **Conti, Robert MD | Drexel University | Radiology (BC) | Virtual Radiologic |
| **Eftychiadis, Angela MD | University of Athens (Greece) | Pathology (BC) | UVMC |
| **Erbayat, Ebru MD | University of Ankara (Turkey) | Neurology (BC) | UVMC |
| Frencher, James MD | University of Chicago | Diagnostic Radiology (BC) | StatRad |
| Galvin, William MD | Medical College of Georgia | Emergency Medicine (BC) | Mountain Medical |
| Garcia-Rojas, Xavier MD | Baylor College of Medicine | Diagnostic Radiology (BC) | StatRad |
| **Gee (Mitchell), Kacie PA-C | Shenandoah University | Unknown | Voya Health |

| | | | |
|--------------------------|----------------------------------|-----------------------------|-------------------------|
| George, Karen MD | Ohio State University | OB/GYN (BC) | UVMMC |
| **Glass, Jonathan MD | Cornell University | Dermatology (BC) | DHMC |
| **Heller, Howard MD | SUNY Downstate | Diagnostic Radiology (BC) | StatRad |
| Henderson, Ethan MD | University of Texas | Emergency Medicine (BC) | VA WRJ |
| Hermann, Matthew MD | Virginia Commonwealth University | Diagnostic Radiology (BC) | StatRad |
| Kallen, Amanda MD | University of Connecticut | OB/GYN (BC) | UVMMC |
| **Klein, Michael MD | University of California | Diagnostic Radiology (BC) | StatRad |
| Lecours, Daniel MD | Wayne State University | Unknown | UVMMC |
| **Lein, Hanna PA-C | Franklin Pierce | Unknown | TBD |
| Leopold, Robin MD | University of Vermont | Anesthesiology (BC) | UVMMC |
| **Lindquist, Shareene MD | Emory University | OB/GYN | Gifford |
| Linehan, Caroline MD | University of Vermont | Family Practice (BC) | CVMC Women's Health |
| Lotan, Roi MD | University of Chicago | Diagnostic Radiology (BC) | StatRad |
| **Lucchesi, Archana MD | Rush University | Diagnostic Radiology (BC) | StatRad |
| **Mahan, Mark MD | University of Chicago | Diagnostic Radiology (BC) | Radiology Partners |
| Markowitz, Deborah MD | NY University | Critical Care Medicine (BC) | RRMC |
| Martin, Andrew MD | University of Texas | Diagnostic Radiology (BC) | StatRad |
| Morneau, Leonard MD | St. Georges University (Grenada) | Diagnostic Radiology (BC) | StatRad |
| Moussoutfas, Michael MD | SUNY Syracuse | Neurology (BC) | SOC Telemed |
| Nehs, Matthew MD | University of Michigan | Surgery (BC) | Brigham and Women's |
| Openshaw, John MD | University of Pennsylvania | Internal Medicine (BC) | UVMMC |
| Quinn, Adam MD | SUNY Stony Brook | Emergency Medicine | Copley Hospital |
| Rattray, Kyle MD | University of Washington | Family Practice (BC) | Mt. Ascutney |
| Raza, Sughra MD | Albany Medical College | Diagnostic Radiology (BC) | DHMC |
| **Riad, Shareef MD | Cornell University | Diagnostic Radiology (BC) | StatRad |
| Ro, Tae MD | Texas Tech | Diagnostic Radiology (BC) | StatRad |
| **Roeder, Zachary MD | West Virginia University | Diagnostic Radiology (BC) | StatRad |
| **Schroeder, Holly MD | Dartmouth Medical School | Pediatrics (BC) | Cheshire Medical Center |

| | | | |
|--------------------------|-----------------------------|---------------------------|-------------------|
| Thompson, David MD | UCLA | Emergency Medicine (BC) | UVMMC |
| Thomson, Matthew MD | University of Utah | Diagnostic Radiology (BC) | StatRad |
| Timbers, William MD | University of Vermont | Emergency Medicine (BC) | UVMMC. |
| Toomey, David MD | University of Massachusetts | Emergency Medicine | Stratton Mountain |
| **Van Vogelpoel, Tusa MD | University of Connecticut | family Medicine | Lamoille Health |
| Vilme, Madelaine MD | Georgetown University | Internal Medicine (BC) | NWVMC |
| **Visker, Michael MD | University of Vermont | Pediatrics (BC) | Joe Nasca MD |
| **Weiss, William MD | Drexel University | Internal Medicine (BC) | RRMC |
| **Yeboah, Benjamin MD | University of Ghana (Ghana) | Internal Medicine (BC) | Prospero Health |
| **Yeo, Kee Kiat MD | Jefferson Medical School | Pediatric Hematology (BC) | Telemedicine |
| Yuh, Theresa MD | NYU | Diagnostic Radiology (BC) | StatRad |

VERMONT BOARD OF MEDICAL PRACTICE

In re: John C. Louras, MD)
) Docket No. MPN 060-0618
)

STIPULATION AND CONSENT ORDER

NOW COME John C. Louras, MD and the Board of Medical Practice and agree and stipulate as follows:

1. John C. Louras, MD (“Respondent”) held Vermont medical license number 042.0007074 that was originally issued by the Vermont Board of Medical Practice (“the Board”) on April 11, 1984. Respondent is a physician. Respondent retired from the practice of medicine in September of 2018 and let his Vermont medical license lapse on November 30, 2018.
2. Jurisdiction in this matter rests with the Board, pursuant to 26 V.S.A. §§ 1353-1354, 1370-74, 3 V.S.A. §§ 809-814, and the Rules of the Board of Medical Practice, Section 38.1.2.

FINDINGS OF FACT

3. The Board opened this matter in June of 2018 upon receipt of a notification from the National Practitioner Data Bank informing the Board that a medical malpractice case involving Respondent had settled in May of 2018. The matter was assigned to the North Investigative Committee of the Board (“the Committee”).
4. The medical malpractice case involved the care that Respondent provided to Patient A in 2012 and 2013 while employed as a general surgeon at Rutland Regional Medical Center “RRMC.”

5. Via a subpoena, the Committee received and analyzed records detailing the care that Respondent provided to Patient A, as well as care that Patient A later received at another hospital.
6. Respondent had previously performed multiple benign excisional biopsies of breast tissue on Patient A who had a strong family history of breast cancer. Patient A desired prophylactic mastectomies and breast implants/reconstruction.
7. Respondent requested and was granted temporary privileges from RRMC to perform bilateral saline implants after a simple double mastectomy. Respondent had not previously performed a breast implant procedure as the primary surgeon.
8. Respondent performed a nipple-sparing prophylactic double mastectomy and bilateral breast implant surgery on Patient A on July 18, 2012.
9. Respondent had not performed a nipple-sparing mastectomy on women until 2012. He performed a few nipple-sparing mastectomies on women prior to performing the July 18, 2012 procedure on Patient A, but Patient A's July 18, 2012 nipple-sparing mastectomy was the first time Respondent performed this procedure without the assistance of another surgeon.
10. Respondent performed a second operation of Patient A on January 2, 2013 that he described as addressing post mastectomy bilateral axillary lipomas and residual tail of breast tissue bilaterally.

11. Respondent performed a third operation on Patient A on September 13, 2013.

This procedure was a revision of the reconstruction that he performed on July 18, 2012.

12. The Committee found the treatment provided to Patient A by Respondent was not in conformance with the standard of care in the following ways:

a. Respondent did not remove the required amount of tissue from Patient A during the July 18, 2012 nipple sparing mastectomy resulting in an inadequate mastectomy.

b. Respondent failed to send the removed breast tissue for pathological evaluation for the January 2, 2013 and September 13, 2013 procedures.

c. The documentation contained in Respondent's operative reports for all three procedures was inadequate and sparse. For example, the operative reports do not include a gross exam of the breast tissue removed and do not indicate a rationale for his decision to not have it evaluated by pathology. In addition, his documentation about obtaining informed consent for the procedure from Patient A is inadequate as it does not document whether he provided sufficient information to Patient A about the procedure, discussed risks with her, or provided acceptable alternatives.

13. In written responses provided to questions posed by the Committee during the investigation of this case, Respondent provided an explanation as to the reason he did not send the excised breast tissue for pathologic evaluation after the second and third surgeries. Respondent indicated that he told Patient A that if

the "lesions" did not look suspicious at the time of excision he would throw them away to avoid the \$600.00 pathology fee.

14. Patient A had the breast implants removed by another surgeon at another hospital in July of 2014. During that operation, the capsule on the right side was very nodular and was sent for pathologic evaluation. The pathology results were positive for breast cancer.
15. Patient A died on October 15, 2015. On her autopsy report her cause of death is reported as metastatic breast adenocarcinoma.

CONCLUSIONS OF LAW

16. The Board may find, "in the course of practice... the failure to use and exercise on repeated occasions, that degree of care, skill, and proficiency that is commonly exercised by the ordinary skillful, careful, and prudent physician engaged in similar practice under the same or similar conditions, whether or not actual injury to the patient has occurred" constitutes unprofessional conduct. 26 V.S.A. § 1354(a)(22).
17. Respondent's treatment of Patient A as described herein constituted unprofessional conduct as defined by 26 V.S.A. § 1354(a)(22) when he did not remove an adequate amount of tissue during Patient A's mastectomy, failed to send tissue samples to pathology on two occasions, and kept inadequate medical documentation of Patient A's treatment.
18. Respondent agrees that the Board will adopt and incorporate as its facts and conclusions in this matter paragraphs one (1) through twenty-five (25) herein

and further agrees that this is an adequate basis for the Board's actions in this agreement. Any representation by Respondent herein is made solely for the purposes set forth by this agreement.

19. Therefore, in the interest of Respondent's desire to fully and finally resolve the matter presently before the Board, he has determined that he shall enter into this agreement with the Board. Respondent enters no further admission here, but to resolve this matter without further time, expense and uncertainty, he has concluded that this agreement is acceptable and in the best interest of the parties.
20. Respondent acknowledges that he is knowingly and voluntarily entering into this agreement with the Board. He acknowledges and agrees that at all times and in all communications and proceedings related to this matter before the Board he has had the right to be represented by counsel. Respondent has carefully reviewed and considered this Stipulation and Consent Order.
21. Respondent agrees and understands that by executing this document he is waiving any right to challenge the jurisdiction and continuing jurisdiction of the Board in this matter, to be presented with a specification of charges and evidence, to cross-examine witnesses, and to offer evidence of his own to contest any allegations by the State.
22. The parties agree that upon their execution of this Stipulation and Consent Order, and pursuant to the terms herein, the above-captioned matter shall be resolved by the Board. Thereafter, the Board will take no further action as to

this matter absent non-compliance with the terms and conditions of this document by Respondent.

23. This Stipulation and Consent Order is conditioned upon its acceptance by the Vermont Board of Medical Practice. If the Board rejects any part of this document, the entire agreement shall be considered void. Respondent agrees that if the Board does not accept this agreement in its current form, he shall not assert in any subsequent proceeding any claim of prejudice from any such prior consideration. If the Board rejects any part of this agreement, none of its terms shall bind Respondent or constitute an admission of any of the facts of the alleged misconduct, it shall not be used against Respondent in any way, it shall be kept in strict confidence, and it shall be without prejudice to any future disciplinary proceeding and the Board's final determination of any charge against Respondent.
24. Respondent acknowledges and understands that this Stipulation and Consent Order shall be a matter of public record, shall be entered in his permanent Board file, shall constitute an enforceable legal agreement, and may and shall be reported to other licensing authorities, including but not limited to: the Federation of State Medical Boards Board Action Databank and the National Practitioner Data Bank. In exchange for the action by the Board, as set forth herein, Respondent expressly agrees to be bound by all terms and conditions of this Stipulation and Consent Order.

25. The parties therefore jointly agree that should the terms and conditions of this Stipulation and Consent Order be deemed acceptable by the Board, it may enter an order implementing the terms and conditions herein.

ORDER

WHEREFORE, based on the foregoing, and the consent of Respondent, the Board hereby adopts as its facts and conclusions paragraphs one (1) through twenty-five (25) above. It is hereby ORDERED that:

1. Respondent shall be REPRIMANDED for the conduct set forth above.
2. Respondent shall pay an administrative penalty of \$4,000.00 consistent with 26 V.S.A. § 1374(b)(1)(A)(iii). Payment shall be made to the "State of Vermont Board of Medical Practice," and shall be sent to the Vermont Board of Medical Practice office, at the following address:

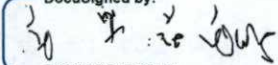
David Herlihy, Executive Director, Vermont Board of Medical Practice,
P.O. Box 70, Burlington VT 05402-0070. The payment shall be due no later than one month after this Stipulation is approved by the Board.
3. In the event that Respondent reapplies for and is granted a Vermont medical license, in addition to any conditions that may be imposed by the Licensing Committee of the Board, his license shall be CONDITIONED as follows:
 - a. No later than six months after being granted a Vermont medical license, Respondent shall successfully complete live, in-person AMA PRA Category 1 continuing medical education ("CME") courses on the following topics: medical ethics and boundaries and medical recordkeeping. Respondent shall seek prior approval, in writing, from the Committee for each CME course. Upon successful completion of each CME course, he shall

provide the Committee with proof of attendance. Respondent shall also provide the Committee with a brief written narrative of each CME course which will document what he learned from each course, and how he will apply that knowledge to his practice. Respondent shall provide proof of attendance and the written narratives to the Committee within 30 days of completion of each course.

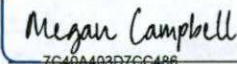
- b. Respondent shall not perform breast reconstruction surgeries as the primary surgeon.
- c. Respondent shall not perform nipple sparing total mastectomies as the primary surgeon.
- d. Respondent shall notify any future employers of the contents of this Stipulation by providing a copy of said document to his employer. This condition shall remain in effect for five years from the date that he resumes the practice of medicine in the State of Vermont.

SIGNATURES


DATED at _____, Vermont, this ____ day of _____, 2022.

DocuSigned by:
 8/23/2022
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Leo LeCours
Chair, North Investigative Committee
Vermont Board of Medical Practice


DATED at Montpelier, Vermont, this ____ day of _____, 2022.

DocuSigned by:
 8/23/2022
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Approval as to legal form
Megan Campbell, Esquire
Assistant Attorney General
Vermont Attorney General's Office
109 State Street
Montpelier, VT 05609-1001

DATED at Rutland, Vermont this 22nd day of August, 2022.


John C. Louras, MD
Respondent

DATED at Rutland, Vermont, this 22nd day of August, 2022.


John Zawistoski, Esq.
Ryan Smith & Carbine, Ltd.
P.O. Box 310
98 Merchants Row
Rutland, VT 05702-0310

**AS TO JOHN C. LOURAS, MD
APPROVED AND ORDERED
VERMONT BOARD OF MEDICAL PRACTICE**

Signed on Behalf of the Vermont Board of Medical Practice

By: _____
Sarah McClain
Chair
Vermont Board of Medical Practice

Vote documented in the Vermont Board of Medical Practice meeting minutes,
dated _____.

Dated: _____