

VERMONT BOARD OF MEDICAL PRACTICE
February 7, 2018
Red Clover Conference Room
Gifford Medical Center
Randolph, Vermont

10:30 a.m. Licensing Committee

12:00 p.m. Central Investigative Committee

A meeting of the Central Investigative Committee will be held to review investigative matters that are confidential by law.

12:15 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 January 3 and January 17, 2018 Board Meetings:**
- 4. Board Issues (Mr. Hoser):**
- 5. Administrative Update (Mr. Herlihy):**
- 6. Presentation of Applications (12:30 p.m. – 12:45 p.m.):**
- 7. Presentations to the Board (1:00 p.m. – 1:15 p.m.):**
- 8. Recess; Convene hearing to discuss any stipulations or disciplinary matters that are before the Board (1:15 p.m. – 1:45 p.m.)**
 - In re: Shakuntala Modi, MD – MPN 148-0817 – Cessation of Practice Agreement**
 - In re: Loren Landis, MD – MPN 208-1212 and MPN 210-1013 – Stipulation and Consent Order**
 - In re: Jocelyn Vrba Chauvin, PA – Licensing Matter – Stipulation and Consent Order**
- 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 with regard to any non-confidential matters:

12. Other Business: Update on Legislative proposals of interest to the Board.

Summary of 2018 Legislative Session – See Attachment 1

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

- **February 15, 2018, North Investigative Committee Meeting, 12 p.m., Vermont Department of Health, 108 Cherry Street, Conference Room 2C, Burlington, VT**
- **February 16, 2018, Central Investigative Committee Meeting, 9 a.m., Central Vermont Medical Center, Conf. Rm. 2, Berlin, VT**
- **February 21, 2018, Board meeting on pending applications, 12:10 p.m., Board of Medical Practice office, 108 Cherry Street, 2nd, Floor Burlington, VT (and via telephone)**
- **February 21, 2018, South Investigative Committee Meeting, 12:00 p.m., Asa Bloomer State Office Building, 4th Floor, Room #492, Rutland, VT**
- **March 7, 2018, Licensing Committee Meeting, 10:30 a.m., Gifford Medical Center, Red Clover Conference Room, Randolph**
- **March 7, 2018, Board Meeting, 12 p.m., Gifford Medical Center, Red Clover Conference Room, Randolph**

14. Open Forum:

15. Adjourn:

Attachment 1

Bills Requested by the Board

S.243 An act relating to the Board of Medical Practice and reporting of professional disciplinary actions. <https://legislature.vermont.gov/assets/Documents/2018/Docs/BILLS/S-0243/S-0243%20As%20Introduced.pdf>. This also includes language to resolve the defect in statute that causes problems with getting records from hospitals and other custodians who are not licensees of the Board based on the patient's privilege created in 12 V.S.A. § 1612.

S.253 An act relating to Vermont's adoption of the Interstate Medical Licensure Compact. <https://legislature.vermont.gov/assets/Documents/2018/Docs/BILLS/S-0253/S-0253%20As%20Introduced.pdf>.

Bills of Interest to the Board

H.640 An act relating to the right to a hospice consultation. <https://legislature.vermont.gov/assets/Documents/2018/Docs/BILLS/H-0640/H-0640%20As%20Introduced.pdf>. This is of interest to the Board for two reasons. One, it would pull on some of the strings that are attached to issues in the suit that was brought against the Board in federal court. I fear that any changes in the laws surrounding that issue has the potential to give rise to further litigation. Two, I'm concerned about the part that declares violation of the Palliative Care and Pain Management Patients' Bill of Rights to be a form of unprofessional conduct. <https://legislature.vermont.gov/statutes/section/18/042A/01871> Some of the provisions of 18 V.S.A. § 1871 could present difficult questions regarding enforceability. E.g., it declares that a patient with a terminal illness has the right to "expect and receive supportive care for the options available." It may seem nonsensical, but one interpretation of that wording would be that the patient has a right to care, regardless of whether they have the ability to pay for it or if it's within reason for the clinician to provide the care chosen by the patient.

H.684 An act relating to professions and occupations regulated by the Office of Professional Regulation. <https://legislature.vermont.gov/assets/Documents/2018/Docs/BILLS/H-0684/H-0684%20As%20Introduced.pdf>. The portion of the OPR bill of interest to the Board is in section 13, beginning at line 10 of page 22 in the document linked above. It proposes to eliminate 26 V.S.A. §§ 1612 & 1613, which are the provisions that require APRNs to file written practice guidelines with the Board of Nursing and to have a collaboration agreement with a physician or qualified APRN unless they meet certain requirements for experience, measured as a minimum number of hours and years of practice (at least 24 months, 2,400 hours in an initial role and population focus, or 12 months and 1,600 hours for an additional role and population focus). In 2012 when the nursing statutes were amended to set those standards, the Board of Medical Practice was opposed to the elimination of collaboration agreements without having at least a mentored period of training as a prerequisite, and the requirement for written practice guidelines was part of the landscape within which the Board agreed to what is seen in 26 V.S.A. § 1613.

H.690 An act relating to explanation of advance directives and treating clinicians who may sign a DNR/COLST. <https://legislature.vermont.gov/assets/Documents/2018/Docs/BILLS/H-0690/H-0690%20As%20Introduced.pdf>. Of interest only because it adjusts the definition of “clinician” that describes which health care providers may qualify for performing the consultation that is part of the process for creating a DNR/COLST. Input was solicited from Board staff and the proposed language is acceptable; it will allow a DRN/COLST prepared with consultation with a physician outside of Vermont to be valid, without creating a new exception that would have allowed physicians not licensed in Vermont to perform that consultation with patients located in Vermont.

Bills of Secondary Interest – bills that do not directly involve the Board, but that relate in some way to practice of medicine or matters relating to prescribing.

H.659 An act relating to price transparency for surgeries and procedures.
<https://legislature.vermont.gov/assets/Documents/2018/Docs/BILLS/H-0659/H-0659%20As%20Introduced.pdf>

H.666 An act relating to establishing the Advisory Council on Benzodiazepine Prescribing Practices. <https://legislature.vermont.gov/assets/Documents/2018/Docs/BILLS/H-0666/H-0666%20As%20Introduced.pdf>.

H.686 An act relating to establishing the Child Fatality Review Team.
<https://legislature.vermont.gov/assets/Documents/2018/Docs/BILLS/H-0686/H-0686%20As%20Introduced.pdf>.

H.698 An act relating to establishing a non-opioid directive form.
<https://legislature.vermont.gov/assets/Documents/2018/Docs/BILLS/H-0698/H-0698%20As%20Introduced.pdf>.

H.708 An act relating to the examination of fatal opiate overdoses.
<https://legislature.vermont.gov/assets/Documents/2018/Docs/BILLS/H-0708/H-0708%20As%20Introduced.pdf>.

H.723 An act relating to limits on the prescription of opioids and creating a private right of action for prescriptions in excess of those limits.
<https://legislature.vermont.gov/assets/Documents/2018/Docs/BILLS/H-0723/H-0723%20As%20Introduced.pdf>