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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

**F I N A L M I N U T E S**

MEETING OF:

**STATE BOARD OF OSTEOPATHIC MEDICINE**

TIME: 10:30 A.M.

Held at

**PENNSYLVANIA DEPARTMENT OF STATE**

2525 North 7th Street

CoPA HUB, Eaton Conference Room

Harrisburg, Pennsylvania 17110

as well as

**VIA MICROSOFT TEAMS**

Wednesday, October 9, 2024

1                    State Board of Osteopathic Medicine  
2    October 9, 2024

3  
4  
5 BOARD MEMBERS:

6  
7 Arion R. Claggett, Acting Commissioner, Bureau of  
8 Professional and Occupational Affairs  
9 Sirisha Reddy, Special Advisor, on behalf of Debra  
10 L. Bogen, M.D., FAAP, FABM, Acting Secretary,  
11 Department of Health  
12 John B. Bulger, D.O., MBA, Chairman  
13 Hillary D. Snyder, MSPAS, PA-C, Vice Chairperson  
14 Randy Litman, D.O., Secretary  
15 Thomas S. Dardarian, D.O.  
16 Joseph M. Zawisza, D.O. - Absent  
17 Jonathan P. Oline, D.O.  
18 Ayanna S. Kersey-McMullen, D.O.  
19 James R. Latronica, D.O.  
20

21  
22 BUREAU PERSONNEL:

23  
24 Ashley B. Goshert, Esquire, Board Counsel  
25 Heather J. McCarthy, Esquire, Senior Board Prosecutor  
26 Jason T. Anderson, Esquire, Board Prosecutor  
27 Patrick Greene, Esquire, Board Prosecutor  
28 Berk V. Demiral, Esquire, Board Prosecutor  
29 Adrienne Rachelle McClendon, Esquire, Board  
30 Prosecutor  
31 Courtney J. Restemayer, Esquire, Board Prosecutor  
32 Adam J. Williams, Esquire, Board Prosecutor  
33 Priscilla Turek, Board Administrator  
34 Andrew LaFratte, MPA, Deputy Policy Director,  
35 Department of State  
36 Holly Hoffman, Law Clerk, Department of State  
37

38  
39 ALSO PRESENT:

40  
41 Andy Sandusky, Executive Vice President, Public  
42 Policy and Association Affairs, Pennsylvania  
43 Osteopathic Medical Association  
44 John Gimpel, D.O., President/CEO, National Board of  
45 Osteopathic Medical Examiners  
46 Douglas Murray, Esquire, General Counsel, National  
47 Board of Osteopathic Medical Examiners  
48 Rachel Wilbur-Adams, Sargent's Court Reporting  
49 Service, Inc.  
50  
51

1 \*\*\*

2 State Board of Osteopathic Medicine

3 October 9, 2024

4 \*\*\*

5 [Pursuant to Section 708(a)(5) of the Sunshine Act,  
6 at 9:30 a.m. the Board entered into Executive Session  
7 with Ashley B. Goshert, Esquire, Board Counsel, for  
8 the purpose of conducting quasi-judicial  
9 deliberations on a number of matters that are  
10 currently pending before the Board and to receive the  
11 advice of counsel. The Board returned to open  
12 session at 10:30 a.m.]

13 \*\*\*

14 The regularly scheduled meeting of the State  
15 Board of Osteopathic Medicine was held on Wednesday,  
16 October 9, 2024. John B. Bulger, D.O., MBA,  
17 Chairman, called the meeting to order at 10:30 a.m.]

18 \*\*\*

19 Introduction of Board Members/Attendees  
20 [Priscilla Turek, Board Administrator, provided an  
21 introduction of Board members, staff, and attendees.  
22 A quorum of Board members was present.]

23 \*\*\*

24 [Ashley B. Goshert, Esquire, Board Counsel, reminded  
25 everyone that the meeting was being recorded and

1 voluntary participation constituted consent to be  
2 recorded.]

3

\*\*\*

4 Approval of minutes of the August 15, 2024 meeting

5 CHAIRMAN BULGER:

6 The first order of business is approval  
7 of minutes from the August 15, 2024  
8 meeting. Are there any additions,  
9 deletions, or corrections to those  
10 minutes? Hearing none.

11 I'll take a motion to approve.

12 DR. LITMAN:

13 Motion to approve.

14 CHAIRMAN BULGER:

15 Do I have a second?

16 DR. DARDARIAN:

17 Second.

18 CHAIRMAN BULGER:

19 Any further discussion? Hearing none.

20 Call the roll, please.

21

22 Arion Claggett, aye; Dr. Bulger, aye;  
23 Hillary Snyder, aye; Dr. Litman, aye;  
24 Dr. Dardarian, aye; Dr. Oline, aye; Dr.  
25 Kersey-McMullen, aye; Dr. Latronica,

1                   aye; Ms. Reddy, aye.

2 [The motion carried unanimously.]

3   \*\*\*

4 Report of Prosecuting Attorneys

5 [Heather J. McCarthy, Esquire, Senior Board  
6 Prosecutor, presented the Consent Agreement for Case  
7 No. 24-53-006924.]

8   \*\*\*

9 [Heather J. McCarthy, Esquire, Senior Board  
10 Prosecutor, on behalf of Keith E. Bashore, Esquire,  
11 Board Prosecution Liaison, presented the Consent  
12 Agreement for Case No. 24-53-012063.]

13   \*\*\*

14 [Jason T. Anderson, Esquire, Board Prosecutor,  
15 presented the Consent Agreement for Case No. 20-53-  
16 009321. He stated the individual is an actively  
17 licensed physician and surgeon who asked the Board  
18 for a variance on CE requirements in 2020. He noted  
19 the individual removed himself from practice in  
20 September 2018 based on a cognitive health issue due  
21 to a diagnosis of dementia not related to age but  
22 because of high school and college sports physical  
23 contact issues to the head.

24           Mr. Anderson noted he was certified in 2019 by  
25 his providers to be safe to practice in a limited

1 capacity and tried to become a member of the  
2 methadone clinic treatment community by providing  
3 services in that capacity. He noted prosecution  
4 reviewed the information provided, and their internal  
5 expert agreed. He explained that the consent  
6 agreement would be to limit his ability to practice  
7 as defined in the agreement to his methadone  
8 addiction medication-assisted treatment (MAT) area.

9 Mr. Anderson explained that a primary care  
10 physician, psychologist, and neurologist would be  
11 responsible for his actions and reporting to their  
12 probation compliance office to inform them of any  
13 violations, noting any violation of the agreement  
14 would be the suspension of his license.

15 Mr. Anderson addressed direct supervision, noting  
16 his supervisor is present at the facility in the  
17 methadone clinic, along with a safeguard that was put  
18 in place, where there is a double check as to what  
19 has been recommended for treatment in the dosages and  
20 amount of methadone by the person providing it to the  
21 patient.

22 Mr. Anderson stated the individual would need a  
23 fully active license because the individual would be  
24 evaluating patients, noting the patient has taken  
25 their health into their own hands, been proactive,

1 and has shown through a long period of time that they  
2 have been compliant with treatment.

3 Mr. Anderson addressed prescription monitoring,  
4 where any practices outside of the contents of the  
5 consent agreement is technically considered a  
6 violation and would not be any different than any  
7 other case and would be brought to someone's  
8 attention and reported to prosecution.

9 Mr. Anderson mentioned that the individual's  
10 family has taken an active role, and he has had an  
11 active license, has not technically been inactivated  
12 or disciplined, and they have not seen any actions  
13 that would indicate a problem or concern, which is  
14 why an additional level was not added to the consent  
15 agreement that would have restricted his Drug  
16 Enforcement Administration (DEA) license or his  
17 ability to prescribe.

18 Dr. Kersey-McMullen commented that the individual  
19 would be doing an assessment to determine whether or  
20 not someone was eligible to receive methadone and  
21 asked how he has the capacity to make medical  
22 assessments and decisions as it relates to methadone  
23 treatment and not have the capacity to perform in his  
24 primary specialty, especially when another provider  
25 is not also performing an examination but signing off

1 on his recommendations and then making prescribing  
2 recommendations on behalf of the patient.

3 Mr. Anderson explained that the individual who  
4 evaluated this in house is an addiction medicine  
5 provider also aware of all the requirements under  
6 methadone clinics, as well as outpatient addiction  
7 MAT treatment, and agreed that the individual has the  
8 capacity to still perform all the job requirements of  
9 a physician in this capacity after reviewing all the  
10 medical records and the assessments from the  
11 evaluators.

12 Chair Bulger asked whether the individual had  
13 undergone an independent evaluation of his cognition  
14 by LifeGuard.

15 Mr. Anderson explained that LifeGuard or a  
16 preventive medical examination (PME) evaluation was  
17 not utilized, because medical records and assessments  
18 by his own providers were obtained and their own in-  
19 house expert was used, who is a practicing physician,  
20 but also has a subspecialty in addiction medicine.  
21 He noted it was already an internal look that would  
22 equate the same thing as well as specified toward the  
23 specific type of work the individual would be doing  
24 as opposed to a general cognitive assessment.]

25

\*\*\*



1 Appointment - NBOME - Update on NBOME Activities  
2 [John Gimpel, D.O., President/CEO of the National  
3 Board of Osteopathic Medical Examiners, thanked Board  
4 members for their service to the Board and protecting  
5 the citizens of Pennsylvania. He mentioned that the  
6 Board is an active member of the American Society of  
7 Osteopathic Medical Regulators (ASOMR), formerly the  
8 American Association of Osteopathic Examiners (AAOE),  
9 who serve throughout the nation on their state's  
10 licensing boards.

11 Dr. Gimpel provided an overview of the National  
12 Board of Osteopathic Medical Examiners (NBOME) Board  
13 members.

14 Dr. Gimpel stated NBOME's mission is to protect  
15 the public through assessment by giving boards valid,  
16 reliable, and fair assessments when granting a Doctor  
17 of Osteopathic Medicine (DO) a license in  
18 Pennsylvania to ensure they have demonstrated their  
19 competency for the practice of osteopathic medicine  
20 based on the the Comprehensive Osteopathic Medical  
21 Licensing Examination of the United States (COMLEX-  
22 USA).

23 Dr. Gimpel noted receiving a proclamation from  
24 Governor Josh Shapiro in May 2024 to celebrate  
25 NBOME's 90th Anniversary. He stated NBOME has been

1 around since 1934, and their website was updated with  
2 some of its milestones at [www.nbome.org](http://www.nbome.org). He reported  
3 the first person who took and passed NBOME's  
4 licensure exam back in the 1930s was a Dr. Margaret  
5 Barnes, who went on to have a role with the American  
6 Academy of Osteopathy.

7 Dr. Gimpel noted NBOME's portfolio of assessments  
8 include the COMLEX and Comprehensive Osteopathic  
9 Medical Variable-Purpose Examination (COMVEX), along  
10 with others for students at osteopathic medical  
11 schools or learners or even doctors renewing their  
12 certification.

13 Dr. Gimpel reminded everyone that passing COMLEX  
14 Level 1 and Level 2 is required to receive a degree  
15 and addressed the three levels of COMLEX. He stated  
16 Level 1 is still typically taken at a second-year  
17 level. Level 2 is typically taken at a fourth-year  
18 level of osteopathic medical school, and Level 3 is  
19 typically taken after six months of residency in that  
20 residency year, at which time the individual could  
21 present the passing credential and a transcript to  
22 the Board to receive their license.

23 Dr. Gimpel noted NBOME still provides a pass/fail  
24 system for each of the exams but also provides a  
25 numerical score for Level 2 Cognitive Evaluation (CE)

1 and Level 3. He mentioned Level 1 no longer reports  
2 a numeric score. He reported a maximum attempt limit  
3 of four for any exam in the COMLEX series, noting a  
4 90-92% pass rate on the first attempt. He stated a  
5 petition is also available for a fifth attempt if  
6 there is extenuating circumstances with a candidate  
7 but is rarely utilized at five or six times a year  
8 nationally.

9 Dr. Gimpel stated COMLEX-USA is the licensing  
10 exam and COMVEX was designed because state licensing  
11 boards requested an exam for a doctor who may be in a  
12 reentry situation due to being out of practice for a  
13 few years or in cases where the licensing board has a  
14 concern about their cognitive ability to apply  
15 osteopathic knowledge.

16 Dr. Gimpel explained that COMVEX is a computer-  
17 based exam similar to COMLEX Level 3 in content and  
18 blueprint and delivered at Pearson VUE centers but  
19 can only be taken if a board or state licensing  
20 authority approves it.

21 Dr. Gimpel addressed clinical skills testing,  
22 noting the Performance Evaluation (PE) exam is not  
23 coming back. He mentioned that the profession really  
24 stood up in the virtue of the Special Commission for  
25 Osteopathic Medical Licensure Assessment in terms of

1 the ability to communicate with the patient;  
2 demonstrate cultural humility, respectfulness, and  
3 communicate empathy; and the ability to put hands on  
4 a patient for a physical examination, including  
5 osteopathic manipulative treatment (OMT).

6 Dr. Gimpel stated critical competencies essential  
7 of osteopathic medical practice are difficult to test  
8 with computer-based testing, including Level 1, Level  
9 2, and Level 3. He mentioned that many schools up  
10 until about 2022 or 2023 reported that they do test  
11 it with a capstone assessment, noting the special  
12 commission thought NBOME could partner with schools  
13 and come up with a model that is a national standard.

14 Dr. Gimpel reported the Commission on Osteopathic  
15 College Accreditation (COCA) has a requirement that  
16 each student pass assessments on those competencies  
17 to a national standard. He stated NBOME has piloted  
18 with eight schools and nine campuses with a similar  
19 exam to the PE, where they are still assessing  
20 students at the third and fourth year of school  
21 level, noting the importance of doctors already being  
22 signed off on the competencies upon graduation and  
23 entering a residency.

24 Dr. Gimpel addressed the concern of doctors  
25 applying to residencies and whether that would hold

1 them back if they failed an exam such as this. He  
2 mentioned that it could be a competency-based badge  
3 that is added to a transcript, where the student  
4 moves on once they pass. He mentioned that the exam  
5 still uses independent, certified DO physician  
6 examiners that score by video, just like the PE exam.

7 Dr. Gimpel announced NBOME will have a third  
8 pilot phase next year and is not sure whether it will  
9 work its way back into a licensure component. He  
10 mentioned that students currently need to receive a  
11 verification from their dean that they have  
12 demonstrated the competencies at a graduation level,  
13 which enables the student to graduate and take their  
14 Level 3 exam as a resident and ultimately come to the  
15 Board with a COMLEX-USA credential.

16 Dr. Gimpel reported NBOME will be sending a  
17 survey to licensing boards very soon as to whether it  
18 is or is not important to the licensing community  
19 that every student demonstrate these competencies,  
20 and it has been checked off to a national standard.

21 Dr. Gimpel noted NBOME received feedback a couple  
22 of years ago but is now requesting additional  
23 collective feedback from boards, schools, graduate  
24 medical education (GME) programs, and other  
25 stakeholder groups. He also noted the importance of

1 the licensing community providing feedback, since the  
2 exam is for licensure.

3 Dr. Litman thanked Dr. Gimpel for his work on  
4 this and commented that it will be a vital piece in  
5 terms of credentialing people in the future.

6 Dr. Gimpel addressed the training of standardized  
7 patients. He referred to the Core Competency  
8 Capstone for DOs (C3DO), where their national  
9 training leaders work with each school virtually but  
10 also revisit each school to make sure whoever is  
11 training the standardized patients at each school are  
12 performing in a similar way.

13 Dr. Gimpel referred to the first pilot with four  
14 schools and five campuses, noting a liability north  
15 of 0.80 for the doctor-patient communication side.  
16 He invited everyone to explore the website for the  
17 various committee reports before providing additional  
18 feedback on the project.

19 Chair Bulger stated Pennsylvania had an OMT exam  
20 for a long time. He noted the exam for people who  
21 took PE no longer had to take the exam, because it  
22 was waived during the pandemic and is still waived at  
23 this time. He explained that the Board developed a  
24 procedure for people who actually trained before PE  
25 and would personally welcome this. He believed

1 people were very comfortable with PE and the validity  
2 and message it sent about skills and OMT skills being  
3 important as part of training and assessing those in  
4 a standardized way.

5 Dr. Gimpel thanked Chair Bulger for his feedback,  
6 noting the importance of working with schools to make  
7 a higher national standard, so everybody who comes to  
8 a licensed board to get a license has demonstrated  
9 what they consider to be nonnegotiable skills.

10 Dr. Gimpel stated the vast majority of  
11 residencies in America also understand DOs, but there  
12 are some specialties who do not typically accept DOs  
13 despite the single accreditation system. He noted  
14 AOA, NBOME, American Association of Colleges of  
15 Osteopathic Medicine (AACOM), and schools are all  
16 continuing to provide education to help reduce  
17 discrimination and provide education on DOs and their  
18 credentials.

19 Dr. Gimpel reported achieving some great  
20 successes, where eight different specialties have  
21 parity statements that now welcome all DOs and COMLEX  
22 being equivalent to the United States Medical  
23 Licensing Examination (USMLE) used for DOs. He also  
24 reported great strides internationally in the last  
25 few years and gave credit to AOA and the whole

1 profession for standing up and creating the personal  
2 relationships, providing documentation, and freely  
3 continuing to advocate for DOs.

4 Dr. Gimpel referred to the International  
5 Association of Medical Regulatory Authorities, which  
6 essentially is licensing boards and regulation  
7 authorities across the world from 47 member  
8 countries. He noted Bali, Indonesia, passed a  
9 resolution last year, where the American DO is  
10 equivalent to the MD degree for the purposes of  
11 registration and licensure. It also clarified the  
12 difference between United States DOs and nonphysician  
13 osteopaths in other countries.

14 Dr. Gimpel has been working with Canada over the  
15 last 15 years and reported several of the provinces  
16 on the western part of Canada came up with a new law  
17 to license United States DOs who accomplished AOA  
18 board certification and AOA-accredited residency  
19 training, not just those that had American Board of  
20 Medical Specialties (ABMS) or the Accreditation  
21 Council for Graduate Medical Education (ACGME)  
22 training.

23 Dr. Gimpel noted India licensed its first DO  
24 licensed by the California Osteopathic Board, and the  
25 Medical Board of Australia has the Competent



1 Authority pathway for United States DOs provided they  
2 have two years of GME training accredited by either  
3 AOA or ACGME and passed the whole COMLEX series.

4 Dr. Gimpel stated their national faculty is  
5 approximately 840 credentialed DOs, PhDs, and others,  
6 including licensing board representatives. He noted  
7 NBOME has a number of doctors who participate in test  
8 content review and standard settings. He welcomed  
9 anyone who is interested in becoming a national  
10 faculty member to apply through their website.

11 Douglas Murray, Esquire, General Counsel,  
12 National Board of Osteopathic Medical Examiners,  
13 acknowledged that the Board is processing  
14 applications under the compact now and is supportive  
15 of the goals of the compact. He noted having  
16 questions and reaching out to Marschall Smith, the  
17 Executive Director of the Interstate Medical  
18 Licensure Compact Commission, and referred to the  
19 regulation, where the board receiving the letter of  
20 qualification should grant the license if a letter of  
21 qualification is issued.

22 Mr. Murray mentioned that it seemed to not be  
23 good due diligence and contrary to the board's  
24 purpose in reviewing applications and followed up  
25 with him, where he then said the board can come back

1 and does not need to automatically grant the license  
2 if information is missing from an application or the  
3 Board has concerns about an applicant's  
4 qualifications.

5 Acting Commissioner Claggett offered to answer  
6 any questions Mr. Murray had concerning the compact.

7 Chair Bulger thanked NBOME for their  
8 presentation.]

9 \*\*\*

10 Report of Board Chair

11 [John B. Bulger, D.O., MBA, Chairman, reminded  
12 everyone that licensure renewals are up at the end of  
13 the month and anyone who works for someone else may  
14 lose their job if they do not renew their license.]

15 \*\*\*

16 Report of the Vice Chair - No Report

17 \*\*\*

18 Report of Acting Commissioner

19 [Arion R. Claggett, Acting Commissioner, Bureau of  
20 Professional and Occupational Affairs, informed Board  
21 members that a vendor has been selected for the  
22 replacement of the Pennsylvania Licensing System  
23 (PALS), and System Automation is on schedule to  
24 replace PALS by the end of 2025.]

25 \*\*\*

1 Report of Department of Health - No Report

2 \*\*\*

3 Report of Board Administrator - No Report

4 \*\*\*

5 For the Board's Information/Discussion - Board  
6 Meeting Dates

7 [John B. Bulger, D.O., MBA, Chairman, noted the 2024  
8 and 2025 Board meeting dates. He referred to the  
9 last meeting, where the Board gave someone their  
10 fifth attempt at the exam, and it was interesting to  
11 hear Dr. Gimpel say that only happens a handful of  
12 times nationally. He also noted the next Board  
13 meeting is December 4, 2024.]

14

15 Report of Board Counsel - Status of Regulations

16 [Ashley B. Goshert, Esquire, Board Counsel, provided  
17 a Status of Cases Report for the Board's review. She  
18 noted the physician assistant regulatory update is  
19 now a priority to confirm their regulations line up  
20 with changes in the law.]

21 \*\*\*

22 Miscellaneous

23 [Thomas S. Dardarian, D.O., referred to the license  
24 renewal spot on the application asking whether the  
25 applicant has been named in any civil malpractice

1 suits since their last renewal and asking them to  
2 submit the complaint. He questioned the rationale as  
3 to why the entire complaint is needed versus the face  
4 sheet if the document is very large.

5 Ms. Goshert explained that the entire civil  
6 complaint is reviewed, and did not want applicants  
7 redacting information. She stated she could reach  
8 out to the Board to determine what parts of the  
9 document needed to be reviewed.]

10 \*\*\*

11 [Pursuant to Section 708(a)(5) of the Sunshine Act,  
12 at 11:30 a.m. the Board entered into Executive  
13 Session with Ashley B. Goshert, Esquire, Board  
14 Counsel, for the purpose of conducting quasi-judicial  
15 deliberations on a number of matters that are  
16 currently pending before the Board and to receive the  
17 advice of counsel. The Board returned to open  
18 session at 11:56 a.m.]

19 MS. GOSHERT:

20 Pursuant to Section 708(a)(5) of the  
21 Sunshine Act, the Board entered into  
22 Executive Session this morning at  
23 9:30 a.m. and then again at  
24 approximately 11:30 a.m. for the  
25 purpose of conducting quasi-judicial

1 deliberations on a number of matters  
2 that are currently pending before the  
3 Board and to receive advice of counsel.

4 Based on those deliberations, I  
5 believe the Board would entertain a  
6 motion to approve the Consent Agreement  
7 at item 4 on the agenda at Case No. 24-  
8 53-006924.

9 DR. DARDARIAN:

10 So moved.

11 DR. LITMAN:

12 Second.

13 CHAIRMAN BULGER:

14 Any further discussion? Please, call  
15 the roll.

16  
17 Arion Claggett, aye; Dr. Bulger, aye;  
18 Ms. Snyder, aye; Dr. Litman, aye; Dr.  
19 Dardarian, aye; Dr. Oline, aye; Dr.  
20 Kersey-McMullen, aye; Dr. Latronica,  
21 aye; Ms. Reddy, aye.

22 [The motion carried unanimously. The Respondent's  
23 name is Gary Dr. Northstein, D.O.]

24 \*\*\*

25 MS. GOSHERT:

1 Moving on to agenda item 5. I believe  
2 the Board would entertain a motion to  
3 approve the Consent Agreement at Case  
4 No. 24-53-012063.

5 CHAIR BULGER:

6 Motion?

7 DR. DARDARIAN:

8 So moved.

9 DR. LITMAN:

10 Second.

11 CHAIRMAN BULGER:

12 Any further discussion? Hearing none.  
13 Please, call the roll.

14

15 Arion Claggett, aye; Dr. Bulger, aye;  
16 Ms. Snyder, aye; Dr. Litman, aye; Dr.  
17 Dardarian, aye; Dr. Oline, aye; Dr.  
18 Kersey-McMullen, aye; Dr. Latronica,  
19 aye; Ms. Reddy, aye.

20 [The motion carried unanimously. The Respondent's  
21 name is Christopher R. Sheerer, D.O.]

22

\*\*\*

23 MS. GOSHERT:

24 Moving on to agenda item 6. I believe,  
25 based on Executive Session

1                   deliberations, the Board would  
2                   entertain a motion to reject the  
3                   Consent Agreement at item 6, Case No.  
4                   20-53-009321, as too lenient.

5 CHAIR BULGER:

6                   Could we have a motion?

7 DR. DARDARIAN:

8                   Motion.

9 DR. LITMAN:

10                  Second.

11 CHAIRMAN BULGER:

12                  Any further discussion? Hearing none.  
13                  Please, call the roll.

14

15                  Arion Claggett, aye; Dr. Bulger, aye;  
16                  Ms. Snyder, aye; Dr. Litman, aye; Dr.  
17                  Dardarian, nay; Dr. Oline, aye; Dr.  
18                  Kersey-McMullen, abstain; Dr.  
19                  Latronica, nay; Ms. Reddy, abstain.

20 [The motion carried. Thomas Dardarian and James  
21 Latronica opposed the motion. Ayanna Kersey-McMullen  
22 and Sirisha Reddy abstained from voting on the  
23 motion.]

24

\*\*\*

25 Adjournment

1 CHAIRMAN BULGER:

2 I'll take a Motion to adjourn.

3 DR. DARDARIAN:

4 So moved.

5 DR. LITMAN:

6 Second.

7 CHAIRMAN BULGER:

8 We are adjourned.

9 \*\*\*

10 [There being no further business, the State Board of  
11 Osteopathic Medicine Meeting adjourned at 12 p.m.]

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CERTIFICATE

I hereby certify that the foregoing summary minutes of the State Board of Osteopathic Medicine meeting, was reduced to writing by me or under my supervision, and that the minutes accurately summarize the substance of the State Board of Osteopathic Medicine meeting.



Rachel Wilbur-Adams,

Minute Clerk

Sargent's Court Reporting  
Service, Inc.

STATE BOARD OF OSTEOPATHIC MEDICINE  
REFERENCE INDEX

October 9, 2024

	TIME	AGENDA
1		
2		
3		
4		
5		
6		
7		
8	9:30	Executive Session
9	10:30	Return to Open Session
10		
11	10:30	Official Call to Order
12		
13	10:30	Introduction of Board Members/Attendees
14		
15	10:33	Approval of Minutes
16		
17	10:34	Report of Prosecuting Attorneys
18		
19	10:52	Appointment - NBOME - Update on NBOME
20		Activities
21		
22	11:25	Report of Board Chair
23		
24	11:25	Report of Acting Commissioner
25		
26	11:26	For the Board's Information/Discussion
27		
28	11:27	Report of Board Counsel
29		
30	11:28	Miscellaneous
31		
32	11:30	Executive Session
33	11:56	Return to Open Session
34		
35	11:56	Motions
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37	12:00	Adjournment
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