

Review of the New Hampshire Board of Medicine

Report of the Federation of State Medical Boards
to the New Hampshire Office of Professional
Licensure and Certification

Submitted February 11, 2025

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Executive Summary

In June 2024, the New Hampshire Board of Medicine (“NHBOM” or “Board”) and the New Hampshire Office of Professional Licensure and Certification (“OPLC”) requested and accepted a proposal from the Federation of State Medical Boards (“FSMB”) to conduct a review of the Board’s operations, processes, and policies as it seeks to improve operational efficiencies. The FSMB assembled a review team (“Review Team”) of Patricia A. King, MD, PhD, FACP, Past Chair, FSMB Board of Directors and Member/Former Chair, Vermont Board of Medical Practice; Stephanie A. Loucka, JD, Executive Director, State Medical Board of Ohio; John Bremer, Director of State Legislation and Policy, FSMB; Andrea Ciccone, JD, Vice President of Engagement; and Frank Meyers, JD, Deputy Legal Counsel, FSMB.

The Review Team worked closely with the Board and OPLC to determine the scope and focus of the project and determined that FSMB would provide the Board and OPLC a written report designed to engage Board members and OPLC staff in a thorough evaluation of current processes and methods, and to promote enhancements in overall operational effectiveness.

The Review Team analyzed the Board and OPLC’s administrative processes through document review and interviews with Board members and OPLC staff conducted via web conference between August 15 – November 1, 2024.

The Review Team met multiple times remotely to discuss its findings and proposed recommendations. The following report provides an overview of FSMB’s Board review process and recommendations to OPLC regarding the Board’s policies, procedures, statutes, and structure.

Introduction

The New Hampshire Board of Medicine (Board) and Office of Professional Licensure and Certification (OPLC) engaged the Federation of State Medical Boards (FSMB) to review and report on the Board's operations and processes. The objective of this review, as outlined in the proposal, is to evaluate the Board's operations and offer recommendations for aligning its practices with national standards. The FSMB recognizes the Board's crucial role in safeguarding patient safety and ensuring physician competency in New Hampshire. This report encapsulates the feedback, issues, and recommendations gathered through a comprehensive review of documents, interviews with board staff and members, and insights from FSMB reviewers.

Goals and Objectives

The Review Team worked with the Board and OPLC to determine the following project objectives and goals:

Project Objectives: FSMB shall review and evaluate the Board's administrative processes and operational effectiveness. The FSMB assessment team shall focus on statutes, rules, policies, processes, and procedures from initial licensure through license renewal and complaint intake through investigation and disposition.

Project Goals: FSMB shall conduct an in-depth review and analysis of the Board's operations, processes, and policies to inform a final assessment report with recommendations that engages Board members and OPLC staff to enhance its levels of production and operations so that New Hampshire's patients are better protected.

Review Team

The FSMB Review Team consists of six individuals with a range of state medical board, regulatory, and operational experience.

Patricia A. King, MD

Member and Past Chair, Vermont Board of Medical Practice; Past Chair, FSMB Board of Directors

Patricia King, MD, PhD, is a Past Chair (2018-19) and past member (2014-2020) of the Federation of State Medical Boards (FSMB) Board of Directors and is a current board member of the FSMB Foundation serving as Vice-Chair. She was a member of the Vermont Board of Medical Practice from 2003 to 2015, serving as Chair from 2010-2014, and was reappointed to the VT Board in January 2024. In her time on the VT Board, she has served on both Licensing and Investigative Committees. Dr. King was the Chair of FSMB's Workgroup on Education about Medical Regulation for Medical Students and Residents (2015-2019) and the Chair of FSMB's Workgroup on Physician Sexual Misconduct (2018-20). She has served on numerous FSMB committees including prior reviews of state medical boards. Dr. King is also a current member of the NBME Board of Directors. She has been a member of both USMLE and NBME test development committees and served on the USMLE State Board Advisory Group.

Dr. King is a Professor of Medicine at the University of Vermont Larner College of Medicine where she has been active in medical student teaching and curriculum development, receiving the LCOM inaugural award for Curriculum Innovation in 2020. She practices primary care internal medicine with the University of Vermont Medical Group. Dr. King earned her PhD in Physiology

from Brown University and MD from the University of Vermont College of Medicine. She is board certified by the American Board of Internal Medicine.

Stephanie M. Loucka, JD
Executive Director, State Medical Board of Ohio

Stephanie Loucka was appointed as the Executive Director of the State Medical Board of Ohio in November of 2019. In her role, she oversees the operations of the SMBO, provides guidance and advice to the 12 members of the Board, and serves as the Board's liaison to the Governor, the legislature, and many stakeholder groups. The SMBO regulates over 100,000 licensees, including a dozen license types, and has approximately 90 staff members. Prior to her current role, Stephanie served on Governor John Kasich's cabinet as the Director of the Ohio Department of Aging. She also served as the Chief of Staff and the state's Chief Human Resources Officer at the Ohio Department of Administrative Services. Stephanie focuses on helping public employees drive tangible results through good public policy and common-sense regulation.

She received a Bachelor of Arts degree in History and Political Science from Otterbein College and a Juris Doctor degree from the University of Cincinnati College of Law.

John P. Bremer
Director, State Legislation and Policy, Federation of State Medical Boards

Mr. Bremer is Director of State Legislation and Policy at the Federation of State Medical Boards. In this capacity, Mr. Bremer oversees state regulatory and legislative actions, provides testimony before state legislatures, staffs the organization's workgroups and policy development projects, and provides policy and support services to member boards. Mr. Bremer previously led an assessment team to review the operations of the State Medical Board of Ohio. He has been with the FSMB since 2014. Prior to that, he worked for the U.S. House of Representatives and the Michigan House of Representatives.

Mr. Bremer is a graduate of Michigan State University's James Madison College where he received his Bachelor of Arts degree in International Relations and Economics, with a specialization in Political Economy.

Andrea L. Ciccone, JD
Vice President, Engagement, Federation of State Medical Boards

Ms. Ciccone is the Vice President, Engagement at the FSMB. In this role, Ms. Ciccone is responsible for developing and implementing strategic initiatives that ensure valuable, high-quality engagement experiences for FSMB's member boards and other targeted stakeholders. Ms. Ciccone has extensive experience in assessment and certification of physicians. Prior to joining the FSMB, Ms. Ciccone was the Senior Vice President for Certifying Board Services (CBS) at the American Osteopathic Association (AOA) where she served as the business leader for the management, evaluation and innovation of all specialty and subspecialty board certification programs spanning the scope of initial certification through osteopathic continuous certification (OCC). Before joining the AOA, Ms. Ciccone's experience includes over 20 years at NBME, serving in a number of senior policy and strategy roles, most recently as Vice President, Strategy Management. Ms. Ciccone also currently serves as lead staff for the Coalition for Physician Accountability.

Ms. Ciccone earned a Master of Science degree in Health Administration from St. Joseph's University in Philadelphia, PA and a Juris Doctor degree from Widener University in Wilmington, DE.

Frank B. Meyers, JD
Deputy Legal Counsel, Federation of State Medical Boards

Mr. Meyers is Deputy Legal Counsel for the Federation of State Medical Boards and has worked in the healthcare regulatory field for nearly 12 years. During that time Mr. Meyers has provided legal guidance and administrative leadership for a multitude of healthcare professions. Before joining FSMB, Mr. Meyers served as the Associate Director of the Office of Health Professional Licensing Boards with the District of Columbia Department of Health. Mr. Meyers was promoted to the role of Associate Director following his tenure as Executive Director for both the District of Columbia Board of Medicine and the District of Columbia Board of Chiropractic, as well as Interim Executive Director for the District of Columbia Board of Nursing. Before coming to the District of Columbia, Mr. Meyers was the General Counsel for the Missouri Board of Registration for the Healing Arts. Mr. Meyers has also served on several boards and committees, including Administrators in Medicine (AIM) and the Federation of State Medical Board (FSMB).

Mr. Meyers earned his law degree from the University of Missouri-Kansas City School of Law in 2008 and is licensed to practice law in the District of Columbia.

Scope and Methodology

The Review Team identified the following tasks in its charge to review and report on the Board's processes:

- Review current practices focusing on Board structure and function, administrative processes, operations, and processes and procedures from complaint intake through investigation and disposition;
- Compare best practices of other state medical boards and from FSMB policy; and
- Make recommendations for improvements and enhancements.

The Review Team's assessment began with a comprehensive document review of the Board's processes and policies (see Attachment 1). This included, but was not limited to, relevant statutes and rules, licensure and discipline data, and reference manuals and materials. There were many administrative policies and procedures that the Review Team wished to review and discuss, but they did not exist, such as procedures for complaint intake and triage, medical review assignments, board member training and orientation, case management tracking, and determination of review pathways. Administrative procedures that are followed but not already captured in writing by the Board were requested to be recorded by key staff for review.

Once the document review phase was completed, the Review Team conducted 13 interviews between August 15 – November 1, 2024. The Review Team met and interviewed members of the Board and OPLC personnel (see Attachment 2).

Members of the Review Team met frequently before, during, and after interviews to discuss findings. After interviews were completed, the Review Team analyzed key themes that arose during the interviews and related them to the Board's goals and agreed upon deliverables. The Review Team relied on collective state medical board experience, as well as FSMB model policies and data regarding the practices and operations of state medical and osteopathic boards.

Report writing took place in November and December 2024 following the completion of all interviews. Members of the Review Team communicated through email and Zoom meetings to write an initial draft of the report. The initial draft was sent to the Board/OPLC for review and comment. Upon receiving feedback from the Board/OPLC, the Review Team completed and submitted the report.

Issues Identified and Recommendations

The document review and virtual interviews conducted with staff and Board members provided a thorough background to the Review Team on the Board's and OPLC's current administrative processes and operational effectiveness.

Both the Board and OPLC are committed to improving and elevating the Board by seeking to implement best practices established around the country to improve its operations. Members of the Board are highly qualified and committed to protecting and serving the public. Board personnel are very dedicated and experienced; however, there has been a significant amount of personnel turnover, resulting in a loss of institutional knowledge.

In identifying issues and providing recommendations, the Review Team believes it's important to first recognize the structure of New Hampshire's legislature – the General Court – and its' role and impact on regulatory agency rulemaking. The General Court is a bicameral body consisting of the House of Representatives and the Senate. With 400 representatives and 24 senators, it is the largest state legislative body in the US. It was stated during interviews that once laws are passed and signed into law, state regulatory agencies often face challenges in implementing them. These challenges include navigating vague or conflicting legislative language, limited resources for enforcement or rulemaking, and balancing the need for public input with the urgency of compliance.

The rulemaking process for regulatory agencies can often take 12 to 18 months, creating a significant time lag between when laws are enacted and when agencies can fully implement them. This delay is due to the complex, multi-step process required for regulatory approval. Agencies must draft rules that align with the legislative intent, which can involve interpreting vague or incomplete statutory language. The draft rules then undergo public hearings, stakeholder consultations, and reviews by the Joint Legislative Committee on Administrative Rules (JLCAR). This extensive process ensures transparency and public input but slows down the timeline.

As a result, agencies such as OPLC frequently find themselves in a reactive position, attempting to finalize rules for laws that are already in effect. This dynamic creates practical challenges, as agencies may lack clear guidelines or sufficient resources to enforce laws during the interim. Compounding the issue, legislators often introduce new bills or amendments aimed at fixing perceived gaps or unintended consequences in the original legislation before the corresponding rules are finalized. This overlapping cycle can lead to confusion, inefficiency, and, at times, inconsistent application of the law, as both agencies and lawmakers struggle to stay ahead of an evolving regulatory landscape.

Taking into account the challenges mentioned above, and the number of areas for improvement, the Review Team applauds OPLC staff and the Board members for being committed to improvements, including taking steps during the course of this review to improve certain processes. Staff and Board members are receptive to adopting new processes and procedures and are hopeful that the recommendations of this report may result in greater administrative efficiencies and an overall improvement in service to the public, applicants, and licensees.

The recommendations herein are intended to offer operational and practical suggestions for the Board's and OPLC's consideration and are informed by the assessment and the collective knowledge of the Review Team of state medical board governance, operations, and processes. These recommendations made by the Review Team may require different levels of

implementation and length of time to do so; some of the recommendations are administrative, while others are regulatory and statutory changes.

Board Structure and Function

The Board, which regulates physicians and physician assistants, functions within the broader framework of OPLC, an umbrella organization overseeing 58 licensing boards in New Hampshire. This umbrella agency structure is similar to roughly 30 percent of state and medical osteopathic boards in the United States. The Board is currently comprised of five allopathic physicians, one osteopathic physician, one physician assistant, two public members, and one designee from the Department of Health and Human Services, with one public member vacancy.

The Board was created by the legislature in 1897 to ensure that all physicians had the training and skills necessary to practice safe and effective medicine for the people of the state. The Board grants licenses to qualified applicants. It is responsible for monitoring its licensees to ensure that they maintain a level of current medical knowledge and skill and that they practice safely and ethically.

Recommendations

- **Strengthen Board Decision-Making Authority:**
 - Evaluate the current operational dynamics between the Board and OPLC, focusing on opportunities to strengthen autonomy for the Board in its decision-making processes, particularly regarding case review, disciplinary actions, and the initiation of investigations in a way that enables the Board to meet its charge of protecting the public.
- **Regularly Update Board Members on Legislative Changes:**
 - OPLC staff should provide regular updates to Board members on legislative changes impacting the Board, specifically Board members' decision-making authority and the overall regulation of the practice of medicine.

Board Personnel

The review revealed fundamental challenges within OPLC's personnel structure that significantly impact the Board's operations. These challenges span multiple dimensions, including staffing levels, staff retention, training and onboarding, expertise development, and organizational culture. Each of these areas requires substantial attention to ensure the Board can effectively fulfill its public protection mandate.

Recommendations

- **Enhance Staffing Levels and Resource Allocation:**
 - Consider allocating a temporary resource to oversee implementation of the recommendations provided within this report to ensure coordination and timely, sustainable implementation
 - Conduct a comprehensive workload analysis across all OPLC boards to determine appropriate staffing levels, with particular attention to the specialized needs of the Board
 - Develop dedicated investigator positions specifically for medical board cases
 - Create clear career progression pathways within OPLC to encourage long-term staff retention

- Consider implementing a hybrid staffing model that combines permanent staff with contracted specialists for specific case types or peak workload periods
- **Strengthen Training and Development Infrastructure:**
 - Develop a comprehensive onboarding program that includes:
 - Detailed training modules on medical terminology and common procedures
 - Overview of regulatory frameworks and statutory requirements
 - Hands-on training with experienced staff members
 - Regular check-ins and progress evaluations during the first six months
 - Create detailed procedural manuals and reference guides for key Board processes
 - Establish a formal mentorship program pairing new staff with experienced colleagues
 - Implement regular professional development opportunities, including:
 - Continuing education in medical regulation
 - Investigation techniques and best practices
 - Updates on emerging trends in healthcare regulation
 - Cross-training opportunities to build organizational resilience
- **Enhance Medical Expertise:**
 - Establish a pool of contracted medical experts to support case reviews and investigations
 - Create permanent medical advisor positions within OPLC to provide consistent clinical guidance
 - Develop partnerships with medical institutions or retired physicians to provide specialized consultation
 - Implement regular training sessions led by medical experts to enhance staff understanding of clinical issues
- **Improve Organizational Culture and Communication:**
 - Establish regular cross-departmental meetings to enhance coordination and information sharing
 - Develop clear protocols for escalating issues and seeking additional support
 - Create feedback mechanisms to identify and address operational challenges promptly
 - Implement regular staff surveys to monitor morale and identify areas for improvement
 - Establish clear performance metrics and regular review processes to ensure accountability and recognition of staff achievements
 - Establish clear communication channels between Board members and OPLC staff
 - Increase OPLC staff involvement at Board meetings and other interfacing opportunities with Board members

Investigations and Enforcement

The review uncovered significant systemic challenges within the Board's investigative and enforcement processes that require immediate attention and long-term strategic solutions. These challenges span multiple areas, including case management, investigation quality, communication protocols, and resource allocation.

Recommendations

- **Implement Comprehensive Case Management Improvements:**
 - Develop and implement a clear triage system for complaints with defined criteria for priority levels:
 - Red: Immediate public safety concerns requiring emergency action
 - Yellow: Significant concerns requiring expedited investigation
 - Green: Routine matters that can follow standard timelines
 - Create standardized templates for:
 - Initial complaint assessment
 - Investigation reports
 - Medical expert reviews
 - Case presentations to the Board
 - Establish regular case status reporting to the Board, including:
 - Monthly metrics on open investigations
 - Timeline adherence statistics
 - Resolution rates by case type
 - Trending analysis of complaint patterns
 - Implement a modern case management system capable of:
 - Real-time case tracking
 - Document management
 - Automated workflow management
 - Performance metrics tracking
 - Report generation
- **Address the Case Backlog:**
 - Conduct a comprehensive audit of all open cases to:
 - Accurately assess the scope of the backlog
 - Identify high-priority cases requiring immediate attention
 - Categorize cases by type and complexity (e.g., boundary violations, malpractice notification, substance abuse, etc.)
 - Determine resource requirements for resolution
 - Develop a structured plan to address backlogged cases:
 - Set clear timelines and milestones for backlog reduction
 - Consider temporary staff augmentation or contracted support
 - Implement regular progress monitoring and reporting
 - Establish accountability measures for meeting reduction targets
 - Evaluate and optimize malpractice case review processes:
 - Develop criteria for identifying significant patterns of concern
 - Create efficient mechanisms for tracking related cases
 - Implement risk-based screening protocols to prioritize reviews
 - Consider best practices from other state medical boards
- **Enhance Investigation Quality:**
 - Expedite implementation of the new clinician review panel:

- Establish clear protocols for case selection
 - Define review procedures and documentation requirements
 - Create mechanisms for Board input and oversight
 - Develop quality assurance measures
- Establish minimum qualifications for medical case investigators:
 - Understanding of medical terminology and procedures
 - Knowledge of healthcare regulatory requirements
 - Investigation technique certification
- Develop investigation protocols for different case types:
 - Standard of care violations
 - Boundary violations
 - Substance use concerns
 - Professional conduct issues
- Implement quality control measures:
 - Regular case review audits
 - Peer review of investigation reports
 - Ongoing investigator training and certification
 - Performance metrics and feedback mechanisms
- **Strengthen Communication and Oversight:**
 - Institute regular meetings between enforcement staff and Board leadership:
 - Monthly status updates on high-priority cases
 - Quarterly reviews of investigation metrics
 - Annual strategic planning sessions
 - Ad hoc meetings for emerging concerns
 - Develop clear protocols for Board member input:
 - Procedures for requesting additional investigation
 - Mechanisms for providing clinical guidance
 - Processes for escalating concerns
 - Feedback channels for investigation quality
 - Create a comprehensive performance dashboard:
 - Key performance indicators for investigations
 - Trending analysis of complaint patterns
 - Resource utilization metrics
 - Quality assurance measures
 - Establish regular communication channels:
 - Weekly case status updates
 - Monthly investigation summaries
 - Quarterly performance reviews
 - Annual program assessments
- **Enhance Board Education on Legal Authority and Responsibilities**
 - Develop and Deliver Targeted Training Programs:
 - Create onboarding training and educational materials for new Board Members focused on, but not limited to:
 - Core legal responsibilities and the scope of the board's authority
 - Core legal responsibilities and the scope of OPLC's authority

- Provide training sessions for board members, staff, and other stakeholders focused on:
 - The specific legal changes introduced by recent legislation
 - Core legal responsibilities and the scope of the board's authority
 - Clarifications on roles that remain unchanged post-legislation
 - Include interactive elements such as case studies or hypothetical scenarios to contextualize the legal framework
 - Create Accessible Educational Materials:
 - Draft concise guides and FAQs that clearly outline:
 - The board's statutory authority
 - Key differences before and after the legislative updates
 - Practical examples of how these changes affect day-to-day operations
 - Ensure these materials are readily available to board members and staff through a centralized knowledge repository
 - Establish an Ongoing Education Framework:
 - Integrate periodic legal updates into board meeting agendas to keep members informed of any evolving legislative or regulatory changes
 - Conduct annual refresher courses to reinforce foundational legal principles and address any recurring questions or misconceptions.
 - Enhance Communication Channels for Clarifications:
 - Provide a clear process for board members and staff to seek guidance on legal matters, such as regular Q&A sessions during or after training events
- **Enhance Medical Expertise in Investigations:**
 - Establish a network of medical experts:
 - Develop criteria for expert selection
 - Create standardized review protocols
 - Implement quality assurance measures
 - Provide ongoing training and support
 - Create specialized investigation teams:
 - Dedicated medical case investigators
 - Clinical consultants for complex cases
 - Subject matter experts for specific specialties
 - Quality assurance reviewers
 - Implement medical review protocols:
 - Standard of care assessment guidelines
 - Clinical documentation requirements
 - Peer review procedures
 - Quality control measures

Communication and Transparency

During interviews with Board members and OPLC staff, it was evident that inconsistent and inadequate communication emerged as a significant concern, both internally and externally.

Board members reported experiencing delays in receiving essential information, missing documentation, and a general lack of transparency in OPLC's decision-making processes, particularly regarding case status updates and explanations of procedural changes.

Recommendations

- **Enhance Communication and Transparency Between the Board and OPLC:**
 - Implement a system of regular, structured communication between the Board and OPLC staff. This could involve scheduling regular meetings for information sharing, establishing dedicated communication channels for case updates and policy changes, and utilizing technology platforms for efficient document sharing and collaboration.
 - Develop and implement clear, concise templates for communication materials such as case summaries, investigative reports, and policy updates to ensure consistency and clarity of information. These templates should be designed to meet the Board's specific informational needs and facilitate timely, informed decision-making.

- **Strengthen Public-Facing Physician Profiles**
 - Add the following information into the public-facing physician profiles to be consistent with national best practices:
 - License Renewal Date
 - Medicare/Medicaid Participation
 - Languages Spoken
 - Board Actions in Other States
 - Hospital Disciplinary Actions
 - Criminal Convictions
 - Medical Malpractice History

Conclusion

The FSMB commends the Board of Medicine and Office of Professional Licensure and Certification for their commitment to ensuring physician accountability and protecting the public, as well as their commitment to the wellbeing of the agency. Board members and staff have demonstrated a sincere desire to make meaningful improvements to their processes for promoting patient safety in New Hampshire and ensuring the Board follows the best practices in medical regulation.

The Review Team is confident that by implementing the recommendations provided within the report, the Board and OPLC can strengthen its operations, rebuild trust with its partners and interested parties, and continue protecting the public in New Hampshire.

The Review Team wishes to extend our thanks to the Board members and OPLC staff who were extremely helpful in providing information, making themselves available for interviews, and offering carefully considered and detailed responses to our questions. FSMB remains committed to offering ongoing support to the New Hampshire Board of Medicine and Office of Professional Licensure and Certification as these recommendations are implemented. The Review Team welcomes the opportunity to present our report and recommendations to the Board or other interested partners, offer advice on future challenges, and explore potential improvements and initiatives.

Attachment 1: Document Review Index

1. Statutes and Rules Pertaining to the Board of Medicine and the Office of Professional Licensure and Certification
2. BOM/OPLC Organizational Chart
3. BOM/OPLC Employee Position Descriptions
4. Board of Medicine 2024 Meeting Schedule
5. Board of Medicine Licensure Application
6. Board of Medicine Licensure Application Addendum
7. Application and Licensure Data 2021-2024
8. Process Maps:
 - a. Complaints (old)
 - b. Complaints (new)
 - c. Emergency Suspension
 - d. Board of Medicine Enforcement (old)
 - e. Board of Medicine Enforcement (new)

Attachment 2: Virtual Interview Schedule

Thursday, August 15

David Goldberg, MD, Physician Member, Board of Medicine
Bethany Cottrell, Director, Division of Licensing, OPLC
Erica Lamy, Bureau Chief of Board Administration, OPLC

Thursday, August 29

Lindsey Courtney, Executive Director, OPLC (Outgoing)
Emily Baker, MD, Physician Member and Former Board President, Board of Medicine

Friday, August 30

Nina Gardner, Public Member, Board of Medicine

Tuesday, September 17

Heather Kelley, Director of Operations, OPLC

Thursday, September 19

Michael Porter, Chief, Investigations Bureau, OPLC

Friday, September 27

Cassandra Brown, JD, Attorney II, OPLC
Alex Fisher, Board Administrator III, OPLC
Douglas J. Osterhoudt, Esq., General Counsel, OPLC

Thursday, October 17

Jonathan Eddinger, MD, Physician Member and President, Board of Medicine

Friday, November 1

Deanna Jurius, Executive Director, OPLC