

Minutes of the Meeting of the  
NYS Medicine Board  
September 5, 2025  
1411 Broadway NY, NY

Board Members Present: Dr. Roosevelt Boursiquot, public member Dr. Alice Fornari EdD, Dr. Elisabeth Guthrie, John Hallowell PA-C, Dr. Gregory Harvey, Dr. Sumathi Kasinathan, Dr. Krishan Kumar, Brenton LaRicca PA-C, Dr. Louis Papa, Dr. Maria Plummer, Dr. Sumir Sahgal, Dr. Nancy Sapio, Dr. Neeta Shah, Dr. Rahul Sharma, Dr. Amit Shelat, Dr. Robert Walther, and Dr. David Wlody.

Board Members Absent: Dr. Martha Grayson, Dr. Ramanathan Raju, Dr. Najeeb Rehman, Dr. James Romanelli, and Dr. Steven Sherman.

Guests Present: Dr. David Besser, Executive Secretary of the Board for Professional Medical Conduct; Maureen Regan PA-C, President of NYSSPA; Dr. Joseph Mannino, Medical Director for OPMC; Cassandra Pineda, Assistant Vice President of Graduate Medical Education and Health Workforce of GNYHA; and Al Wattermaker.

Staff Members Present: Stephen Boese, Executive Secretary to the Board; Michelle Pawlowski, Education Credential Specialist 2; Carla Gibbons, Education Program Assistant 2; and Lee Fitzgerald, Education Program Assistant 2.

Meeting is called to order by Dr. Shelat at 9:30 am.

Motion to Accept Minutes:

Motion was made, seconded, and passed to accept the minutes from the June 2025 meeting.

Report from the Advisory Committee on Clinical Clerkships:

Dr. Shelat reports on the April 2025 Committee meeting. Universidad Autónoma de Guadalajara was approved for a 7-year period to send students on long-term clerkships in hospitals in New York State. A long-term clerkship is a clerkship lasting more than 12 weeks, in a hospital that has a formal affiliation with the medical school.

International Medical Graduate Workgroup Report:

The workgroup has reviewed 63 applications since the last meeting, including 8 applications for Endorsement of a foreign license. Over the last few months, there has been a high volume of applications.

Executive Secretary's Report:

A Medicine Board liaison to the Committee for Medical Physics is needed—this would be a current member of the Medicine Board who would be asked to attend Committee meetings and report back to the Board.

Mr. Boese is now the acting Executive Secretary of the State Committee on Professional Assistance and the Board of Regents will consider a permanent appointment at the September 9<sup>th</sup> Board of Regents Meeting.

The Professional Assistance Program (PAP) assists professionals who have substance abuse problems, but who have not harmed patients or clients. Such professionals may voluntarily surrender their licenses while receiving treatment rather than face charges of professional misconduct. All applications to the program are confidential.

Governor Hochul signed an Executive Order to ensure New Yorkers can receive the updated 2025-26 COVID-19 vaccine. Executive Order 52 permits physicians and nurse practitioners to prescribe and order a patient-specific order or a non-patient specific regimen to a licensed pharmacist to administer immunizations to prevent COVID-19 to patients three years of age or older, in accordance with guidelines issues by the Commissioner of Health. It also authorizes pharmacists to prescribe and order a patient-specific order for immunizations to prevent COVID-19.

#### Current Legislation Update:

- A136/S138 Medical Aid in Dying (passed both houses)

Dr. Shelat reviewed the bill and provided his commentary to the Board. To date, the Department has not issued a statement on this bill; Dr. Shelat's views are his own and do not officially represent the Office of the Professions. This bill would allow licensed physicians to prescribe self-administered, life-ending medication to terminal patients upon request within their last 6 months of life. Physician assistants and nurse practitioners are not authorized under this bill to prescribe such medications, raising concern regarding patient access to these services.

There were a few key issues with the bill that Dr. Shelat expressed concern with. For example, there is no waiting period under the current bill, and no requirement for a mental health evaluation. Other states who have legalized medical aid in dying have such waiting periods to ensure that the patient is secure with their decision. There is also a fear of provider liability, where paperwork errors could initiate a criminal investigation. A recommendation was made for a substantial compliance allowance/safeguard.

There are also concerns over medication safety and a big risk for drug diversion. Dr. Shelat recommends that the dispensing pharmacy should be required to follow up with the patient to confirm that the medication was used, flagging and tracking such usage through an ICD-10 code. For unused medications, there should be an accessible "take-back" program where the drugs can be safely discarded.

- A4613-B/S6693-B, podiatry scope of practice (passed both houses)

Dr. Harvey worked together with Board leadership and Mr. Boese to review the bill and articulate concerns. Licensed Podiatrists treat conditions of the foot, and this proposed legislation would add ankles to their scope of practice, including ankle surgery. There is concern about how vague the language of the bill is, and how practical it would be to implement. Podiatrists would technically be allowed to perform total ankle replacement surgeries—a complicated procedure that usually

requires a year-long residency training program for a physician to learn. It is not clear if any current podiatry training programs exist for such a procedure or what such a training program would entail.

Enforcement of the bill and the granting of surgical privileges would come from the individual hospital where the podiatrist is employed. There is a question of whether any hospitals would assume such liability and grant such surgical privileges in the first place. The Medicine Board and Podiatry Board would need to collaborate on policies, implementation and interpretation of the bill if it is signed into law by the governor.

- A8472-B/S8341-A, establishes a temporary practice authorization program for certain medical professionals to practice in underserved areas (passed Senate)

This bill would allow physicians and physician assistants who are licensed to practice and are in good standing in another state to temporarily practice in this state in a medically underserved area while we review their license application for New York State. Applicants would need to have accredited education and be board certified. This authorization would allow them to practice for up to 120 days while they wait for the license.

- A5460B/S5340A authorizes medical assistants to administer vaccines (passed Senate)

This bill would allow providers to delegate the tasks of drawing up and administering immunizations to a “medical assistant”. This is a technical issue with the bill since “medical assistant” is not a recognized title in NYS. The language should be changed to reflect the fact that these delegations would be made to individuals who do not hold any kind of professional license.

- A7988 PA Practice

This bill would allow certain physician assistants to practice without the supervision of a physician in certain circumstances. They would need to be employed by a hospital, work in the specialty of primary care, and have practiced under supervision for at least 6,000 hours. This bill is stricter and has more controls than previous proposals of unsupervised PA practice.

#### Physician Nutrition Website Update:

Michelle Pawlowski from the Medicine Board Office currently oversees the Nutrition Resource Library for Physicians and provided the Board with an update. This webpage is a collaboration between NYSED and the DOH—the Department of Health provides NYSED with coursework recommendations which are then sent to the Medicine Board’s Nutrition workgroup for review and approval. The coursework and training listed is not required for physicians to complete but offers continuing medical education (CME) in nutrition and diet. The CME will have a focus on plant-based nutrition and clinically proven methods for the prevention, reversal, and treatment of diet-related illnesses and racial disparities in outcomes for diet-related diseases.

#### Presentation: Update from the Office of Professional Medical Conduct:

Dr. David Besser, Executive Secretary of the Board for Professional Medical Conduct (BPMC), presents an update from the Office of Professional Medical Conduct (OPMC). OPMC was established in 1975 as a response to widespread malpractice at that time. OPMC works together with the Office of the Professions to investigate misconduct by physicians, physician assistants

and specialist assistants. This approach is unique from other states where misconduct is typically investigated by the State licensing board. The office receives about 8,000-10,000 complaints annually, and by law all complaints must be reviewed. Roughly 80-90% of complaints are discovered to find no professional misconduct. Complaints are handled by order of seriousness of the complaint.

OPMC handles investigations, while BPMC serves as “the jury” in misconduct cases. 76% of Board actions involve “serious misconduct” which includes negligence, incompetence, inappropriate prescribing, sexual misconduct, practicing while impaired, and fraud (unnecessary tests, billing, etc.). Licensees who have been disciplined with a Board action have a right to appeal said action through BPMC. If an appeal is denied by the Board, Licensees also have an ability to appeal to the appellate court outside of BPMC.

Laser/Energy Device guidance—current questions:

Carla Gibbons from the Medicine Board Office relays questions from the public to the Medicine Board on their recent guidance document regarding the use of lasers/energy devices. Following this discussion, the Board recommended several technical changes to the document.

The Department of State requested clarification on whether the use of Lipolysis pads was considered the practice of medicine. The use of these pads would be the practice of medicine. However, unlicensed persons with proper training would be permitted to place the pads onto the patient. The provider would then need to check to confirm that the pads were applied correctly and the provider must be the one to operate the machine.

Professional Committee Reports:

The Athletic Training Committee met on 9/4 to discuss their plan to notify NYS-certified athletic trainers of the upcoming licensure law which will go into effect on 12/22/2025. NYSED is currently drafting a blast email, as well as creating an FAQ for the website regarding the new practice act. The committee will meet again in December before the new law is implemented.

There were no recent meetings for the other three committees.

Next Meeting Dates:

The next meetings are set for 12/5/25, 3/6/26, 6/5/26, and 9/11/26 at 9:30 am.

Meeting adjourned at 12:35 pm.

Draft respectfully submitted,

Lee Fitzgerald  
Education Program Assistant 2