

HAWAII MEDICAL BOARD
Professional and Vocational Licensing Division
Department of Commerce and Consumer Affairs
State of Hawaii

MINUTES OF MEETING

The agenda for this meeting was filed with the Office of the Lieutenant Governor, as required by §92-7(b), Hawaii Revised Statutes ("HRS").

- Date: Thursday, February 9, 2017
- Time: 1:00 p.m.
- Place: King Kalakaua Conference Room
King Kalakaua Building
335 Merchant Street, 1st Floor
Honolulu, HI 96813
- Present: Niraj S. Desai, M.D., Chairperson, Kauai Member
Sharon "Shay" Bintliff, M.D., Vice-Chairperson, Hawaii Member
Gerard K. Akaka, M.D., Oahu Member
Maria Chun, Ph.D., Public Member
Jone Geimer-Flanders, D.O., Oahu Member
Peter Halford, M.D., Oahu Member
Peter Holt, M.D., Oahu Member
Palasi Puletasi, Public Member
Karen E. Sept, D.O., Oahu Member
Shari J. Wong, Deputy Attorney General ("DAG")
Ahlani K. Quiogue, Executive Officer
Wilma Balon, Secretary
- Excused: Darren K. Egami, M.D., Maui Member
- Guests: Kelley Withy, M.D., Ph.D., University of Hawaii John A. Burns School of Medicine
Erica Davis, University of Hawaii John A. Burns School of Medicine
Priscilla Mepelli, University of Hawaii John A. Burns School of Medicine
- Call to Order: The meeting was called to order at 1:02 p.m., at which time quorum was established.
- Approval of the December 8, 2016 Minutes: It was moved by Dr. Geimer-Flanders, seconded by Dr. Bintliff, and unanimously carried to approve the minutes of the January 12, 2017 meeting as circulated.
- Adjudicatory Matters: Chair Desai called for a recess from the meeting at 1:04 p.m. to discuss and deliberate on the following adjudicatory matters pursuant to Chapter 91, HRS.
- a. In the Matter of the License to Practice Medicine of Troy M. DeNunzio, D.O.; MED 2016-217-L

Dr. Geimer-Flanders informed members that she will be recusing herself from the discussion of this matter, and left the meeting room at 1:04 p.m.

The Board noted that this matter initially came to the Board for review at its meeting on December 8, 2016 meeting. Executive Officer Quiogue informed members that Dr. DeNunzio agreed to provide information regarding his agreement with the Department of the Army's Substance Use Disorder Clinical Care "SUDCC" program. For informational purposes, the Board reviewed Dr. DeNunzio's SUDCC Memorandum of Agreement.

Following the Board's review, deliberation and decision in this matter pursuant to Chapter 91, HRS, Chair Desai announced that the Board reconvene to its regular Chapter 92, HRS, meeting at 1:06 p.m.

Applications for
License/
Certification:

a. Ratifications:

- (i) List

Dr. Geimer-Flanders returned to the meeting room at 1:06 p.m.

It was moved by Dr. Sept, seconded by Dr. Akaka, and unanimously carried to ratify the attached lists of individuals for licensure or certification.

It was moved by Dr. Bintliff, seconded by Mr. Puleasi, and unanimously carried to enter into executive session at 1:07 p.m. pursuant to HRS §92-5(a)(1) to consider and evaluate personal information relating to individuals applying for professional licenses cited in HRS §26-9, and pursuant to HRS §92-5(a)(4), to consult with the Board's attorney on questions and issues pertaining to the Board's powers, duties, privileges, immunities and liabilities.

Applications for
License/
Certification:

b. Applications:

(i) Physician:

- a) James J. Alonzo, M.D.
- b) Michael W. Cashman, M.D.
- c) David Cheyney, D.O.
- d) Andrew D. Coggin, M.D.
- e) Elie E. Hage-Korban, M.D.
- f) Elizabeth H. Harbison, M.D.
- g) William W. Henning, D.O.
- h) Taichi Imamura, M.D.
- i) Harry L. Kanter, M.D.
- j) Steven J. Lengle, M.D.
- k) Carmelita C. Mangalindan, M.D.
- l) Gagandeep S. Mangat, M.D.

- m) Robert J. Profumo, M.D.
- n) Constance R. Tambakis-Odom, M.D.
- o) Linda M. Tetor, M.D.

It was moved by Dr. Akaka, seconded by Dr. Halford, and unanimously carried to return to the open meeting at 2:03 p.m.

It was moved by Dr. Bintliff, seconded by Dr. Geimer-Flanders, and unanimously carried to approve the following applications:

(i) Physician:

- a) James J. Alonzo, M.D.
- c) David Cheyney, D.O.
- f) Elizabeth H. Harbison, M.D.
- h) Taichi Imamura, M.D.
- k) Carmelita C. Mangalindan, M.D.
- l) Gagandeep S. Mangat, M.D.
- n) Constance R. Tambakis-Odom, M.D.
- o) Linda M. Tetor, M.D.

b) Michael W. Cashman, M.D.

After due consideration of the information received, it was moved by Chair Desai, seconded by Dr. Bintliff, and unanimously carried to defer Dr. Cashman's application pending additional information.

d) Andrew D. Coggin, M.D.

After due consideration of the information received, it was moved by Dr. Halford, seconded by Chair Desai, and unanimously carried to approve Dr. Coggin's application for licensure subject to certain conditions, basing its decision on the following grounds of the Hawaii Revised Statutes ("HRS"), which find support in the records and files of Dr. Coggin's application:

HRS § 436B-19(3): Being addicted to, dependent on, or a habitual user of a narcotic, barbiturate, amphetamine, hallucinogen, opium, or cocaine, or other drugs or derivatives of a similar nature;

HRS § 436B-19(4): Practicing the licensed profession or vocation while impaired by alcohol, drugs, physical disability, or mental instability;

HRS § 436B-19(7): Professional misconduct, incompetence, gross negligence, or manifest incapacity in the practice of the licensed profession or vocation; and

HRS § 436B-19(9): Conduct or practice contrary to recognized standards of ethics for the licensed profession or vocation.

The Board considers Dr. Coggin's conduct as reflected in the records and files of his application to be extremely concerning and contrary to the recognized standards of medical ethics as adopted by the American Medical Association ("AMA"). Specifically, the Board believes that Dr. Coggin failed to uphold the following AMA Principle Medical Ethics:

II. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to the appropriate entities.

VIII. A physician shall, while caring for a patient, regard responsibility to that patient as paramount.

As such, based on the foregoing, the Board hereby imposes the following conditions to Dr. Coggin's conditional license:

1. The conditional license shall remain conditioned for a period to be determined by Pu`ulu Lapa`au, Hawaii Program for Healthcare Professionals ("Pu`ulu Lapa`au").
2. Dr. Coggin shall, at his sole expense, enter into a monitoring contract with Pu`ulu Lapa`au. Pu`ulu Lapa`au will determine whether Dr. Coggin must undergo an evaluation either by them or an outside facility. During the period of the contract Dr. Coggin shall refrain from using drugs, except as provided by his treating physician, including alcohol.
3. Dr. Coggin shall provide a copy of the Board's letter to Pu`ulu Lapa`au for its records within ten (10) business days of the date of the letter.

Dr. Coggin shall ensure Pu`ulu Lapa`au sends written confirmation to the Board's Executive Officer confirming receipt of the letter.

4. Dr. Coggin shall ensure that Pu`ulu Lapa`au provides the Board quarterly reports. The first quarterly report shall be due to the Board within 120 days from the date of this letter.

All correspondence shall be addressed to the Executive Officer.

5. If at any time Pu`ulu Lapa`au determines that Dr. Coggin is not in compliance with the monitoring contract, Dr. Coggin shall immediately notify the Board and immediately cease practicing medicine until Pu`ulu Lapa`au specifies to the Board what conditions, if any, it recommends for Dr. Coggin to safely resume the practice of medicine. Depending upon Pu`ulu Lapa`au's written report and recommendations, the Board may evaluate, what, if any, further conditions are warranted for Dr. Coggin to practice medicine and impose such conditions on his license. If Dr. Coggin fails to refrain from using drugs or alcohol, the Board also will consider whether to suspend, revoke, or otherwise discipline your license.
6. Should Dr. Coggin wish to have any condition removed from his conditional license, he shall make a request in writing to the Board, at which time the Board would consider such request. When doing so, Dr. Coggin shall provide evidence of full compliance with the conditions.

e) Elie E. Hage-Korban, M.D.

After due consideration of the information received, it was moved by Dr. Geimer-Flanders, seconded by Dr. Akaka, and unanimously carried to defer Dr. Hage-Korban's application pending additional information.

g) William W. Henning, D.O.

After due consideration of the information received, it was moved by Chair Desai, seconded by Dr. Geimer-Flanders, and carried by a majority, with the exception of Dr. Sept who recused herself, to approve Dr. Henning's application for licensure.

i) Harry L. Kanter, M.D.

After due consideration of the information received, it was moved by Dr. Geimer-Flanders, seconded by Dr. Bintliff, with the exception of Chair Desai who opposed the motion, and carried by a majority to defer Dr. Kanter's application pending additional information.

j) Steven J. Lengle, M.D.

It was moved by Dr. Holt, seconded by Chair Desai, and unanimously carried to approve Dr. Lengle's application.

Additionally, it was moved by Chair Desai, seconded by Dr. Sept and unanimously carried, to delegate to the Executive Officer, in accordance with HRS § 436B-8, the authority to review and issue licenses to applicants whose hospitals they are/were affiliated with

only provide the dates of affiliation due to policies that prohibit the organization from “making any presentation to third parties regarding performance or the future employment prospects of any employees.” Further, members indicated that all other records, specifically the NPDB Report must not contain any derogatory information.

m) Robert J. Profumo, M.D.

After due consideration of the information received, it was moved by Dr. Sept, seconded by Dr. Holt, and unanimously carried to defer Dr. Profumo’s application pending additional information.

The following agenda item(s) were taken out of order.

Unfinished Business: a. Physician Workforce Assessment Report

This matter was deferred from the January 12, 2017 meeting.

Kelley Withy, M.D., PhD, Erica Davis, and Priscilla Mepelli, University of Hawaii John A. Burns School of Medicine (“JABSOM”), appeared before the Board at 2:10 p.m.

Chair Desai thanked the guests for attending the meeting.

Dr. Withy apologized for not attending the January 12, 2017 meeting.

Dr. Withy stated that she hoped to use this meeting to address the Board’s concerns as discussed at its October 13, 2016 meeting. In particular, the Board expressed its concerns with what it considered discrepancies in the data provided by JABSOM compared to other national studies. The Board had compared JABSOM’s data to the data compiled by The Dartmouth Atlas of Health Care (“Dartmouth Atlas”), the Association of American Medical Colleges (“AAMC”), and the American Medical Associations Physician Masterfile (“AMA Masterfile”).

At that meeting, the Board also asked Dr. Withy to provide information on what other states do comparable to Hawaii, and the differences in estimates of the number of practicing physicians compared to other national sources. It was noted that this information was provided at the January meeting, and again with the February meeting packet.

Dr. Withy reported that the most common and preferred method for physician data collection is by surveying physicians. Dr. Withy reported that states that survey their doctors found their numbers of practicing physicians to be lower than the AMA’s Masterfile which is the basis for the AAMC numbers.

Dr. Withy stated that the JABSOM data, specifically the supply numbers are accurate. She went onto say that the demand statistics may be off by one or more physicians.

Dr. Withy explained that the demand statistics are based on the average U.S. utilization as applied to Hawaii's specific population – ethnicity, gender, age, health insurance, and health status.

Dr. Withy provided several examples of medical specialties where the demand is high. Dr. Withy also provided that the information reflects a high demand for pathologists, but pathologists are not able to find jobs. She went on to say that psychiatry is a specialty where the demand is not terrible, but anecdotal information shows that there is an extremely high demand for that specialty.

Chair Desai expressed his concerns and displeasure with regard to the methodologic quality of the data provided by JABSOM, and stated that he would not personally be supportive of continued funding.

Chair Desai stated that he reviewed information on Area Health Education Center's website, and referred to the information regarding JABSOM's methodology. Chair Desai concluded that JABSOM derives its information from flawed data.

Dr. Withy stated that they do not use the supply data from the AMA Masterfile, but uses the demand data.

Chair Desai emphasized that information should be compared to ambulatory specific conditions and access to care.

Chair Desai stated that JABSOM's study should be refocused. He went on to say that JABSOM should consider studying: whether a patient has access to the doctor or specialist they need; how far the patient has to travel to see the doctor; how long a patient has to wait to see the doctor; and how much the patient must pay in order to receive care. Chair Desai inferred that none of these things have been used, but should be in the future.

Dr. Geimer-Flanders expressed her concerns regarding the data. She went on to state that Hawaii's population is unique in that the population is confined and we are geographically isolated. As such, JABSOM should consider running numbers through Medicaid and Medicare as well as HMSA. She went on to say that the information would be specific to Hawaii's population and extremely accurate.

Dr. Withy stated that HMSA will not provide this data to JABSOM.

Executive Officer Quiogue informed the Board and guests that there is a proposed legislation regarding network adequacy, and indicated that this measure should be considered and possibly supported by JABSOM.

Dr. Withy informed the Board that Dean Hedges reviewed its testimony, and appreciates the Board's support of increasing medical school class sizes and graduate medical education class sizes. However, it is difficult to find preceptors, etc.

Dr. Akaka relayed that about 20% of JABSOM's budget is used for the physician workforce assessment study.

Dr. Withy clarified that in:

2014: \$60,000 was spent on the demand model (one-time fee);
2015: \$20,000 was spent on licensure data; and
2016: \$20,000+ was survey.

Given that there were no addition questions for the guests, Chair Desai thanked Dr. Withy, Ms. Davis, and Ms. Mepelli for appearing before the Board, and excused them from the meeting room at 2:25 p.m.

Advisory
Committees:

- a. Physician Assistants
- b. Emergency Medical Service Personnel
 - (i) Equivalency of the National Registry Emergency Medical Technician – Intermediate/99 Curriculum to an Advanced Emergency Medical Technician Program Pursuant to Hawaii Administrative Rules § 16-85-54.5

Executive Officer Quiogue informed members that the Emergency Medical Service Personnel Advisory Committee ("Committee") met on February 1, 2017. At that meeting, a question was posed regarding whether the National Registry's Emergency Medical Technician's Intermediate/99 curriculum ("NREMT I/99 Curriculum") is equivalent to an Advanced Emergency Medical Technician ("AEMT") Program in order to meet the requirements set forth in Hawaii Administrative Rules § 16-85-54.5.

Executive Officer Quiogue informed members that the Committee determined that the NREMT I/99 Curriculum is equivalent to, and exceeds an AEMT Program.

Given this information, Executive asked the Board to ratify the Committee's decision.

It was moved by Dr. Halford, seconded by Dr. Holt, and unanimously carried to ratify the Committee's decision that a NREMT I/99 Curriculum is equivalent to, and exceeds an AEMT Program.

- c. Podiatrists

The Board resumed the order of the agenda.

- New Business:
- a. Legislation

(i) HB 428 / SB 141 Relating to Physician Workforce Assessment

The Board discussed the above bills.

The purpose of the bills are to allow the John A. Burns School of Medicine to continue to receive a portion of the physician workforce assessment fee for ongoing physician workforce assessment and planning to support the recruitment and retention of physicians in the State, particularly those in rural and medically underserved areas.

It was noted that at its January 12, 2017 meeting, the Board: opposed the repeal of the sunset date of June 30, 2017; provided comments regarding the quality and methodology of the data; provided comments regarding the focus of the study (the focus should be access to care versus shortages); and commented that monies should be used towards increasing medical class sizes and graduate medical training class sizes.

Executive Officer Quiogue informed the Board that Dr. Geimer-Flanders testified on behalf of the Board before the Senate Committees' on Higher Education and Commerce, Consumer Protection and Health as well as the House Committee on Higher Education.

Executive Officer Quiogue stated that both the Senate and House Committees' passed both measures with amendments. Specifically, the Senate Committees' inserted a five year sunset date, and the House Committee passed the measure out with a defective date and technical, non-substantive amendments.

(ii) HB 1160 / SB 1026 Relating to Physician Workforce Assessment

The Board discussed the above bills.

The purpose of the bills are to enable the John A. Burns School of Medicine to continue receiving into the John A. Burns School of Medicine special fund a portion of the physician workforce assessment fee to support physician workforce assessment and planning efforts, including recruitment and retention of physicians, especially those serving rural and medically underserved areas of the State.

Executive Officer Quiogue advised the Board that these two bills are similar to HB 428 / SB 141 Relating to Physician Workforce Assessment.

(iii) SB 728 Relating to the John A. Burns School of Medicine Special Fund

The Board discussed the above bill.

The purpose of the bill is to permit moneys in the John A. Burns school of medicine special fund to be used for loan repayment for certain health care professionals. Removes the cap on expenditures from the special fund. Removes the sunset date from the physician workforce assessment

fee and related requirements for use of moneys in the John A. Burns School of Medicine special fund.

Executive Officer Quiogue informed members that there were similar measures heard during the 2016 Legislative Session, SB 2388 and HB 1949. At that time, the Board's position was that it supported the intent of disbursing funds towards health care student loan repayment. However, the Board preferred that any assessed fees transferred and deposited into the special fund pursuant to HRS § 453-8.8, be used towards student loan repayment for physicians only.

Members stated that their position would remain the same in the event the bills are heard.

(iv) HB 916 / SB 1078 Relating to Loan Repayment for Health Care Professionals

The Board discussed the above bills.

The purpose of the bills are to make an appropriation for the health care professionals' loan repayment program administered through the John A. Burns School of Medicine.

Executive Officer Quiogue informed members that the bills were both heard. Both the Senate and House Committees' blanked out the dollar amount and defected the date.

Members stated that they would not take a position on these bills, but would monitor the measures.

(v) SB 184 Relating to Telehealth

The Board discussed the above bill.

The purpose of the bill is to provide an income tax credit to primary health care providers that recruit and employ licensed nurse practitioners, physician assistants, and psychologists to provide primary health care services.

Members stated that they would not take a position on this bill, but would monitor the measure.

(vi) SB 124 Relating to Health

The Board discussed the above bill.

The purpose of the bill is to authorize advanced practice registered nurses to perform aspiration abortions.

The Board referred to HRS § 457-2.7(a), which states the following:

The scope of an advanced practice registered nurse includes but is not limited to advanced assessment and the diagnosis, prescription, selection, and administration of therapeutic measures including over the counter drugs, legend drugs, and controlled substances within the advanced practice registered nurse's role and specialty-appropriate education and certification.

Further, HAR § 16-89-81(3), provides that a certified nurse midwife's scope of practice includes "independent management of women's health care, focusing particularly on pregnancy, childbirth, the postpartum period, care of the newborn, and the family planning and gynecological needs of women."

After much discussion, the Board determined that it would take no position regarding whether an advanced practice registered nurse may perform aspiration abortions, but encourages active participation and input from The American Congress of Obstetricians and Gynecologists on the risks, safety measures and preventative measures of these types of procedures.

Further, if it is the Legislatures intent to pass this measure out, the Board recommends that the bill be amended as reflected by the bolded language:

SECTION 1. Section 453-16, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) No abortion shall be performed in this State unless:

(1) The abortion is performed by a licensed physician or surgeon, [or] by a licensed osteopathic physician and surgeon[;], **or as provided in chapter 457 by an advanced practice registered nurse; provided that the advanced practice registered nurse shall only perform aspiration abortions;** and

(2) The abortion is performed in a hospital licensed by the department of health or operated by the federal government or an agency thereof, [or] in a clinic, or in a physician's [or], osteopathic physician's, or advanced practice registered nurse's office."

(vii) HB 37 Relating to Medical Marijuana

The Board discussed the above bill.

The purpose of the bill is to amend Hawaii Revised Statutes and Hawaii Administrative Rules to substitute references to "medical marijuana" and like terms with "medical cannabis" and like terms.

Members stated that they would not take a position on this bill, but would monitor the measure.

(viii) HB 922 Relating to Medical Marijuana

The Board discussed the above bill.

The purpose of the bill is to require the Department of Commerce and Consumer Affairs (“DCCA”) to submit annual reports regarding physician discipline related to medical marijuana certifications. Requires the Department of Health (“DOH”) to submit a monthly report on medical marijuana certifications. Requires the Board to investigate potential misconduct regarding medical marijuana, take appropriate disciplinary action, and submit annual report to the Director of DCCA regarding any disciplinary action taken by the board against a physician for professional misconduct related to medical marijuana certifications.

Members expressed their concerns regarding this measure, and stated that while they take very seriously patient harm and professional misconduct, the Board must also consider the fact that the use of medical marijuana is currently regulated by HRS Chapter 329. Any possible violations of that chapter must go through the appropriate investigatory channels with the Department of Public Safety (“DPS”). Once DPS completes its investigation, RICO, and not the Board, may investigate and bring a case against the physician. Further, the Board does not have the ability to segregate disciplinary actions.

Members also stated that there may be unintended consequences for patients and physicians based on the proposed reporting requirements for the DOH. Physicians may choose not to qualify patients which may ultimately lead to patients not receiving the appropriate treatment.

The Board determined that it would monitor this bill only.

- (ix) HB 800 Relating to Minors
- (x) HB 1266 Relating to Minors
- (xi) SB 270 Relating to Minors

The Board discussed the above bills.

The bills prohibit persons licensed to provide professional counseling from engaging in, attempting to engage in, or advertising sexual orientation change efforts on persons under eighteen years of age.

Executive Officer Quiogue reminded members that during the 2016 Legislative Session, the Board took no position regarding similar bills.

Members stated that they would not take a position on these bills, but would monitor the measures.

(xii) SB 191 Relating to Health Care Practitioner Transparency

The Board discussed the above bill.

The purpose of the bill is to require advertisements for health care services that name a health care practitioner to identify the type of license held by the health care practitioner and be free of deceptive and misleading information. Requires health care practitioners to conspicuously post and affirmatively communicate the practitioner's specific license and related information.

Members stated that they would not take a position on this bill, but would monitor it.

(xiii) SB 726 Relating to Health Care Practitioners

The Board discussed the above bill.

The purpose of the bill is to require health care providers to conspicuously post and communicate their specific type of licensure in their offices, communicate that information to patients in their practices, and include that information in their advertising. Imposes penalties for licensed health care providers who include deceptive or misleading information about their qualifications in their advertising, or misrepresent their qualifications to patients.

Members stated that they would not take a position on this bill, but would monitor it.

(xiv) SB 738 Relating to Health Care Practitioners

The Board discussed the above bill.

The purpose of the bill is to require specified health care practitioners to disclose to patients the practitioner's name, license, highest level of academic degree, and board certification, where applicable.

Members stated that they would not take a position on this bill, but would monitor it.

(xv) SB 740 Relating to Health

The Board discussed the above bill.

The purpose of the bill is to designate specific professional identifications that may be used by certain persons to advertise, announce, or imply that they are prepared or qualified to practice a particular type of healing art in the State.

Members stated that they would not take a position on this bill, but would monitor it.

(xvi) HB 216 Relating to Community Paramedic Services

The Board discussed the above bill.

The purpose of the bill is to implement the recommendations of the working group convened pursuant to House Concurrent Resolution No. 90, Regular Session of 2016, by establishing and appropriating funds for a three-year community paramedic services pilot program. Requires a report to the Legislature before the Regular Session of 2021.

Members stated that they would not take a position on this bill, but would monitor it.

(xvii) SB 190 Relating to The Controlled Substances Act

The Board discussed the above bill.

The purpose of the bill is to amend Hawaii's controlled substances act to mirror federal regulations, which permit qualified practitioners to administer, dispense, and prescribe any schedule II, III, IV, or V narcotic drug approved by the Food and Drug Administration for use as a medically-managed withdrawal treatment, otherwise known as a detoxification treatment, or maintenance treatment; provided the practitioner complies with federal and state requirements. Allows physicians under certain circumstances to administer narcotic drugs to relieve acute withdrawal symptoms for not more than three days and to treat a person as an incidental adjunct to medical or surgical treatment.

Members stated that they would not take a position on this bill, but would monitor it.

(xviii) SB 504 Relating to Controlled Substance

The Board discussed the above bill.

The purpose of the bill is to limit initial prescriptions for opioids and benzodiazepines to a maximum of seven consecutive days.

Members stated that they would not take a position on this bill, but would monitor it.

(xix) SB 505 Relating to Health

The Board discussed the above bill.

The purpose of the bill is to reduce addiction, overdose and death related to the use of opioids by: requiring an opioid therapy informed consent process agreement to be executed between a patient and any prescriber of opioids under certain conditions; and limiting initial prescriptions for opioids and benzodiazepines to a maximum of seven consecutive days.

Members stated that they would not take a position on this bill, but would monitor it.

(xx) SB 868 Relating to The Controlled Substances Act

The Board discussed the above bill.

The purpose of the bill is to amend Hawaii's controlled substances act to mirror federal regulations, which permit qualified practitioners to administer, dispense, and prescribe any schedule II, III, IV, or V narcotic drug approved by the Food and Drug Administration for use as a medically-managed withdrawal treatment, otherwise known as a detoxification treatment, or maintenance treatment; provided the practitioner complies with specific federal requirements. Allows physicians under certain circumstances to administer narcotic drugs to relieve acute withdrawal symptoms for not more than three days and to treat a person as an incidental adjunct to medical or surgical treatment.

Members stated that they would not take a position on this bill, but would monitor it.

(xxi) HB 150 Relating to End of Life Option

The Board discussed the above bill.

The purpose of the bill is to establish a person's ability to choose the End of Life Option when afflicted with a terminal illness; provides safeguards for the affected person; and repeals penalties for participating in the End of Life Option Act.

Members stated that they would not take a position on this bill, but would monitor it.

(xxii) HB 201 Relating to Aid In Dying

The Board discussed the above bill.

The purpose of the bill is to allow a terminally ill adult with the capacity to make an informed healthcare decision to request a prescription for aid in dying medication from their attending physician to facilitate a peaceful death. Ensures that physicians who assist patients in obtaining aid in dying medication are not subject to civil or criminal liability.

Members stated that they would not take a position on this bill, but would monitor it.

(xxiii) HB 550 Relating to Death With Dignity

The Board discussed the above bill.

The purpose of the bill is to authorize terminally ill adults seeking to end their life to request lethal doses of medication from medical and osteopathic physicians.

Members stated that they would not take a position on this bill, but would monitor it.

(xxiv) SB 357 Relating to Aid In Dying

The Board discussed the above bill.

The purpose of this bill is to authorize a terminally ill adult with the capacity to make an informed health care decision to request a prescription for aid in dying medication from their attending physician to facilitate a peaceful death. Establishes that an attending physician determines a terminally ill adult's capacity to make an informed health care decision. Establishes that medical aid in dying does not constitute euthanasia, suicide, homicide, elder abuse or neglect, or cause a person to be considered a danger to self. Protects physicians who assist patients in obtaining aid in dying medication from civil or criminal liability. Makes it a felony to coerce an individual to request medication for the purpose of ending his or her life or to conceal a rescission of such request.

Members stated that they would not take a position on this bill, but would monitor it.

(xxv) SB 1129 Relating to Health

The Board discussed the above bill.

The purpose of the bill is to establish a medical aid in dying act that establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease may obtain a prescription for medication to be self-administered to end the patient's life.

Members stated that they would not take a position on this bill, but would monitor it.

(xxvi) HB 1484 Relating to Assault

The Board discussed the above bill.

The purpose of the bill is to establish the offense of assault in the second degree if a person intentionally or knowingly causes bodily injury to a health care professional, as defined in section 451D-2, HRS, who is engaged in the performance of duty at the time of the assault.

Members stated that they would take no position on this bill, but would monitor it.

(xxvii) HB 350 Relating to General Excise Tax Exemptions

The Board discussed the above bill.

The purpose of the bill is to provide a general excise tax exemption for medical services after December 31, 2017.

Members stated that they would not take a position on this bill, but would monitor it.

(xxviii) SB 177 Relating to Taxation

The Board discussed the above bill.

The purpose of the bill is to exempt gross proceeds from the sale of certain medical services from the general excise tax.

Members stated that they would take no position regarding this bill, but will monitor it.

(xxix) HB 1118 / SB 984 Relating to Workers' Compensation Physician

The Board discussed the above bills.

The purpose of the bills are to amend the definition of "physician" in workers' compensation law to include advanced practice registered nurses.

Dr. Halford recommended that the term "physician" be replaced with "licensed independent health care practitioners" so that it could be inclusive of all health care practitioners.

(xxx) SB 253 Relating to Workers' Compensation

The Board discussed the above bill.

The purpose of the bill is to require, among other things, independent medical examinations and permanent impairment rating examinations for workers' compensation claims to be performed by physicians mutually agreed upon by employers and employees or appointed by the director of labor and industrial relations. Allows for the use of an out-of-state physician under certain conditions. Appropriates funds for positions to assist with workers' compensation claims. Effective January 1, 2018. Repeals on June 30, 2023.

Members stated that they would take no position regarding this bill, but will monitor it. Further, members expressed their concern that this measure would allow the use of an out-of-state physician under certain conditions without that physician becoming licensed.

(xxxi) SB 347 Relating To Mobile Clinics

The Board discussed the above bill.

The purpose of the bill is to appropriate funds for establishing, staffing, and operating two mobile clinics to serve the homeless population. Effective 7/1/2050.

Members stated that they would take no position regarding this bill, but will monitor it.

(xxxii) HB 431 / SB 541 Relating to Gerontologist Licensing

The Board discussed the above bills.

The purpose of the bills are to establish requirements for gerontologist licensure beginning on 7/1/2018.

Members stated that they would take no position regarding the bills, but will monitor them.

(xxxiii) SCR 13 Requesting the Auditor to Conduct a Sunrise Review of the Licensure and Regulation of Gerontologists

The Board discussed the above resolution.

Executive Officer Quiogue informed members that pursuant to HRS § 26H-6, new regulatory measures being considered for enactment must be referred to the Auditor for a sunrise analysis. The statute requires that the referral be made by concurrent resolution which identifies a specific legislative bill to be analyzed. The statute further requires that the analysis set forth the probable effects of regulation and assess whether its enactment is consistent with legislative policies, and assess alternative forms of regulation.

Members stated that they would take no position regarding this resolution, but will monitor it.

Correspondence: a. Email from Mr. Dale Baker, RN, MSN, RNC-OC, CNOR, Director, CIS & Birth Center, Castle Medical Center dated January 23, 2017, Regarding Patients Self-Administering Nitrous Oxide

The Board reviewed and discussed Mr. Baker's email dated January 23, 2017, regarding whether the Board has a position on "patients self-administering nitrous [oxide] during labor."

Chair Desai stated that the Board should limit its response to whether the Board has a position regarding patients self-administering nitrous oxide during labor. He went on to say that the response should be that the Board does not have a position regarding this matter.

Executive Officer Quiogue asked the Board to consider whether it is an acceptable practice for patients to self-administer nitrous oxide during labor.

Members stated that it may be an acceptable practice provided certain standards are met.

Discussion followed. It was moved by Dr. Geimer-Flanders, seconded by Dr. Halford, and unanimously carried to inform Mr. Baker that it is the Board's informal opinion that appropriate patient administered analgesia delivered in a hospital setting and compliant with hospital policy and the Joint Commission standards is acceptable practice.

Lastly, in accordance with HAR § 16-201-90, the above interpretation is for informational and explanatory purposes only. It is not an official opinion or decision, and therefore is not to be viewed as binding on the Board or the DCCA.

b. Email from Josh Mularella, D.O. dated January 22, 2017, Regarding Hawaii Statutes § 453-2(b)(4)

The Board reviewed and discussed Dr. Mularella's email dated January 22, 2017, regarding whether his interpretation of HRS § 453-2(b)(4) is accurate if the following scenario were to occur "if Dr. Mularella, as the medical director, [obtain] a full unrestricted license in Hawaii, the other members of the medical team do not need a license, since they will act as 'consultants' to me during the race?"

The Board referred to HRS § 453-2(b)(4), which states that:

Nothing herein shall:

Apply to any practitioner of medicine and surgery from another state when in actual consultation, including in-person, mail, electronic, telephonic, fiber-optic, or other telehealth consultation with a licensed physician or osteopathic physician of this State if the physician or osteopathic physician from another state at the time of consultation is licensed to practice in the state in which the physician or osteopathic physician resides; provided that:

(A) The physician or osteopathic physician from another state shall not open an office, or appoint a place to meet patients in this State, or receive calls within the limits of the State for the provision of care for a patient who is located in this State;

(B) The licensed physician or osteopathic physician of this State retains control and remains responsible for the provision of care for the patient who is located in this State; and

(C) The laws and rules relating to contagious diseases are not violated.

Given this information, an out-of-state licensed physician, without first obtaining a Hawaii-medical license or Hawaii-osteopathic medical license, may act as a consultant who consults with a Hawaii-licensed physician or Hawaii-licensed osteopathic physician so long as the Hawaii-licensed physician or Hawaii-licensed osteopathic physician retains control and responsibility for the provision of the patient's care in Hawaii. In the scenario presented by Dr. Mularella, if he were to obtain a Hawaii-osteopathic medical license, he must retain control and responsibility for the provision of care of the patient who is located in this State.

Lastly, in accordance with HAR § 16-201-90, the above interpretation is for informational and explanatory purposes only. It is not an official opinion or decision, and therefore is not to be viewed as binding on the Board or the DCCA.

Announcements/
Report:

- a. Medical Marijuana Legislative Oversight Working Group:
Summary of the January 25, 2017 meeting

Executive Officer Quiogue informed members that she attended the January 25, 2017 meeting.

Next Meeting:

Thursday, March 9, 2017
King Kalakaua Conference Room, First Floor
335 Merchant Street
Honolulu, HI 96813

Adjournment:

It was moved by
Dr. Halford, seconded by Mr. Puletsi, and unanimously carried to adjourn the meeting at 3:45 p.m.

Reviewed and approved by:

Taken and recorded by:

/s/Ahlani K. Quiogue

/s/Wilma Balon

(Ms.) Ahlani K. Quiogue
Executive Officer

Wilma Balon
Secretary

AKQ:wb
3/1/17

- () Minutes approved as is.
(X) Minutes approved with changes; see minutes of March 9, 2017.

HAWAII MEDICAL BOARD (02/09/2017-RATIFICATION LIST)

LTYPE LIC NUM BP NAME PART 1

MD 18928 ERIC L <MURRAY<
MD 18929 WILLIAM J <MCDERMOTT<
MD 18930 ZVIKA J <SCHREIBER<
MD 18931 STEPHANIE M <SMITH<
MD 18932 ANITA <MOON-GRADY<
MD 18933 LESTER L <GREER<
MD 18934 HEATHER <GOFF<
MD 18935 ARIS M <SOPHOCLES< JR
MD 18936 ALEXIS <SVOKOS<
MD 18937 YEFIM <LEVY<
MD 18938 DAVID J <MAGEE<
MD 18939 MARY K <MAYS<
MD 18940 JANE-ELLEN <SONNELAND<
MD 18941 JAMES T <TRAN<
MD 18942 BRITTNEY A <WILLIAMS<
MD 18943 KEN S <INAMASU<
MD 18944 SEAN P <TURNER<
MD 18945 VICTORIA H <MOHR<
MD 18946 VENU <DIVI<
MD 18947 LAUREN N <RODRIGUEZ<
MD 18948 RICHARD D <WHITE<
MD 18949 WAICHI <WONG<
MD 18950 JUDITH A <O'CONNOR<
MD 18951 MATTHEW P <GRIFFIN<
MD 18952 JAMES W <ROACH<
MD 18953 KEVIN W <KUICH<
MD 18954 AMY J <LAURENT<
MD 18955 DONALD H <SCHREIBER<
MD 18956 MONIQUE M <LEUNG<

AMD 729 THOMAS W <ELLIS< III
AMD 730 DOUGLAS E <AMIS<

DOS 1783 DAVID M <EVANS<
DOS 1784 SABINA M <KOBYLINSKI-TOGNAZZINI<
DOS 1785 SAMUEL M <TIGLAO<
DOS 1786 ANDREA L <FONG<
DOS 1787 CHARLES S <FILLINGANE<

DOSR 395 MICHAEL R <WAGNER<
DOSR 396 DEIRDRE A <WARNER<
DOSR 397 RAYMOND J <MELDER<

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DOSR 398 DRUE M <ORWIG<

MDR 7214 CHRISTAL Y <NISHIKAWA<
MDR 7215 HEATHER N <ORTH<
MDR 7216 STEVEN <HUNG<
MDR 7217 KALE <WHALEN<
MDR 7218 LAUREN M <CAMERON COMASCO<
MDR 7219 KEVIN W <CHIN<
MDR 7220 MICHAEL G <PURCELL<

EMT 2774 GRANT K <NONAKA<
EMT 2775 BRIAN K C <ORTIZ<
EMT 2776 TYSEN A K <PASCO-BROWN<
EMT 2777 JESSICA N L <PENNER<