

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, August 10, 2017

Time: 1:00 p.m.

Place: King Kalakaua Conference Room
King Kalakaua Building
335 Merchant Street, 1st Floor
Honolulu, HI 96813

Present: Jone Geimer-Flanders, D.O., Chairperson, Oahu Osteopathic Member
Peter Halford, M.D., Vice-Chairperson, Oahu Member
Sharon "Shay" Bintliff, M.D., Hawaii Member
Maria Chun, Ph.D., Public Member
Franklin V.H. Dao, M.D., Oahu Member
Peter Holt, M.D., Oahu Member
Palasi Puletasi, Public Member
Karen E. Sept, D.O., Oahu Osteopathic Member
Shari J. Wong, Deputy Attorney General ("DAG")
Ahlani K. Quiogue, Executive Officer
Wilma Balon, Secretary

Excused: Gerard K. Akaka, M.D., Oahu Member
Darren K. Egami, M.D., Maui Member

Guests: Lei Fukumura, Special Deputy Attorney General ("SDAG")
Gabriel R. Camacho, Paramedic, Applicant
Rene Camacho, Father of Gabriel R. Camacho
Patricia Blanchette, M.D., JABSOM
Lee Buenconsejo-Lum, M.D., JABSOM
Jonathan L. Ching, Government Relations Specialist
Kaiser Permanente

Call to Order: The meeting was called to order at 1:00 p.m., at which time quorum was established.

Approval of the July 13, 2017 Minutes: It was moved by Dr. Halford, seconded by Dr. Bintliff, and unanimously carried to approve the minutes of the regular session and the minutes of the executive session of the July 13, 2017 meeting as circulated.

Adjudicatory Matters: Chair Geimer-Flanders 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 Larry R. Myers, M.D.; MED 2017-95-L

After discussion, it was moved by Dr. Halford, seconded by Dr. Dao, and unanimously carried to accept the Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order; Exhibit "1".

- b. In the Matter of the License to Practice Medicine of Wesley K.W. Young, M.D.; MED 2012-5-L

After discussion, it was moved by Dr. Sept, seconded by Dr. Dao, and unanimously carried to reject the Settlement Agreement After Filing of Petition for Disciplinary Action and Board's Final Order; Exhibit "1".

Following the Board's review, deliberation and decision in this matter pursuant to Chapter 91, HRS, Chair Geimer-Flanders announced that the Board reconvene to its regular Chapter 92, HRS, meeting at 1:12 p.m.

Chair Geimer-Flanders invited the guests back into the meeting room, and asked the guests, staff and members to introduce themselves before the Board proceed with the next items on its agenda.

Guests were excused from the meeting room at 1:16 p.m.

Applications for
License/
Certification:

- a. Applications:

It was moved by Dr. Bintliff, seconded by Dr. Holt, and unanimously carried to enter into executive session at 1:16 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.

- (i) Emergency Medical Personnel:

- a. Gabriel R. Camacho, Paramedic

It was moved by Dr. Sept, seconded by Dr. Dao, and unanimously carried to return to the open meeting at 1:19 p.m.

- (i) Emergency Medical Personnel:

- a. Gabriel R. Camacho, Paramedic

After due consideration of the information received as well as Mr. Camacho's oral testimony, it was moved by Dr. Halford, seconded by Dr. Bintliff, and unanimously carried to approve Mr. Camacho's application for certification.

Applications for
License/
Certification:

a. Applications:

It was moved by Dr. Sept, seconded by Dr. Holt, and unanimously carried to enter into executive session at 1:21 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.

(ii) Physician:

- a. Michael W. Cashman, M.D.
- b. Marc H. Appel, M.D.
- c. Victor G. Lacombe, M.D.
- d. Richard M.C. Liu, M.D.
- e. Naseh Nawabi, M.D.

(iii) Physician Assistant:

- a. Robert W. Christine, PA-C
- b. Sabrina L. Shumar, PA-C

Correspondence:

- a. Email dated July 28, 2017, from Patricia L. Blanchette, M.D., MPH, requesting the Board's opinion regarding Hawaii Revised Statutes §453-3(4).

It was moved by Dr. Dao, seconded by Dr. Halford, and unanimously carried to return to the open meeting at 2:05 p.m.

It was moved by Dr. Sept, seconded by Dr. Halford, and unanimously carried to approve the following applications:

(ii) Physician:

- b. Marc H. Appel, M.D.
- c. Victor G. Lacombe, M.D.
- d. Richard M.C. Liu, M.D.

(iii) Physician Assistant:

- a. Robert W. Christine, PA-C
- b. Sabrina L. Shumar, PA-C

(ii) Physician:

- a. Michael W. Cashman, M.D.

Dr. Cashman's application was deferred at the Board's February 9, 2017 and July 13, 2017 meetings.

At its February meeting, the Board deferred Dr. Cashman's application pending additional information from his residency program.

At its July meeting, the Board denied Dr. Cashman's request to accept, in lieu of its Hospital Form, a supportive letter from Gary L. Peck, M.D. and a first-year summative evaluation signed and submitted to the American Board of Dermatology by Alan N. Moshell, M.D.

The Board noted that these two documents do not address past events of concern and strongly recommend that Dr. Cashman contact the Designated Institutional Officer and/or the new Program Director to complete the Board's Hospital Form or to provide, at a minimum, a letter addressing the Board's concerns.

After receiving the Board's letter, and again attempting to obtain information from his residency program without success, Dr. Cashman is now requesting that the Board allow him to formally withdraw his application.

After due consideration of Dr. Cashman's request to formally withdraw his application, it was moved by Dr. Halford, seconded by Dr. Dao, and unanimously carried to approve his request.

e. Naseh Nawabi, M.D.

After due consideration of the information received, it was moved by Dr. Holt, seconded by Mr. Puletasi, with the exception of Dr. Bintliff who opposed the motion, and carried by a majority to approve Dr. Nawabi's application for licensure and issue a Non-disciplinary Letter of Education informing Dr. Nawabi of his responsibility to disclose and provide information truthfully and accurately at all times. Further, the Board requires that Dr. Nawabi submit a revised application.

Applications for
License/
Certification:

- b. Ratifications:
(i) List

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

Correspondence:

- a. Email dated July 28, 2017, from Patricia L. Blanchette, M.D., MPH, requesting the Board's opinion regarding Hawaii Revised Statutes §453-3(4).

The Board reviewed and discussed Dr. Blanchette's email dated July 28, 2017, requesting the Board's opinion regarding Hawaii

Revised Statutes (“HRS”) §453-3(4) – resident and fellow supervision.

Members referred to HRS §453-3(4), which states that:

The Hawaii medical board shall issue a limited and temporary license to an applicant who has not been examined as required by section 453-4, and against whom no disciplinary proceedings are pending in any state or territory, if the applicant is otherwise qualified to be examined, and upon determination that:

The applicant has been appointed as a resident or accepted for specialty training in a health care facility or organized ambulatory health care facility as defined in section 323D-2 or a hospital approved by the board, and that the applicant shall be limited in the practice of medicine and surgery to the extent required by the duties of the applicant's position or by the program of training while at the health care facility, organized ambulatory health care facility, or hospital. The license shall be valid during the period in which the applicant remains as a resident in training, and may be renewed from year to year during the period.

In addition to the above statutory provision, the members reviewed a draft opinion submitted by Patricia L. Blanchette, M.D., Associate Dean for Academic Affairs, John A. Burns School of Medicine (“JABSOM”). JABSOM is requesting that the Board adopt the following draft opinion regarding the supervision of residents and fellows participating in accredited graduate medical education:

The Hawaii Medical Board finds and agrees that residents/fellow physicians who have been accepted into a specialty training program as required by Hawaii Revised Statutes section 453-3(4) and who provide patient care in the scope of their duties as a resident/fellow physician thereby have a limited scope of practice and must practice under the direction of a physician or osteopathic physician who is regularly licensed in the State of Hawaii. That regularly licensed physician is accountable for the care of the patient under treatment by a resident/fellow physician. This requirement for supervision holds as long as the resident/fellow physician is enrolled in the training program, regardless of whether the resident/fellow physician is training under a temporary license or a permanent license.

Dr. Blanchette and Lee Buenconsejo-Lum, M.D., Designated Institutional Official, JABSOM, appeared before the Board.

Dr. Blanchette explained that the genesis of their request for an informal opinion regarding the supervision of resident and fellow physicians during graduate medical education is due to the growing number of malpractice suits filed against the resident/fellow physicians as well as the attending physicians who provide the supervision. She went on to say that this provides the plaintiff's attorney the ability to derive payments from multiple sources, i.e. resident's malpractice insurance policy and attending physician's independent malpractice insurance policy.

Dr. Blanchette explained that there is a growing trend in naming resident physicians in tort claims, and went on to say that the common defense for the resident has been that they are in a supervised setting.

Dr. Buenconsejo-Lum provided additional information to the Board. Specifically, Dr. Buenconsejo-Lum informed members that over the last 30+ years, 150 residents/fellows have been named in malpractice suits. In the last 3-years, there have been 8 active cases involving 22 resident/fellow physicians. The trend seems to indicate that resident/fellow physicians named in malpractice suits will continue to increase.

Dr. Blanchette referenced HRS §453-3(4), and stated that this section provides that the Board may issue a limited and temporary license to an applicant who has been accepted in residency or specialty training. She went on to say that this section also provides that the resident/fellow physician must practice in a supervised setting.

Dr. Blanchette emphatically requested that the Board consider adopting JABSOM's draft opinion as its own because it would be a strong position statement that the resident/fellow physician work only in supervised settings.

DAG Wong asked Dr. Blanchette whether the residents named in the malpractice suits hold permanent or temporary licenses.

Dr. Blanchette informed members that a majority of the resident/fellow physicians hold temporary licenses with the exception of a few who obtain permanent licenses prior to the completion of training.

Dr. Blanchette explained that the resident becomes eligible for a permanent license after a number of years of residency training or fellowship training. Dr. Blanchette went on to say that sometimes the resident applies for a permanent license towards the end of their training in anticipation of remaining in Hawaii. Additionally, rather than waiting until the residency training is successfully completed, some resident physicians choose to apply for a license

sooner rather than later given the sometimes-lengthy processing time it may take to become licensed.

Dr. Blanchette explained further that the residency/fellowship program dictates the length of time one is in training, and during that training the resident or fellow's activities shall be supervised as required by the ACGME.

Dr. Buenconsejo-Lum informed the Board that regardless of the resident holding a limited or permanent license, the resident physician must always be under the supervision of an attending physician. She went on to explain that as a part of the resident/fellow's employment contract, the resident/fellow agrees that they may only work within the confines of the program. If the resident/fellow work outside of this, then that may be grounds for termination from the program.

Dr. Buenconsejo-Lum indicated that having an opinion by the Board – preceding the administration of an opinion/policy by JABSOM – is very important.

Dr. Blanchette agreed with Dr. Buenconsejo-Lum's comments regarding the importance of having the Board issue an opinion. She indicated that this opinion would be officially recorded in the meeting minutes, and ultimately becomes a part of a permanent record that may be used as further evidence that a resident must: have a limited scope of practice; and work under the direction of a physician or osteopathic physician who is regularly licensed in the state of Hawaii.

Dr. Holt stated that while he believes he understands the purpose of JABSOM requesting an opinion from the Board, JABSOM must understand that the Board is unable to limit/restrict a physician's license unless there are legal grounds to do so.

Dr. Holt recommended that the training programs consider placing a requirement in the resident/fellow's contract that they not apply for a permanent medical license until the last year of their training.

In response to Dr. Holt's recommendation, Dr. Buenconsejo-Lum stated that the training programs emphasize that a resident must wait until the final year of training to apply for a permanent license. She went on to explain that once June 30th graduations occur, the resident/fellow may begin the formal credentialing process.

Executive Quiogue asked whether the training programs have considered making this a part of the resident's contract. She went on to say that although the programs emphasize that residents wait until their last year of training to apply for a permanent license, the Board receives applications from current residents

that have completed 1 to 2 years of an accredited training program.

In reference to Executive Officer Quiogue's comments, Dr. Buenconsejo-Lum informed members that this is not written into a resident's contract; however, the contract explicitly states that if a resident performs any task that requires a license outside of the scope of their training and duties, and the resident practices outside of that scope, then that is grounds for termination.

Dr. Buenconsejo-Lum emphasized that it is a very strict contract because they want to make sure that residents are always supervised, and that the training program knows exactly what the residents are doing.

DAG Wong referred to JABSOM's proposed draft opinion, and stated that they are asking the Board to issue an informal opinion that goes beyond what is stated in the statute. It was noted that the draft opinion contains two specific statements that go beyond the statutory language of HRS §453-3(4).

The two sentences that go beyond its statutes are:

The Hawaii Medical Board finds and agrees that residents/fellow physicians who have been accepted into a specialty training program as required by Hawaii Revised Statutes section 453-3(4) and who provide patient care in the scope of their duties as a resident/fellow physician thereby have a limited scope of practice and must practice under the direction of a physician or osteopathic physician who is regularly licensed in the State of Hawaii. That regularly licensed physician is accountable for the care of the patient under treatment by a resident/fellow physician. This requirement for supervision holds as long as the resident/fellow physician is enrolled in the training program, regardless of whether the resident/fellow physician is training under a temporary license or a permanent license.

Emphases added to the original.

DAG Wong informed Drs. Blanchette and Lee-Buenconsejo that the emphasized language above goes beyond what is stated in the statute, and that absent a legislative amendment, the Board has no authority to adopt JABSOM's proposed opinion.

Dr. Blanchette explained that the point they are trying to make is that regardless of the type of license the resident holds, the resident is limited in their practice and are required to work under supervision.

Dr. Blanchette stated that if a resident obtains a permanent license, it is for reasons other than being required to obtain one by their residency program.

Dr. Blanchette informed the Board that the opinion they are seeking is a reaffirmation of its statutes - that the resident is required to be supervised in a controlled setting.

DAG Wong stated that the Board may affirm what is in the statute, but emphasized that it is ultimately the responsibility of the resident physician and training programs to ensure that the resident is working within scope/duties established by the training program.

Executive Officer Quiogue recommended that the Board stress the importance of the following provision of HRS §453-3(4), specifically, that the resident/fellow “shall be limited in the practice of medicine and surgery to the extent required by the duties of the applicant’s position or by the program of training while at the health care facility, organized ambulatory health care facility, or hospital” in its meeting minutes.

Chair Geimer-Flanders explained that the Board is not able to place limitations or restrictions on a permanent license obtained by a resident/fellow unless there are reasons to do so. She went on to say that an unrestricted license is just that, an unrestricted license to practice.

There being no further questions, Chair Geimer-Flanders thanked Dr. Blanchette and Dr. Buenconsejo-Lum for appearing before the Board.

It was moved by Chair Geimer-Flanders, seconded by Dr. Dao, and unanimously carried to restate and emphasize the importance of HRS §453-3(4), specifically that “the applicant shall be limited in the practice of medicine and surgery to the extent required by the duties of the applicant’s position or by the program of training while at the health care facility, organized ambulatory health care facility, or hospital.”

- b. Email dated July 12, 2017, from Ezra Bendiner, Contracts Specialist, University of Hawaii, John A. Burns School of Medicine, requesting the Board’s interpretation of Hawaii Revised Statutes §453-14.

The Board reviewed Mr. Bendiner’s email dated July 12, 2017, requesting the Board’s interpretation of HRS §453-14. Specifically, Mr. Bendiner asks “what types of injuries must be reported to HPD under Section 453-14?”

The Board referred to HRS §453-14, which states:

- (a) Every physician, osteopathic physician, and surgeon attending or treating a case of knife wound, bullet wound, gunshot wound, powder burn, or any injury that would seriously maim, produce death, or has rendered the injured person unconscious, caused by the use of violence or sustained in a suspicious or unusual manner or in motor vehicle collisions resulting in serious injury or death, or, whenever the case is treated in a hospital, clinic, or other institution, the manager, superintendent, or person in charge thereof, shall report the case or provide requested information to the chief of police of the county within which the person was attended or treated, giving the name of the injured person, description of the nature, type, and extent of the injury, together with other pertinent information that may be of use to the chief of police. As used herein, the term "chief of police" means the chief of police of each county and any of the chief's authorized subordinates.
- (b) This section shall not apply to wounds, burns, or injuries received by a member of the armed forces of the United States or of the State while engaged in the actual performance of duty.
- (c) Any person who fails to make the report called for herein within twenty-four hours after the attendance or treatment shall be fined not less than \$50 nor more than \$500.

Discussion followed. The Board determined that the duty to report specific wounds or injuries by a physician, osteopathic physician, and surgeon are set forth in the statute. As such, the Board stated that in response to Mr. Bendiner's inquiry as well as any similar inquires, its Executive Officer should refer the inquirer to HRS §453-14.

Lastly, in accordance with Hawaii Administrative Rules ("HAR") §16-201-90, the above is for informational or 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 Department of Commerce and Consumer Affairs.

- c. Email dated July 24, 2017, from Stephen Smith, M.D., requesting Board's position regarding standard of care.

The Board reviewed Dr. Smith's email dated July 24, 2017, requesting the Board's position regarding standard of care. In particular, Dr. Smith asked "what position (if any) does the board hold on the primary care physician's responsibility to be available to their patient population for patient care during AND after care?"

After discussion, the Board instructed its Executive Officer to inform Dr. Smith that it does not have a position regarding this matter. However, the Board would like to remind all licensed-physicians that it is their duty to provide care when it is needed or

to assure that proper backup by another healthcare provider is available to provide care to the patient during or outside of normal business hours or while on vacation, etc.

Lastly, in accordance with HAR §16-201-90, the above is for informational or 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 Department of Commerce and Consumer Affairs.

New Business:

a. Legislation

(i) Act 40, SLH 2017, Relating to Physician Workforce Assessment

Executive Officer Quiogue informed the Board that the purpose of Act 40, SLH 2017, allows JABSOM 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.

As members are aware, the physician workforce assessment fee is collected by the Department, and then used by JABSOM to study the physician shortage. JABSOM obtains a majority of the information through the survey included with the online renewal.

Executive Officer Quiogue stated that due to procurement issues the physician survey may not be included with the MD online renewal application for the upcoming 2018 renewals. She explained that because the estimated costs exceeded the small purchase amount by \$26.00, the existing MOU agreement between JABSOM, Hawaii Information Consortium ("HIC"), and the Professional & Vocational Licensing Division is no longer an option. The parties must now enter into formal statement of work ("SOW") which must be reviewed and approved by the State's Office of Enterprise Technology Services ("ETS"). She went on to say that the review and approval by the ETS, and acceptance of the SOW by all involved parties must occur no later than the first week of September 2017 for the physician workforce survey to be included with the 2018 renewals for physicians.

(ii) Act 58, SLH 2017, Relating to Loan Repayment for Health Care Professionals

Executive Officer Quiogue informed the Board that the purpose of Act 58, SLH 2017, is to make an appropriation for the health care provider loan repayment program administered through JABSOM. Specifically, the State will appropriate \$250,000 or an amount necessary for the fiscal year 2017-2019 to the health care provider loan repayment program provided that no funds shall be expended unless matched on a dollar-for-dollar basis by funds from a private or other public source.

(iii) Act 64, SLH 2017, Relating to Public Meetings

Executive Officer Quiogue informed the Board that the purpose of Act 64, SLH 2017, is to require, among other things, State and County boards to make meeting documents available to the public with the exception of information that is not disclosable pursuant to HRS Chapter 92.

(iv) Act 66, SLH 2017, Relating to Health

Jonathan L. Ching, Government Relations Specialist, Kaiser Permanente appeared before the Board to discuss this matter.

Executive Officer Quiogue informed the Board that the purpose of Act 66, SLH 2017, is to require prescribing healthcare providers to adopt and maintain policies for informed consent to opioid therapy in circumstances that carry elevated risk of dependency; is to establish limits for concurrent opioid and benzodiazepine prescriptions; and clarifies the Board of Nursing's authority to enforce compliance with the Uniform Controlled Substances Act.

Executive Officer Quiogue stated that during the legislative session, the Board submitted testimony in support of this measure and indicated that laws such as these are created to curb the national opioid epidemic.

Chair Geimer-Flanders informed members that she and Executive Officer Quiogue were invited to attend the Opioid Initiative Launch with several other government officials as well as individuals from the private sector.

Chair Geimer-Flanders stated there is numerous data which reflects that, in some counties, opioid related deaths far exceed natural deaths and motor vehicle deaths. She went on to say that Hawaii is ranked 43rd in the nation for drug related deaths.

Executive Officer Quiogue informed the Board that a provision of the Act requires the Department of Health to develop and make available a template of an opioid therapy informed consent process agreement for use in the State.

Mr. Ching informed the Board that he was attending the meeting to monitor the Board's discussion on behalf the Healthcare Association of Hawaii so that he could present any information at subsequent meetings with the community regarding the mandate to create the informed consent process agreement.

Mr. Ching indicated that it appears most providers are satisfied with the language of the Act as it addresses a very serious and real problem.

Mr. Ching informed the members that various stakeholders will be convening to begin drafting the informed consent agreement language, including physicians, associations, and the Department of Health.

Dr. Sept asked when the Act goes into effect.

Executive Officer Quiogue stated that the informed consent template must be placed on the Department of Health's website no later than December 31, 2017, and the Act took effect on July 1, 2017.

(v) Act 110, SLH 2017, Relating to Administrative Procedure

Executive Officer Quiogue informed members that the purpose of Act 110, SLH 2017, is to allow State and County agencies to participate in administrative procedures under chapter 91, HRS, by including "agencies" within the definition of "persons" in §91-1, HRS.

(vi) Act 172, SLH 2017, Relating to Worker's Compensation

Executive Officer Quiogue informed members that the purpose of Act 172, SLH 2017, is to grant an employee the right to have a chaperone present during an independent medical examination relating to a work injury for workers' compensation purposes and, with the approval of the examining physician or surgeon, to record the medical examination. Specifies that if an employee or employee's chaperone obstructs the medical exam, the employee's right to workers' compensation shall be suspended until the obstruction ceases.

b. Federation of State Medical Boards Guidelines for the Chronic Use of Opioid Analgesics

The Board reviewed and discussed the Federation of State Medical Boards ("FSMB") Model Guidelines for the Chronic Use of Opioid Analgesics ("Guidelines").

By way of background, in April 2015, the FSMB appointed the Workgroup on the FSMB's Model Policy for the Use of Opioid Analgesics in the Treatment of Chronic Pain to review the current science for treating chronic pain with opioid analgesics and to revised the Model Policy as appropriate.

To accomplish this charge, the workgroup conducted a thorough review of the FSMB's existing policy as well as other state and federal policies on the prescribing of opioids in the treatment of pain. Ultimately, the policy document includes relevant recommendations identified by the workgroup, and is in keeping with recent releases issued by the CDC and FDA. The policy is intended as a resource providing overall guidance to state medical boards and osteopathic medical boards in assessing physicians' management of pain in their patients and whether opioid analgesics are used in a medically appropriate manner.

Executive Officer Quiogue asked the Board to consider informally adopting these Guidelines.

Discussion followed. It was moved by Chair Geimer-Flanders, seconded by Dr. Holt, and unanimously carried to informally adopt the Federation of

State Medical Boards Guidelines for the Chronic Use of Opioid Analgesics. Further, the Guidelines are available on the FSMB's website (<http://www.fsmb.org/policy/advocacy-policy/policy-documents>).

Advisory
Committees:

- a. Physician Assistants
- b. Emergency Medical Service Personnel
 - (i) Reappointment to the Emergency Medical Service Personnel Advisory Committee:
 - a. Dennis K. Ma`ele, EMTP

It was moved by Chair Geimer-Flanders, seconded by Dr. Halford, and unanimously carried to reappoint Mr. Ma`ele to the Emergency Medical Service Personnel Advisory Committee ("Committee"). His term of service begins effective immediately and ends on June 30, 2021.

- b. Elizabeth A. Char, M.D.

It was moved by Dr. Halford, seconded by Dr. Bintliff, and unanimously carried to reappoint Dr. Char to the Committee. Her term of service begins effective immediately and ends on June 30, 2021.

- c. Podiatrists

Next Meeting: Thursday, September 14, 2017
King Kalakaua Conference Room, First Floor
335 Merchant Street
Honolulu, HI 96813

Adjournment: It was moved by Dr. Holt, seconded by Dr. Sept, and unanimously carried to adjourn the meeting at 2:55 p.m.

Reviewed and approved by:

/s/Ahlani K. Quiogue

(Ms.) Ahlani K. Quiogue
Executive Officer

AKQ:wb
9/1/17

Taken and recorded by:

/s/Wilma Balon

Wilma Balon
Secretary

- (X) Minutes approved as is.
- () Minutes approved with changes; see minutes of _____.

HAWAII MEDICAL BOARD (08/10/2017-RATIFICATION LIST)

LTYPE LIC NUM BP NAME PART 1

MD 19241 VINCENT <KRESHA<
MD 19242 DAVID O <MCCANDLESS<
MD 19243 FREDERICK W <ROMBERG<
MD 19244 MARTIN T <SIGLER<
MD 19245 RASTISLAV <OSADSKY<
MD 19246 DEBRA J <RAVASIA<
MD 19247 MARK A <BOYKIN<
MD 19248 NATALIYA P <KOZODOY<
MD 19249 MARIA F G <BEVILACQUA<
MD 19250 KIMBERLY L <VALENTINE<
MD 19251 PRISCILLA A <WEST<
MD 19252 WILLIAM C <WILLIARD<
MD 19253 SARAH H <ERICKSON<
MD 19254 DONALD S <FONG<
MD 19255 DANIEL J <HUTCHENS<
MD 19256 JORDAN <LEE<
MD 19257 MARTIN K S <ISHIKAWA<
MD 19258 CHESTER C <HU<
MD 19259 WILLIAM P <GOODGER<
MD 19260 MING B <CHI<
MD 19261 KEVIN K <DRAKE<
MD 19262 LARS <BOMAN<
MD 19263 HUMPHREY J S <MANSFIELD<
MD 19264 MARIA S <GAERLAN<
MD 19265 ALEXANDER M <KAPLAN<
MD 19266 JULIA A F <CROW<
MD 19267 KEVIN O <HERMAN<
MD 19268 ROBERT K <SMITH< II
MD 19269 NEIL Y <ONIZUKA<
MD 19270 CHUTUOC C <TRANDINH<
MD 19271 CATHERINE N <KEEGAN<
MD 19272 KA'OHIMANU L K D <AKIONA<
MD 19273 MICHELLE A L M <TENORIO<
MD 19274 JED R <PETERSON<
MD 19275 AKSHATHA <AKSHATHA<
MD 19276 KANDIE K <GEORGE<
MD 19277 DIANE E <DUBINSKY<
MD 19278 GREGORY E <LAUSE<
MD 19279 KRISHNAN <KARTHA<
MD 19280 KALKI <BOMMARAJU<
MD 19281 TAVIA D <CLARK<
MD 19282 THERESA L <CHIN<
MD 19283 KARI M <DECHENNE<
MD 19284 SAJAD <ZALZALA<
MD 19285 QUEEN A <WAHIWE<

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AMD 768 MICHAEL C <MALLATT<
AMD 769 ANTHONY <ALLEN<

DOS 1823 MICHAEL B <WELLS<
DOS 1824 IAN A <NAGATA<
DOS 1825 NICOLE M <LUM<
DOS 1826 MATTHEW B J <HOUSE<
DOS 1827 CLARA <YU<
DOS 1828 BRIAN A <SHUKRI<
DOS 1829 TAMEEM <HUSAIN<
DOS 1830 WILLIAM R <KNIGHT<
DOS 1831 JENNIFER <HWANG<
DOS 1832 SHENEN L <DIETRICH<
DOS 1833 TANER D <ULKE<
DOS 1834 THOMAS M <CREW<
DOS 1835 MATTHEW J <KOLOSKY<
DOS 1836 ANIK H <COCKROFT<

DOSR 428 KYRILLOS G <AWAD<
DOSR 429 DEVIN I <HAZAMA<

MDR 7385 RYOTA <SATO<
MDR 7386 YOUNG S <RHO<
MDR 7387 ANA I <HERNANDEZ CABALLERO<

EMT 2810 DEAN <HUTTON<
EMT 2811 MATTHEW T <VALDES-HEALY<
EMT 2812 THOMAS NO'EAU A <PARPANA< IV
