

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 14, 2019

Time: 1:00 p.m.

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

Present: Peter Halford, M.D., Vice-Chairperson, Oahu Member
Gerard K. Akaka, M.D., Oahu Member
Sharon "Shay" Bintliff, M.D., Hawaii Member
Maria Chun, Ph.D., Public Member
Franklin V.H. Dao, M.D., Oahu Member
Darren K. Egami, M.D., Maui Member
Peter Holt, M.D., Oahu Member
Karen E. Sept, D.O., Oahu Osteopathic Member
Shari J. Wong, Deputy Attorney General
Ahlani K. Quiogue, Executive Officer
Olga Reppun, Secretary

Excused: Jone Geimer-Flanders, D.O., Chairperson, Oahu Osteopathic Member
Geri Young, M.D., Kauai Member
Palasi Puletasi, Public Member

Guests: Jonathan Ching, Kaiser Foundation Health Plan
Guy Sugino, M.D., Kaiser Hawaii Permanente Medical Group ("HPMG")
John Ellis, M.D., Applicant
George Apter, HPMG
Santo Dimartino, PA-C, Hawaii Association of Physician Assistants ("HAPA")
Christina Starks, PA-C, HAPA
Jerry Van Meter, M.D., Hawaii Medical Association ("HMA")
Vincent Tenorio, HAPA

Call to Order: The meeting was called to order at 1:03 p.m., at which time quorum was established.

Approval of the January 17, It was moved by Dr. Holt, seconded by Dr. Sept, and unanimously carried to approve the minutes of the executive session and the

2019. Minutes: minutes of the open session of the January 17, 2019, meeting as circulated.

Mr. Ching, Dr. Sugino, Dr. Ellis, and Mr. Apter entered the meeting room at 1:04 p.m.

Guests: Vice-Chair Halford greeted Board meeting guests. The guests, the Board members and staff introduced themselves.

Mr. Ching, Dr. Sugino, Dr. Ellis, and Mr. Apter were excused from the meeting room at 1:06 p.m.

Applications for License/Certification:

a. Applications:

It was moved by Dr. Bintliff, seconded by Dr. Dao, and unanimously carried to enter into executive session at 1:06 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) Request to remove the conditions from the conditional license:

a. John S. Ellis, M.D.

Dr. Ellis was invited into the meeting room to present oral testimony to the Board from 1:14 p.m. to 1:19 p.m.

Dr. Akaka entered the meeting room at 1:15 p.m.

(ii) Physician (Permanent):

a. Amer Abu-Obeid, M.D.

b. Andrew T. Cheng, M.D.

c. Damon C. Dixon, M.D.

d. William S. Ervin, III, M.D.

e. Nicolas Gioffre, M.D.

f. Robert B. Lim, M.D.

m. Christina J. Wai, M.D.

Dr. Chun recused herself from the discussion of applications of Robert B. Lim, M.D., and Christina J. Wai, M.D., and left the meeting room from 1:30 p.m. to 1:44 p.m.

- g. Elizeth Lopez, M.D.
- h. Kaye C.J. Mickelson, M.D.
- i. Gregory A. Pollack, M.D.
- j. Shareef M. Riad, M.D.
- k. Gregory L. Thalken, M.D.
- l. Sanjeevi Vridhachalam, M.D.
- n. Matthew D. Walvick, D.O.

Legislation:

- a. HB935/SB1406 Relating to Health

The purpose of the bills is to clarify the scope and practice of physician assistants in the State. Amends the Hawaii Medical Board to include two physician assistants. Expands bases to revoke or suspend a physician or surgeon's license. Makes conforming amendments.

Dr. Egami briefly left the meeting room from 2:22 p.m. to 2:24 p.m.

It was moved by Dr. Bintliff, seconded by Dr. Holt, and unanimously carried to return to the open meeting at 3:05 p.m.

Mr. Ching, Dr. Sugino, Mr. Apter, Mr. Dimartino, Ms. Starks, Dr. Van Meter, and Mr. Tenorio were invited into the meeting room at 3:06 p.m.

Applications for
License/
Certification:

- a. Applications:

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

- (ii) Physician (Permanent):
 - a. Amer Abu-Obeid, M.D.
 - c. Damon C. Dixon, M.D.
 - d. William S. Ervin, III, M.D.

- g. Elizeth Lopez, M.D.
- i. Gregory A. Pollack, M.D.
- i. Shareef M. Riad, M.D.
- l. Sanjeevi Vridhachalam, M.D.
- n. Matthew D. Walvick, D.O.

(i) Request to remove the conditions from the conditional license:

- a. John S. Ellis, M.D.

After due consideration of the information received, it was moved by Dr. Dao, seconded by Dr. Bintliff, and unanimously carried to deny Dr. Ellis's request to remove the conditions from his conditional license. The Board agreed to amend the following conditions upon Dr. Ellis's change of duty stations from the Tripler Army Medical Center ("TAMC") to the Walter Reed National Military Medical Center ("WRNMMC") to read as follows:

Condition No. 2: At the time of Dr. Ellis's change of duty stations from the TAMC to the WRNMMC, he shall continue his monitoring with the WRNMMC Provider Wellness Committee ("Committee") until at least June 30, 2022. However, said monitoring may be extended by the Board if the Board believes that reasonable grounds exist.

Conditions No. 3: If, at any time, the WRNMMC Committee determines that Dr. Ellis is not in compliance with the monitoring program, he shall immediately cease practicing medicine until WRNMMC Committee specifies to the Board what conditions, if any, it recommends for him to safely practice medicine. Depending upon the WRNMMC Committee's written report and recommendations, the Board may evaluate what, if any, further conditions are warranted for Dr. Ellis to practice medicine and impose such conditions on his license. If Dr. Ellis fails to refrain from using drugs or alcohol, the Board also will consider

whether to suspend, revoke, or otherwise discipline his license.

Condition No. 4: At the time of Dr. Ellis's change of duty stations to the WRNMMC, he shall ensure that the WRNMMC submits quarterly reports to the Board. These written reports shall include, but not be limited to, assessments regarding: 1) his compliance with the monitoring program; and 2) his ability to safely practice as a physician. The first quarterly report is due 90 days from July 1, 2019.

(ii) Physician (Permanent):

b. Andrew T. Cheng, M.D.

After due consideration of the information received, it was moved by Dr. Sept, seconded by Dr. Bintliff, and unanimously carried to approve Dr. Cheng's application for licensure pending submission of a revised application.

f. Robert B. Lim, M.D.

After due consideration of the information received, it was moved by Dr. Halford, seconded by Dr. Sept, and carried by a majority, with the exception of Dr. Chun, who recused herself from discussion and voting on this application, to defer Dr. Lim's application for licensure pending submission of additional information.

n. Kaye C.J. Mickelson, M.D.

After due consideration of the information received, it was moved by Dr. Dao, seconded by Dr. Egami, and unanimously carried to defer Dr. Mickelson's application for licensure and to request Dr. Mickelson's personal appearance at one of the Board's scheduled meetings.

k. Gregory L. Thalken, M.D.

After due consideration of the information received, it was moved by Dr. Holt, seconded by Dr. Egami, and unanimously carried to defer Dr. Thalken's application for licensure pending additional information.

m. Christina J. Wai, M.D.

After due consideration of the information received, it was moved by Dr. Akaka, seconded by Dr. Bintliff, and carried by a majority, with the exception of Dr. Chun, who recused herself from the discussion and voting on this application, to approve Dr. Wai's application for licensure.

Applications for
License/
Certification:

b. Ratifications:

(i) List

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

Guests:

Vice-Chair Halford greeted Board meeting guests. The guests, the Board members and staff introduced themselves.

Ms. Quogue informed the Board members that the guests would like to present their comments to the Board regarding HB 935/SB 1406, Relating to Health and to seek the Board's position on this matter.

Legislation:

a. HB935/SB1406 Relating to Health

The Board members reviewed the bills, which intend to: clarify the scope and practice of physician assistants in the State; amend the Hawaii Medical Board to include two physician assistants and clarify the powers of the Board; and make conforming amendments as to scope and practice of physician assistants in the State.

Ms. Quogue invited meeting guests to provide comments regarding the bills first, before the Board relates its comments and concerns. She explained that, due to the bills size and complexity, the Board will have to go page-by-page to provide feedback.

Ms. Christina Starks, PA-C, provided comments on behalf of the Hawaii Academy of Physician Assistants ("HAPA"). She informed the Board members that the bills were written by an individual who has a passion for improving physician assistant practice through legislation. Ms. Starks also stressed that, by supporting this bill, the HAPA was hoping to achieve: 1) collaborative practice, which is not independent practice; and 2) modernization of Hawaii physician assistant practice laws, so that it is not so burdensome for physicians and physician assistants to practice together.

Ms. Starks stated that HAPA was eager to work with the Board and attempt to salvage any language of the bill that would be mutually beneficial for all stakeholders.

Mr. Jonathan Ching, Government Relations Specialist for Kaiser Foundation Health Plan, informed the Board that his organization supports the intent of HB935/SB1406 to allow greater flexibility in their scope of practice to be determined at the practice level. Mr. Ching informed the Board members that his organization would like to discuss with the Board how the above-mentioned bills or another PA-related bill could be utilized to make changes that, in their opinion, are important for optimizing a physician assistant's practice.

Dr. Guy Sugino informed the Board members that Hawaii Permanente Medical Group ("HPMG") – Hawaii's largest multispecialty medical group – employs over 550 physicians and licensed medical providers, including over 50 physician assistants. Within the Kaiser Permanente system, physician assistants practice along with physicians and other medical professionals in a collaborative effort to provide high quality patient care in a variety of specialties and settings – including Family Medicine, Pediatrics, Dermatology, Orthopedics, Cardiology, Oncology, Nephrology, Occupational Medicine, Vascular, General and Cardiothoracic Surgery, Infectious Disease, Radiology, Urology and Otolaryngology.

Dr. Sugino stated that, in his opinion, there is consensus in the medical community to support the following changes:

- allowing PA supervision or collaborative agreements at the entity level;
- amending physician chart review requirements; and
- expanding the types of forms physician assistants may sign.

Vice-Chair Halford thanked Ms. Starks, Mr. Ching, and Dr. Sugino for their comments. He asked the Board members if they had any questions or comments regarding these presentations.

Dr. Akaka addressed Dr. Sugino to say that, while the Board trusts that a system like Kaiser would have adequate supervision for physician assistants, if there is collaboration instead of supervision, the members are concerned that, in a different setting, there might be patient safety issues.

Dr. Sugino responded that, with collaborative practice, there is still a form of supervision. In his opinion, there has always been collaboration between physicians and physician assistants, these bills are just changing the wording.

Dr. Holt clarified that, in the Board's opinion, when supervisory relationship changes to a collaborative relationship, liability issues become somewhat of a gray area.

Vice-Chair Halford asked Mr. Apter if he had anything to add to the discussion.

Mr. Apter informed the Board members that Kaiser's suggestion is that the Board give consideration to making changes regarding the level of physician supervision through the legislative process using HB935/SB1406 as vehicles. He referred to the following materials provided to the Board prior to the meeting: 1) States With Co-Signature Requirements (organized from highest to lowest level of restriction) – Data from American Academy of Physician Assistants; 2) National Physician Assistant (PA) Supervision Requirements - Data from April 2016 American Academy of Physician Assistants Summary of Law Requirements.

Mr. Apter stated that he was aware that the Board already had proposed updated language of the section of Hawaii Administrative Rules ("HAR") regarding medical records review. He suggested that it might be more efficient to transfer this language into a bill and have it passed through the legislative process.

Mr. Ching added that making this change through the legislative process would still allow the public to submit testimony. Mr. Ching informed the Board members that he represents Kaiser at the legislature and he feels that the situation is favorable at the moment for taking the legislative route to implement these changes.

Mr. Apter continued by bringing it to the Board's attention that the Board's current rules define "supervising physician" to be "a physician or group of physicians" (HAR section 16-85-44.5). However, the rest of the administrative rules only address issues of supervision by one physician, which creates a lot of logistical difficulties for the medical facilities.

Ms. Quiogue commented that, as written, the bill uses a term "medical facilities". She pointed out that, while the Board does have regulatory authority over physicians, it does not regulate facilities.

Mr. Apter indicated his understanding.

Vice-Chair Halford asked if any other guests had comments regarding this bill.

Mr. Santo Dimartino, PA-C, introduced himself and stated that, as a physician assistant with forty-two (42) years of experience, he has seen that it is easier for a facility to bring in a nurse practitioner than to hire a

physician assistant, because having a physician assistant requires so much more extra paperwork.

Dr. Akaka asked the guests what, in their opinion, the chances are of things falling through the cracks if the relationship between a physician and a physician assistant changes to one of collaboration.

Ms. Starks asked Dr. Akaka to clarify what he means by “fall through the cracks”.

Dr. Akaka explained that he was talking about patient safety concerns, giving an example of a busy practice where, if something is missed on a mammogram by a physician assistant, for instance, it might be picked up by a supervising physician later on.

Ms. Starks asked Dr. Akaka if he did not have confidence that physician assistants would be qualified or able to provide appropriate care.

Dr. Akaka responded that he was thinking about it more in terms of busyness and high volume.

Ms. Starks stated that a practice agreement is a standard in physician assistant practice. Such an agreement determines their scope of practice.

Ms. Quiogue pointed out that the bills provides for an established agreement as part of a collaborative relationship. It is still unclear, though, whether this agreement is created by a practice or if it is set forth in statute.

Dr. Van Meter, President of the Hawaii Medical Association (“HMA”), introduced himself. For full disclosure, he informed the Board that he is employed by Kaiser as an orthopedic surgeon and Chief of Occupational Health Services. He reiterated that he is not representing Kaiser’s position at this meeting, but HMA’s.

Dr. Van Meter stated that, as written, HMA opposes HB935/SB1406. The position of the HMA is that the bill be deferred to the 2020 session for the following reasons: 1) HMA was not informed of this bill in advance of the legislative session regarding the bill’s intent, origins, or contents; and 2) there is a need to discuss the nature and the extent of the collaborative agreement. He also informed the Board members that his organization would be willing to support a different version of the bill, if it incorporated the Board’s proposed rule changes. The HMA’s concerns regarding the current version of the bill center around safety issues.

Additionally, if there were a change of the relationship between a physician assistant and a physician from supervisor/supervised to that of collaborators, it is not clear how that would affect liability of both parties.

Vice-Chair Halford asked meeting guests and Board members if anyone else had any comments or questions before the Board proceeded with its page-by-page comments on the current version of the bill.

Guests and members responded in the negative.

Ms. Quiogue asked the Board for their opinion regarding the suggestion by the Kaiser representatives to include the proposed language of the rules regarding medical records review in a new draft of the bill. She added that, if the Board were inclined, it may also consider adding the language from SB810, Relating to Physician Assistants to the proposed draft bill.

Dr. Sept asked Ms. Quiogue to confirm that this was the language that was discussed previously.

Ms. Quiogue responded that those were the proposed amendments to HAR section 16-85-49.3.

Dr. Van Meter stated that HMA would be supportive of this language, because it is far clearer than the current bills.

Ms. Quiogue reminded the Board members and guests that it would be ultimately up to the legislators, whether a new draft considered. She underscored that she would need to have the Board's formal position in order to be able communicate it at the legislature.

The Board agreed by consensus to support the inclusion of the Board's proposed amendments to HRS section 16-85-49.3 and the language contained in SB810, Relating to Physician assistants into a draft bill.

Vice-Chair Halford suggested that the Board go over the current version of the bill.

Vice-Chair Halford and Ms. Quiogue provided the following Board's comments to the meeting guests:

- Page 4, lines 14-17: The definition of "advanced directives" is not consistent with the existing definition of "advanced healthcare directives" in Hawaii Revised Statutes (HRS) section 327E-2.
- Page 4, lines 18-20: This bill defines a "collaborating physician" to include, among other things, a "medical facility licensed in the State." The Board does not consider a "medical facility licensed in the State" to be physician-licensed pursuant to HRS section 453-4. Further, the Board has no

means to enforce its laws and rules against a medical facility. As discussed, the Board would consider including in the definition of “collaborating physician” the term “group of physicians” as referenced in HAR section 16-85-44.5.

- Page 6, lines 8-12: The definition of “optimal team practice” allows a physician assistant to consult with a physician or “other qualified medical professional.” The term “other qualified medical professional” is too broad and needs to be defined.
- Page 7, lines 12-14: The definition of “physician assistant” already exists in HAR 16-85-44.5.
- Page 7, lines 15-17: The Board’s concerns regarding the definition of “collaborating physician” specific to the term “medical facility” remain the same as stated above.
- Page 7, lines 18-20: The “American Board of Osteopathy” is not a recognized specialty board certifying body. Instead, the American Medical Association’s Osteopathic Specialty Colleges recognize the American Osteopathic College of Radiology.
- Page 8, lines 3-16: The term “telemedicine” is no longer used. The Board’s preference is that any reference in this bill to “telemedicine” be changed to “telehealth.” The Legislature found that the Hawaii Revised Statutes contained different definitions for, or references to, “telemedicine” and “telehealth.” As such, pursuant to Act 159, Session Laws of Hawaii 2014, all references to “telemedicine” were changed to “telehealth.”
- Page 9, lines 1-2: The Board believes that subsection (b) needs to be deleted in its entirety.
- Page 9, lines 9-10: The language “the manner in which physician assistants and physicians work together shall be determined at the practice level” is vague and ambiguous.
- Page 9, line 11 to page 10, line 2: This language appears redundant, as a physician assistant’s scope of practice is already outlined in HAR section 16-85-49.1.

- Page 10, line 1: Subsection (e)(6) provides that a physician assistant may obtain informed consent. This language must be clarified and should read: “(6) Obtaining informed consent[;] as specified by the collaborative agreement; and”
- Page 10, lines 3-9: Subsection (f) appears redundant, as a physician assistant’s practice setting is already addressed in HAR section 16-85-49(3).
- Page 10, lines 16-20: Subsection (h) is unclear and should be amended to read: “(h) Physician assistants may authenticate any document with their signature, certification, stamp, verification, affidavit, or endorsement [~~if it may be so authenticated by the signature, certification, stamp, verification, affidavit, or endorsement of a physician.~~]; provided it may be authenticated by the signature, certification, stamp, verification, affidavit, or endorsement of a physician.”
- Page 11, lines 1-13: This language in section 453- conflicts with the requirements for osteopathic physicians and physicians. Pursuant to HRS section 453-3(5), an osteopathic physician or physician is required to obtain a limited and temporary license in similar situations. In addition, this section clearly deviates from working collaboratively with a physician or group of physicians. Further, references to “disasters” should be changed to “public emergencies” to remain consistent with HRS chapter 453.
- Page 11, lines 14-18: This language in section 453- is redundant. A physician assistant is authorized to prescribe all legend drugs and Schedules II through V of controlled substances pursuant to HAR section 16-85-49.
- Page 11, lines 19-21 and page 12, lines 1-3: The Board queries the purpose of having this information on file with it and recommends deleting this language in its entirety.
- Page 13, lines 12-19: Subsection (b)’s requirement that “collaboration among physicians and physician assistants shall be continuous but shall not be construed as requiring the physical presence of the physician at the time and place the services are rendered” is redundant and already exists in HAR section 16-85-44.5. Further, the Board recommends deleting lines 15-19, which provide that a physician shall not be liable

for the care rendered by a physician assistant. The Board believes that whether the relationship between a physician and physician assistant is “collaborative” or “supervisory,” the physician should be as liable as the physician assistant for the care rendered by the physician assistant.

- Page 13, line 20 to page 14, line 2: Subsection (c) appears too vague.
- Page 15, line 19-20: The Board has concerns with the addition of “or any other schedule II or controlled substances.” The Board believes that schedules II through V should be included, and not just opiates or schedule II drugs.
- Page 30, lines 3, 6-7, and 14-15: The Board opposes: (1) the increase of its Board membership from 11 to 13; (2) the addition of two physician assistants to its membership; and (3) the requirement that at least two physicians have experience with the physician assistant practice. The addition of two licensed members (physician assistants) will dilute the voice of its two public members on the Board. It is difficult to find volunteers to serve on the Board, and the extra requirement that two physicians have experience with the physician assistant practice will make it even more difficult to find members to serve. Further, HRS section 453.5.4 provides for a physician assistant advisory committee, which the Board depends upon to make recommendations regarding, among other things, revisions to physician assistant regulations.
- Page 32, lines 3-4: The bills delete the requirement that an applicant for an initial physician assistant license hold a current certificate issued by the National Commission on Certification of Physician Assistants (“NCCPA”). Instead, the bill requires that an applicant for initial licensure need only take the certifying examination administered by the NCCPA. Should the deletion of the existing language remain, Hawaii will be the only state that does not require NCCPA certification at the time of initial licensure.
- Page 34, lines 4-13: The Board prefers the language of S.B. 810, which was passed unamended by the Senate Committee on Commerce, Consumer Protection, and Health on January 31, 2019.

- Page 34, line 20 to page 35, line 2: The language allowing a physician assistant to reactivate a license that is inactive for less than 24 months by only written notification is not acceptable and conflicts with HAR chapter 16-53, which sets forth a nominal fee of \$12.00 to reactivate a license.
- Page 35, lines 3-7: Subsection (j) conflicts with page 32, lines 3-4, which deletes the requirement of NCCPA certification at the time of initial licensure. Physician assistants may not display in any form that they are “certified” or “PA-C” if they do not hold a current certificate with the NCCPA.
- Section 15: The Board defers to the Regulatory Industries Complaints Office, its enforcement arm, on these proposed amendments to HRS section 453-8.
- Section 22: The Board defers to the appropriate government agency that oversees and regulates HRS chapter 291, entitled “Traffic Violations.”

By consensus, the Board instructed Ms. Quiogue to submit the Board’s testimony to the legislature with comments. The testimony should reflect its support of Kaiser’s recommendation to address the Board’s requirements for medical records review; and establish the renewal requirements for physician assistants. Its testimony should also reflect the concerns regarding the bills as written and its request to allow the affected parties to come together to address and discussing this matter.

b. HB585/HB1228/SB810 Relating to Physician Assistants

The Board discussed the above bills.

The purpose of the bills is to establish biennial requirements of forty credit hours in specified continuing medical education programs for renewal of physician assistant licenses, beginning with the renewal for the licensing biennium on 2/1/2020, and every biennial renewal thereafter. Authorize the Hawaii Medical Board to conduct random document audits to enforce compliance. Specify conditions for forfeiture and reinstatement of a license.

The Board confirmed by consensus its support of the above bills.

c. HB673/SB1430 Relating to Medical Cannabis

The Board discussed the above bills.

The purpose of the bills is to allow naturopathic physicians and physician assistants to provide written certification for qualifying patients. Allow licensed dispensaries to have up to two additional manufacturing or processing facilities separate from their production facilities. Provide a process for the voluntary or involuntary sale or transfer of an individual dispensary license. Allow retail dispensaries to operate on state and federal holidays. Allow a licensed dispensary to purchase medical cannabis or manufactured cannabis products from another licensed dispensary, with department approval, in the event of a crop failure. Allow remediation of any cannabis batch that fails laboratory testing standards as long as any final product passes such standards. Allow licensed retail dispensaries to sell edible cannabis and cannabidiol products.

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

d. HB1560 Relating to Physician Assistants

The Board discussed the above bill.

The purpose of the bill is to expand the scope of practice of licensed physician assistants in the State.

Ms. Quiogue informed the Board members that no hearings have been scheduled for this bill and, therefore, it will not be advancing any further.

e. HB39 Relating to Health Care

The Board discussed the above bill.

The purpose of the bill is to establish a three-year pilot program to create a new category of professional licensure for assistant physicians: recent medical school graduates who have passed certain medical exams but have not been placed into a residency program and who work under the supervision of a licensed physician to provide primary care in medically underserved areas.

Ms. Quiogue informed the Board members that no hearings have been scheduled for this bill and, therefore, it will not be advancing any further.

f. SB251 Relating to Sports Medicine

The Board discussed the above bill.

The purpose of the bill is to provide a limited exemption from state licensure requirements to out-of-state physicians who accompany a sports team to a specific sporting event in Hawaii or are invited to provide services at a national sport training center, event, or competition in Hawaii, if certain conditions are met.

Dr. Egami addressed the Board to express his opinion that the above bill is part of a national trend: about 40 States, which comprise about 90% of the population of the United States, have similar provisions for the sports team physicians. He further stated that the bill would be beneficial for consumers – sports team members and their families – because it would be best if, in case of an injury, a team member was treated as swiftly as possible by a physician who is aware of that individual's medical history.

Dr. Egami informed the Board members that, when he realized that the bill would be discussed at the Board meeting, he contacted a colleague of his who works with a sports team in Ohio to ask about the current licensure situation around the country. According to this physician, most of the resistance, which is voiced against allowing exemption from licensure, comes from attorneys, who are worried that they would not be able to sue physicians who are practicing out-of-state.

Dr. Egami conveyed his firm belief that this is a good, common sense bill.

Ms. Quiogue asked Board members and guests if there were any other comments regarding this bill.

Dr. Van Meter brought it to the Board's attention that, in November 2018, President Trump signed into law HR 302/S. 808, which includes the Sports Medicine Licensure Clarity Act ("Clarity Act"). This new law extends the liability insurance coverage of state-licensed medical professionals while on travel to another state when the professional provides medical services to an athlete, athletic team member, or team staff member. Previously, physicians who travelled with teams across state lines could have faced allegations that they were practicing medicine without malpractice protection. The new law sufficiently remedies this problem.

Dr. Egami added that, while the Clarity Act does allow malpractice coverage in another state, this State would still have to pass legislation in order for the sports team physicians to be able to attend to their teams, while in the State of Hawaii, without a State of Hawaii license to practice medicine.

Dr. Sept expressed her concern that the proposed bill makes an assumption that there is no physician in this State who can provide care to the out-of-state teams. She also added that, from the legal standpoint, giving an exemption from licensure would not be wise.

Dr. Egami disagreed with Dr. Sept and pointed out that, in case of an injury, the best course of action is to provide first aid as soon as possible, at the site, instead of delay it by taking a team member to an emergency room.

Dr. Akaka, Dr. Bintliff, and Dr. Holt voiced their agreement with Dr. Egami's statement.

It was moved by Dr. Egami, seconded by Dr. Bintliff, to support SB251. A vote was taken and recorded as follows:

Vice-Chair Halford: abstained;
Dr. Bintliff: aye;
Dr. Sept: nay;
Dr. Chun: nay;
Dr. Akaka: aye;
Dr. Holt: aye;
Dr. Dao: aye;
Dr. Egami: aye.

As the vote was five (5) ayes, one (1) abstained, and two (2) opposed, with at least six votes required to pass, the motion did not pass.

Ms. Quiogue inquired if the Board would reaffirm its 2016 position on the bill, which supported requiring a limited temporary license versus a clear exemption of licensure.

The Board members were not able to come to a consensus to support the Board's 2016 position.

g. SB892 Relating to Emergency Services

The Board discussed the above bill.

The purpose of the bill is to prohibit doctors, advanced practice registered nurses with prescriptive authority, and physician assistants, when providing emergency services at a hospital from: prescribing any long-acting opioid painkiller, prescribing more than a seven-day supply of any other opioid painkiller, or refilling prescriptions for opioid painkillers. Provides exceptions. Establishes penalties.

Ms. Quiogue informed the Board members that the bill passed first reading in January and no hearings have been scheduled since.

The Board agreed by consensus to support the above bill, if it were reintroduced during a subsequent legislative session.

h. HB587 Relating to Electroconvulsive Treatment

The Board discussed the above bill.

The purpose of the bill is to prohibit physicians from using electroconvulsive treatment on minors.

Dr. Sept expressed her opinion that practice of medicine should not be legislated.

Vice-Chair Halford stated his agreement.

The Board agreed by consensus to oppose the above bill.

i. SB532 Relating to Health Care Peer Review

The Board discussed the above bill.

The purpose of the bill is to amend the definition of "physician", for purposes of health care peer review, to include physicians participating in nationally-recognized accredited graduate medical training programs that occur in a health care entity.

The Board agreed by consensus to support the above bill.

j. SB902 Relating to Health Care Peer Review

The Board discussed the above bill.

The purpose of the bill is to provide resident physicians and fellows participating in a graduate medical education program with the same incentives and protections as licensed physicians engaging in the health care peer review process.

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

k. HB665/SB807 Relating to the Electronic Prescription Accountability System

The Board discussed the above bills.

The purpose of the bills is to specify that a health care provider shall not be required to consult the electronic prescription accountability system for patients when the prescription will be directly administered under the supervision of a health care provider or for patients who qualify for hospice care. Clarify that an informed consent agreement is not necessary for patients whose prescription will be directly administered under the supervision of a health care provider.

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

l. HB112/SB1114 Relating to Taxation

The Board discussed the above bills.

The purpose of the bills is to require a tax clearance before a professional or vocational license may be issued or renewed. Apply to taxable years after 12/31/2020.

The Board agreed by consensus to oppose the above bill.

m. HB1528 Relating to Commerce and Consumer Affairs

The Board discussed the above bill.

The purpose of the bill is to require the Department of Commerce and Consumer Affairs to suspend all fees relating to the licensing or registration of persons under its jurisdiction, from the fiscal year beginning in 2021 to the fiscal year ending in 2029.

The Board agreed by consensus to oppose the above bill.

n. HB73/SB774 Relating to Professional and Vocational Licensing

The Board discussed the above bills.

The purpose of the bills is to prohibit a licensing authority from using rules to supersede requirements set forth in licensing laws and adopting rules that authorize an unlicensed individual to perform duties, activities, or

functions that, if performed by another professional, would require licensure of that professional.

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

o. SB202 Relating to Professional and Vocational Regulatory Program

The Board discussed the above bill.

The purpose of the bill is to establish repeal dates for all professional and vocational regulatory programs under the professional and vocational licensing division of the department of commerce and consumer affairs. Requires the auditor to perform an evaluation of each program prior to repeal.

The Board agreed by consensus to oppose the above bill.

p. SB439 Relating to Licensed Professionals

The Board discussed the above bill.

The purpose of the bill is to require the Department of Commerce and Consumer Affairs to post the business address and business phone number of each licensed professional on its public website.

The Board agreed by consensus to oppose the above bill.

q. HB609 Relating to Residency Programs for Hawaii Medical School Graduates

The Board discussed the above bill.

The purpose of the bill is to appropriate moneys to the graduate medical education program for physician residency programs in Hawaii; provided that the funds are matched dollar-for-dollar by private sector medical hospitals and institutions.

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

r. SB899 Relating to Medical Residency Programs

The Board discussed the above bill.

The purpose of the bill is to appropriate funds to the University of Hawaii Family Medicine Residency Program to establish a consortium of hospitals and other institutions participating in medical training to develop physician residency opportunities throughout the State.

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

s. SB1400 Relating to Medical Residency Programs

The Board discussed the above bill.

The purpose of the bill is to make an appropriation to support and expand medical residency training programs in state teaching hospitals. Requires dollar-for-dollar matching funds from private funding sources.

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

t. HB669, HD1/SB825, SD1 Relating to Medical Malpractice

The Board discussed the above bills.

The purpose of the bill is to limit medical malpractice liability for residents and fellows in accredited residency and fellowship programs acting under the supervision of a licensed physician.

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

u. SB903 Relating to Postgraduate Resident Physicians and Fellows

The Board discussed the above bill.

The purpose of the bill is to provide immunity from liability for postgraduate resident physicians and fellows for medical malpractice claims arising from injury that occurs as a result of care that is provided while the resident physician or fellow is participating in an accredited training program under the supervision of a licensed faculty or volunteer physician.

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

v. SB904 Relating to Medical Malpractice

The Board discussed the above bill.

The purpose of the bill is to limit medical malpractice liability for residents and fellows in accredited residency and fellowship programs acting under the supervision of a licensed physician.

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

w. HB88/SB207 Relating to Workers' Compensation

The Board discussed the above bills.

The purpose of the bill is to amend requirements for medical examinations in workers' compensation claims by requiring that the examining physician be mutually selected by the employer and employee or appointed by the Director of Labor. Provides for document distribution, cost allocation, and physician qualifications.

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

x. HB390 Relating to Workers' Compensation

The Board discussed the above bill.

The purpose of the bill is to repeal the requirement that the examining physician or surgeon of an employee's medical examination approve of the recording of the medical examination relating to a work injury for workers' compensation purposes.

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

y. HB863/SB1411 Relating to Workers' Compensation

The Board discussed the above bills.

The purpose of the bill is to require a physician or surgeon who performs a medical exam on an employee for workers' compensation purposes to be licensed in the State, possess medical malpractice insurance, and owe the same duty and standard of care to the injured employee as owed to a

traditional patient. Makes permanent an employee's right to record medical examinations.

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

Correspondence: a. Letter dated January 11, 2019, from Tamara Sanderfield, President and Founder, JUDAH GO GLOBAL FOUNDATION, LLC

The Board members noted that the above-mentioned letter is seeking the Board's opinion on whether: 1) there is a policy in place which stipulates a limited practice arrangement for ECFMG-Certified Physicians under a supervised licensed physician with or without board certification; and 2) the Board would consider international medical residency programs accredited by the Accreditation Council of Graduate Medical Education International.

The Board instructed Ms. Quiogue to communicate to Ms. Sanderfield that there is no such policy in place and that the Board does not accept credentials from an international medical residency programs accredited by the Accreditation Council of Graduate Medical Education ("ACGME") International. Its statutes provide that the Board may accept residency training from the ACGME, the American Osteopathic Association, or a program in Canada that has been accredited for the training of resident physicians by the Royal College of Physicians and Surgeons of Canada, or the College of Family Physicians of Canada. The Board noted that there is a clear distinction between an accredited ACGME program and an ACGME-I program.

Advisory Committees: a. Emergency Medical Personnel
a. Physician Assistants
a. Podiatrists

Open Forum: None.

Next Meeting: Thursday, March 14, 2019
1:00 p.m.
King Kalakaua Conference Room, First Floor
335 Merchant Street
Honolulu, Hawaii 96813

Adjournment: The meeting adjourned at 4:30 p.m.

Reviewed and approved by:

Taken and recorded by:

/s/ Ahlani K. Quiogue

/s/ Olga Reppun

(Ms.) Ahlani K. Quiogue
Executive Officer

(Ms.) Olga Reppun
Secretary

AKQ:or
03/08/19

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(x)

Minutes approved as is.

Minutes approved with changes: see minutes of the March 14th meeting.

HAWAII MEDICAL BOARD 02/14/2019 - RATIFICATION LIST

LTYPE LIC NUM BP NAME PART 1

MD	20159	ERIC F <TOCCI<
MD	20160	SARAH <BOLIS<
MD	20161	COURTNEY A <KERESTES<
MD	20162	JOHN A <SIEVERDING<
MD	20163	THOMAS PETER <DOVE<
MD	20164	JIMMY <CHEN<
MD	20165	BRIAN SHOUYU <TZUNG<
MD	20166	KIM-ANH T <NGUYEN<
MD	20167	ROSANA <LASTRA CASTELLUCCI<
MD	20168	JOHN <VENGAL<
MD	20169	VOLODYMYR I <KARPA<
MD	20170	PERRY YIKAI <LEE<
MD	20171	JAMES PATRICK <YESS<
MD	20172	CHRISTOPHER ROBERT <DENNIS<
MD	20173	ALIREZA <BOZORGMANESH<
MD	20174	MICHAEL R <AQUINO<
MD	20175	RAYMOND <CHAI<
MD	20176	JOSEPH E <COX<
MD	20177	JUSTIN QUOC <LY<
MD	20178	FLORENCE I <ADIMORA-NWEKE<
MD	20179	GLENN D <CUNNINGHAM<
MD	20180	MARK OLIVER <HANSEN<
MD	20181	MICHAEL <SMITH<

MD 20182 JAMES J <ZERNER<
MD 20183 NICOLAS A <VILLANUEVA<
MD 20184 MAX ROSENBERG <POLLOCK<
MD 20185 ADAM MICHAEL <COY<
MD 20186 JOHN WILLIAM <CRONIN<
MD 20187 ZACHARY DEREK <HUDSON<
MD 20188 BRIAN J <RISINGER<
MD 20189 DENNIS P <LINDFORS<
MD 20190 NAUSHEEN <NAVEED<
MD 20191 WILLIE L <NUNEZ<
MD 20192 LISA <BHAGAN<
MD 20193 ALAN M <HEILPERN<
MD 20194 ROBERT M <MORDKIN<
MD 20195 CHRISTOPHER K <TALEGHANI<
MD 20196 DANIEL <BRUNENGRABER<
MD 20197 DONNA L <EHLERS<
MD 20198 DOUGLAS BRIAN <CHAPMAN<
MD 20199 MANAL MOSAAD <SCHOELLERMAN<
MD 20200 DAVID <LEE<
MD 20201 JONATHAN PATRICK <COLL<
MD 20202 MAURICIO D <GARCIA JACQUES<
MD 20203 JAYNE RYDER <STEVENS<
MD 20204 TOMOKI <SEMPOKUYA<
MD 20205 TODD M <JARRELL<
MD 20206 MARK C <SPAW<
MD 20207 CHRISTOPHER A <TOKIN<

MD 20208 GYPSEY F <PAAR<
MD 20209 CINDY L P <NEIGHBORS<
MD 20210 JONATHAN M <GUENTER<
MD 20211 LAUREN K <OSHIMA<
MD 20212 BOBECK S <MODJTAHEDI<
MD 20213 LOUIS D <GOLDEN<
MD 20214 DOLORES R <MULLIKIN<
MD 20215 DAVID M <PANCZYKOWSKI<
MD 20216 CHRISTOPHER F <MIDDLEMAN<

MDT 4087 BRYAN PHILIP <FONG<

MDR 7658 NAYLA M <DELGADO TORRES<
MDR 7659 MEGHANN L <MARTELLY<
MDR 7660 MATTHEW F <CHAREK<
MDR 7661 ARIANNA G <CASSIDY<
MDR 7662 CHAD L <MAYER<
MDR 7663 ROBERT P <WESSELL< III
MDR 7664 ALIKI <KOSTELI<
MDR 7665 JAMES P <SCHMAKEL<
MDR 7666 KEEGAN D <BRADLEY<
MDR 7667 KATHARINE <HINCHCLIFF<

AMD 887 ALICIA <IGLESIAS<
AMD 888 DOLLY A <ARJUN<
AMD 889 LEANNA S <PAUL<

AMD 890 STEPHANIE L <FOLTZER<
AMD 891 JOHN Z R <LAWRENCE<
AMD 892 LARRY L <BURNS<
AMD 893 ERIN P <CARRINGTON<
AMD 894 TIMOTHY R <SMITH<

DOS 1955 JESSICA <PETERSON<
DOS 1956 GERARD A <ASHBECK<
DOS 1957 KRISTINA M <MANION<

EMT 2879 TYLER A <POKINI<
EMT 2880 AUTUMN J <HILL<
EMT 2881 WILLIAM B <MCELROY<
EMT 2882 WILLIAM K <PEREZ<
EMT 2883 ABIGAIL M <BUENAVISTA<
EMT 2884 TROY A <DEMELLO<
EMT 2885 CHRISTIAN J H <BARTH<
EMT 2886 LUCY H <WOODWARD<
EMT 2887 JOSHUA M <BOVEE<
EMT 2888 TAISSA V D <CARVALHO<
EMT 2889 SHELLY K <SATO<

EMTP 2242 TERRY R <KING< JR
EMTP 2243 MADISON R <PINN<
EMTP 2244 MERCEDES C <PORTILLO<
EMTP 2245 ALEXIS A M <RAINWATER<
EMTP 2246 KIMBERLY A <BLUNCK<

