

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, March 14, 2019
- 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
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
Palasi Puleyasi, Public Member
Karen E. Sept, D.O., Oahu Osteopathic Member
Geri Young, M.D., Kauai Member
Shari J. Wong, Deputy Attorney General
Ahlani K. Quiogue, Executive Officer
Olga Reppun, Secretary
- Excused: Peter Halford, M.D., Vice-Chairperson, Oahu Member
- Guests: Jonathan Ching, Kaiser Foundation Health Plan
Guy Sugino, M.D., Kaiser Hawaii Permanente Medical Group ("HPMG")
George Apter, HPMG
Scott Denny, PA-C, Kaiser Permanente
Luis P. Salaveria, SanHi Government Strategies
Chris Flanders, Hawaii Medical Association ("HMA")
Fielding Mercer, PA-C, Pali Momi
Vincent Tenorio
- Call to Order: The meeting was called to order at 1:01 p.m., at which time quorum was established.
- Addition to the Agenda: It was moved by Chair Geimer-Flanders, seconded by Dr. Bintliff, and unanimously carried to add the following item to the meeting agenda:
5. Legislation:

- i. SCR52 Requesting the Department of Commerce and Consumer Affairs to Amend the Definitions of “Emergency Medical Technician – Basic” and “Emergency Medical Technician – Paramedic” Under Section 16-85-53.5, Hawaii Administrative Rules.

Chapter 91, HRS,
Adjudicatory Matters: None.

Approval of the
Minutes of the
February 14, 2019,
Meeting:

It was moved by Dr. Bintliff, seconded by Dr. Holt, and carried by a majority to approve the minutes of the executive session of the February 14, 2019, meeting as circulated and the minutes of the open session of the February 14, 2019, meeting with the following amendments:

Page 8, paragraph 6:

Mr. Apter continued by [~~bringing~~] **bringing** to the Board’s attention that the Board’s current rules define “supervising physician” to be “a physician or group of physicians” (HAR section 16-58-44.5).

Page 9, paragraph 8:

Ms. Quiogue pointed out that the bills [~~provides~~] **provide** for an established agreement as part of a collaborative relationship.

Page, 14, paragraph 5:

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 reflect the concerns regarding the bills as written and its request to allow affected parties to come together to address and [~~discussing~~] **discuss** this matter.

Page 16, paragraph 2:

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~~] **States**, have similar provisions for the sports team physicians.

Applications for
License/
Certification:

a. Applications:

It was moved by Chair Geimer-Flanders, seconded by Dr. Holt, and unanimously carried to enter into executive session at 1:04 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.

Dr. Egami entered the meeting room at 1:04 p.m.

(i) Physician (Permanent):

a. Robert B. Lim, M.D.

Dr. Chun recused herself from the discussion and voting on this application and left the meeting room from 1:05 to 1:09 p.m.

Dr. Akaka entered the meeting room at 1:05 p.m.

b. Mark T. Bernardi, M.D.

c. Steven O. Bossinger, M.D.

d. Lawrence S. Liebman, M.D.

e. Andrew J. Martin, M.D.

f. Carol H. Roeder, M.D.

g. Calvin A. Selwyn, Jr., M.D.

h. Jamison N. Wyatt, M.D.

(ii) Physician (Permanent – Endorsement):

a. Samia A. Khwaja, M.D.

(iii) Physician Assistant:

a. Rebecca L. Puetz, PA-C

(iv) Emergency Medical Personnel:

a. Jessica M. Stanfield, AEMT

It was moved by Dr. Holt, seconded by Dr. Akaka, and unanimously carried to return to the open meeting at 1:36 p.m.

Applications for
License/
Certification:

a. Applications:

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

(i) Physician (Permanent):

- c. Steven O. Bossinger, M.D.
- d. Lawrence S. Liebman, M.D.
- f. Carol H. Roeder, M.D.
- g. Calvin A. Selwyn, Jr., M.D.
- h. Jamison N. Wyatt, M.D.

(ii) Physician (Permanent – Endorsement):

- a. Samia A. Khwaja, M.D.

(i) Physician (Permanent):

- a. Robert B. Lim, M.D.

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

- b. Mark T. Bernardi, M.D.

After due consideration of the information received, it was moved by Chair Geimer-Flanders, seconded by Dr. Dao, and unanimously carried to approve Dr. Bernardi's application for licensure, issue a non-disciplinary letter of education, and require him to submit a revised application.

- e. Andrew J. Martin, M.D.

After due consideration of the information received, it was moved by Dr. Holt, seconded by Dr. Akaka, and unanimously carried to approve Dr. Martin's application for licensure and remind him of his responsibility to report to the Board any disciplinary action taken against any of his other medical licenses within thirty days of that action.

(iii) Physician Assistant:

a. Rebecca L. Puetz, PA-C

After due consideration of the information received, it was moved by Dr. Young, seconded by Dr. Sept, and unanimously carried to approve Ms. Puetz's application for licensure.

It was moved by Dr. Young, seconded by Dr. Sept, and unanimously carried to delegate to the Board's Executive Officer pursuant to HRS section 436B-8(b), the authority to approve applications of physician assistant applicants whose educational programs' accreditation is on probationary status; provided that the program is accredited at the time the applicant's degree is conferred.

(iv) Emergency Medical Personnel:

a. Jessica M. Stanfield, AEMT

After due consideration of the information received, it was moved by Chair Geimer-Flanders, seconded by Dr. Sept, and unanimously carried to approve Ms. Stanfield's application for licensure.

Applications for
License/
Certification:

b. Ratifications:

(i) List

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

Legislation:

Ms. Quiogue informed the Board members that several guests, who would like to present their comments to the Board regarding SB1406, SD1 Relating to Health and to seek the Board's position on this matter, are expected to attend the meeting.

To accommodate the meeting guests and better facilitate the discussion, it was decided to rearrange agenda items and discuss item 5.b. first.

Legislation:

b. SB251, SD1 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. Requires out-of-state physicians to provide notice to the Hawaii medical board. Effective 7/1/2050.

Ms. Quiogue informed the Board members that, on behalf of the Board, she attended the 9:00 a.m. hearing of this bill. The House Committee on Health recommended that the measure be passed, unamended. The Chair of the Committee, Representative Mizuno, recognized that the Board would not be reviewing the bill until this afternoon, but the Board's Executive Officer was specifically asked to request that Board members formulate their position on this bill for the next hearing.

Dr. Egami requested a chance to provide comments and asked the other Board members whether they would like to say anything first.

Dr. Chun asked whether Dr. Egami was aware of what the background of the bill was. Dr. Chun asked the following questions:

1. Who is sponsoring/supporting the bill and why the big push?
2. Why he was so passionate about the bill?
3. What is the purpose of the following proposed language:

(c) Upon prior request by an out-of-state physician, the board may grant the out-of-state physician additional time for the exemption permitted by subsection (a), up to twenty additional days per sporting event. The total number of days an out-of-state physician may be exempt pursuant to this section, including additional time granted upon request, shall not exceed thirty days in a calendar year.

Dr. Egami began by stating that he had no conflict of interest regarding this particular bill and added that he was not involved in the creation of this bill, neither has he spoken to any of the people who created it. He proceeded to say that he did not know who authored the bill but was aware that the orthopedic community generally supports it.

Dr. Chun thanked Dr. Egami for the information.

Dr. Egami summarized the discussion and decision-making that took place at the Board's meetings in 2016 and at its last meeting on February 14, 2019.

Following the summary, Dr. Egami stated that, in his opinion, the proposed measure is, first and foremost, about safety. It is safer to have a team physician on the sidelines examining the athletes' injuries immediately after they happen and providing the necessary aid right on

the field. Dr. Egami reminded the Board members about the two common orthopedic examples he described at the February meeting: a dislocated shoulder and cervical stenosis.

Dr. Egami also brought up the issue of fairness, pointing out that Hawaii's team physicians can accompany their teams to forty (40) states and serve their team in other jurisdictions without having to obtain a license.

Dr. Egami informed the Board members that, while orthopedic injuries comprise over 50% of sports injuries, there are also other non-muscular-skeletal injuries. He gave an example of someone requiring CPR, when chances of one's survival go down by 10% every minute.

Dr. Chun asked Dr. Egami why a Hawaii-licensed physician affiliated with the University of Hawaii could not assist in this type of situation.

Dr. Egami responded that a Hawaii team physician could assist, but he or she would not be on the visiting team's side line, whereas the team's physician stays with the team throughout the game.

Chair Geimer-Flanders reminded the Board members that her concerns with the 2016 version of a similar bill were that it did not make a distinction between team physicians serving residents of this State vs. their own team members and staff as referenced in subsection (d). She pointed out that the current measure resolved that matter.

Chair Geimer-Flanders expressed her support of SB251, SD1 given that her prior concerns were addressed.

Dr. Chun asked why a team physician would need an extension specified in the subsection (c), which states:

(c) Upon prior request by an out-of-state physician, the board may grant the out-of-state physician additional time for the exemption permitted by subsection (a), up to twenty additional days per sporting event. The total number of days an out-of-state physician may be exempt pursuant to this section, including additional time granted upon request, shall not exceed thirty days in a calendar year.

Chair Geimer-Flanders responded that in the case of a serious injury, a team doctor may choose to stay with the injured athlete who is taken to a hospital. She added that, however, a team doctor would not be able practice at a local hospital, so this might not be the best example.

Ms. Quiogue informed the Board members that, at the suggestion of RICO, the language regarding providing written notice to the Board advising of the nature of the event, the dates of attendance at the event,

and the identity of the sports team or teams for which the out-of-state physician intends to provide services was added to the bill. She went on to say that this language was added so that RICO would have the ability to possibly investigate these physicians for unlicensed activity if they were to practice beyond the date of the event.

Dr. Sept stated that she still failed to see the necessity of the bill, as the provisions would only apply at the location of a game. If there is any kind of serious injury, the injured team member would have to go to a hospital. If a player must be taken to a hospital, a team physician would not be able to practice there. If there is a need to use an automatic defibrillator at a game, anyone can use the defibrillator – it does not have to be a team physician.

Dr. Egami offered to provide a response to Dr. Sept's statement.

Dr. Sept suggested that Dr. Egami wait until she was finished providing her comments.

Dr. Sept continued to say that she did not see the need for this bill: if a Hawaii-licensed team physician is present, they have a moral obligation to help anyone who is injured, be it their own team or the opponent's.

Chair Geimer-Flanders thanked Dr. Sept for pointing out that the example with CPR would not be relevant. She confirmed that studies show that the most important aspect of CPR is timing and who provides the CPR does not affect the outcomes.

Dr. Egami stated that he did say that the timing was extremely important.

Chair Geimer-Flanders responded that she was under the impression that Dr. Egami was making a point that a team physician would be most qualified to administer CPR.

Dr. Egami clarified that what he was trying to say was that in situations where a quick decision must be made it is always best to have the most qualified person make that decision. Having a team physician on the sideline could make a difference between a good outcome and a bad outcome.

Chair Geimer-Flanders thanked Dr. Egami and Dr. Sept for their comments.

Dr. Young commented that, as a medical volunteer for the Great Aloha Run, she would agree with Dr. Egami's point that it is best to have the most qualified, highest trained person. She gave an example of having to

evaluate runners at the finish line, where a medical professional has only seconds to decide whether to send a runner to the medical tent.

Mr. Puleyasi stated that, as a former athlete, he was in support of the proposed bill and he felt that this was a meaningful piece of legislation.

Dr. Holt commented that, while he was generally in support of the bill, he thought that most of the instances of emergencies would be already covered by the “Good Samaritan” provisions. He also agreed with Chair Geimer-Flanders that it was important that it was specified in the bill that the visiting team physicians would not be authorized to treat Hawaii residents.

It was moved by Chair Geimer-Flanders, seconded by Dr. Egami, to support SB251, SD1, with strong support for subsection (d). A vote was taken and recorded as follows:

Chair Geimer-Flanders: aye;
Dr. Bintliff: aye;
Dr. Sept: nay;
Dr. Chun: nay;
Dr. Akaka: aye;
Dr. Young: aye;
Dr. Holt: aye;
Dr. Dao: aye;
Mr. Puleyasi: aye;
Dr. Egami: aye.

As the vote was eight (8) ayes and two (2) opposed, with at least six votes required to pass, the motion passed to support SB 251, SD1, and to have Ms. Quiogue submit testimony on behalf of the Board should this bill be heard by a committee in the House.

Guests:

Chair Geimer-Flanders greeted Board meeting guests. The guests, the Board members and staff introduced themselves.

Legislation:

a. SB1406, SD1 Relating to Health

The Board discussed the above bill.

The purpose of the bill is to establish medical records review for physician assistants. Establishes 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. Authorizes the Hawaii Medical Board to conduct random document audits to enforce

compliance. Specifies conditions for forfeiture and reinstatement of a license.

Ms. Quiogue informed the Board members that SB1406, SD1 was heard by the House Committee on Health and House Committee on Intrastate Commerce on March 12, 2019, and was passed, with amendments. She also stated the measure was amended into a HD1, which included the following amendments:

1. Removing the signature requirements for medical records reviewed by supervising physicians of certain physician assistants;
2. Changing the effective date to July 1, 2050, to encourage further discussion; and
3. Making technical, non-substantive amendments for clarity, consistency and style.

She went on to say that Chair Mizuno stated at the hearing, and the Committee Reports reflect that Board would be reviewing the bill at its Board meeting and would provide additional input after that review.

Chair Geimer-Flanders invited meeting guests to provide comments regarding this version of the bill.

Dr. Flanders informed the Board members that HMA was supportive of the bill's provisions regarding physician assistants' continuing education requirements.

Mr. Mercer, PA-C, introduced himself and stated that he is a former president and legislative liaison of Hawaii Academy of Physician Assistants (HAPA). Mr. Mercer provided the following comments:

- Record review falls under the purview of supervision. If supervision is delegated by the supervising physician, then why shouldn't record review as well. There is no reason that record review should be determined at the administrative level when supervision is determined by the supervising physician.
- The degree and frequency of record review should be delegated by the supervising physician or group of physicians.
- The tiered system of Category 1 and Category 2 physician assistants creates a competitive disadvantage for physician assistants.

Dr. Sugino commented that the requirement to sign medical records would be burdensome for supervising physicians and physician groups. He also stated that most medical facilities and practices have switched to electronic medical records, where record review has a trail. This electronic "signature" effectively eliminates the need to physically sign a medical record.

Dr. Sugino also stated that he did not see the need to categorize physician assistants and specify what type of records review is necessary for each category.

Mr. Tenorio informed the Board members and guests that he sent a letter to the Board's office, which was distributed to the Board members. In this letter, Mr. Tenorio, who was a part of an ad hoc committee created to address the medical records review issue, described the history of the "category 1" and "category 2" designations for physician assistants. At that time, he had requested that the Board not move forward with the categorizing physician assistants medical record review process.

Mr. Tenorio stated that he is not comfortable with the "category 1" and "category 2" labels. He added that he believes that there should be a review of medical records, but there should not be a requirement to sign the records.

Dr. Flanders stated that, regarding this specific section of the bill, HMA's position is that there is a need for supervision, as well as a record trail to demonstrate that consistent supervision is provided. He also added that HMA was in favor of practices being able to set up their own supervision and medical records review practices.

Mr. Denny, PA-C, addressed the Board to explain that a collaboration model allows for greater flexibility than a supervision model. He stated that, for instance, he is the Director of HIV and Transgender Services at Kaiser and, within his organization, he is the most experienced medical professional in his field. Mr. Denny explained that he works on his own all the time when he goes to the neighbor islands to help transgender people and people with HIV. He continued to say that, because he is the expert in his organization, his supervising physicians come to him for expertise. Regarding medical chart review, Mr. Denny expressed his opinion that there could be some sort of a tiered structure. In his opinion, the American Academy of Physician Assistants ("AAPA") provided good recommendations on how this kind of structure can be organized.

Mr. Denny also brought to the Board's attention that a requirement for a supervising physician to sign every chart for prescriptions of controlled substances would be too burdensome. He informed the Board members that he prescribes hormones on a regular basis and having this type of

requirement would be a great inconvenience for his supervising physicians.

Ms. Quiogue informed the guests that the Board members received the information regarding the AAPA recommendations and have reviewed it. She stated that it was her understanding that the Board members would be amenable to making some of the suggested changes. She also added that the Board could propose an HD2 of this bill at the next legislative hearing.

Ms. Quiogue stated that the Board members communicated to her that they are amenable to deleting the signature requirement. She informed the meeting guests that she will be working with the Board Chair to draft a proposed HD2.

Mr. Apter addressed the Board members to say that, in general, he was happy with the bill's progress. In his comments, Mr. Apter brought it to the Board's attention that currently there is no signature requirement and asked the Board to consider removing this language from the measure. Mr. Apter stated that he considers SB1406 to be a very important first step in the right direction, given the progress that was made, with several parties coming together and using this as an opportunity to do something meaningful and to improve the efficiency of physician assistants' practice.

Mr. Apter also commented that he agreed that language referring to "category 1" and "category 2" had to be taken out. He suggested, perhaps, using wording such as "when supervising assistant physicians with less than one year of licensed practice" and "when supervising all other physician assistants" instead. Mr. Apter agreed with Mr. Denny's comment regarding review of all medical records that contain written orders or prescriptions for controlled substances. Mr. Apter pointed out to the Board members that this not a requirement currently, so adding it would mean taking a step back.

Chair Geimer-Flanders summarized the suggestions received during the discussion to confirm that the Board was going to consider proposing the following changes:

- remove an additional requirement to review all medical records that contain written orders or prescriptions for controlled substances;
- remove the signature requirement; and
- remove the categorical designation.

Chair Geimer-Flanders asked if any of the Board members had comments or concerns.

The Board members responded in the negative.

The Board agreed by consensus to authorize the Board's Executive Officer to draft a proposed SB1402, SD1, HD2, which would include the abovementioned changes.

Dr. Flanders, Dr. Sugino, Mr. Denny, Mr. Mercer, and Mr. Tenorio left the meeting room at 2:20 p.m.

c. HB673, HD2 Relating to Medical Cannabis

The Board discussed the above bills.

The purpose of the bill is to allow physician assistants to provide written certification for qualifying patients. Allows licensed dispensaries to have up to two additional manufacturing or processing facilities separate from their production facilities. Provides a process for the voluntary or involuntary sale or transfer of an individual dispensary license. Allows retail dispensaries to operate on state and federal holidays. Allows 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. Allows licensed retail dispensaries to sell edible cannabis and cannabidiol products.

Members stated that they appreciate the intent of the bills, but would defer to the Department of Public Safety regarding this matter.

d. HB665, HD2 Relating to the Electronic Prescription Accountability System

The Board discussed the above bill.

The purpose of the bill is to exempt health care providers from consulting the electronic prescription accountability system when a patient is in an inpatient setting, in post-operative care, or in hospice care. Exempts patients who are in an inpatient setting and lack capacity from the informed consent process for opioid therapy.

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

e. SB807, SD1 Relating to the Electronic Prescription Accountability System

The Board discussed the above bill.

The purpose of the bill 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, provided that the system is consulted when the patients are initially admitted at a hospital; for patients in post-operative care with a prescription limited to a three-day supply; or for patients with a terminal disease receiving hospice or other palliative care. Clarifies 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 the bills, but would monitor it.

f. HB1528, HD1 Relating to Commerce and Consumer Affairs

The Board discussed the above bill.

The purpose of the bill is to repeal the existing statutory requirement that \$2,000,000 of certain taxes collected on bank and financial corporations be deposited to the compliance resolution fund. Requires adjustments to fees and assessments collected by the Division of Financial Institutions based on the amount of moneys credited to the division in the compliance resolution fund. Establishes criteria to determine the amounts to be assessed for fees and expenses regulated under title 25, HRS. Provides for the reduction or cessation of fees or interest paid into the mortgage loan recovery fund, contractors recovery fund, contractors education fund, real estate recovery fund, real estate education fund, and condominium education fund if the balance in the funds attain a certain dollar amount. Sets the annual fee assessed on cable operators at 4.5% of the income received from subscribers for cable services rendered during the preceding calendar year. Authorizes the Director of the Department of Commerce and Consumer Affairs to reduce the fee if the amount exceeds the amount necessary to administer chapter 440G, HRS.

The Board's previous position was to oppose the bill.

Ms. Quiogue informed the Board members that the bill was transmitted to Senate and, on March 5, 2019, referred to the Senate Committee on Commerce, Consumer Protection, and Health (CPH) and Senate Committee on Ways and Means (WAM). No hearings have been scheduled yet.

Mr. Apter, Mr. Chin, and Mr. Salaveria left the meeting room at 2:29 p.m.

g. SB774, SD1 Relating to Professional and Vocational Licensing

The Board discussed the above bill.

The purpose of the bill 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 the bills, but would monitor it.

h. HB390, HD1 Relating to Workers' Compensation

The Board discussed the above bill.

The purpose of the bill is to make permanent Act 172, Session Laws of Hawaii 2017, which: (1) grants employees the right to have a chaperone present during a medical examination relating to a workers' compensation work injury and, with the approval of the examining physician or surgeon, to record the examination; and (2) provides that if an employee or employee's chaperone obstructs the medical examination, the employee's right to worker's compensation shall be suspended until the refusal or obstruction ceases.

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

i. S.C.R. NO. 52, REQUESTING THE DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS TO AMEND THE DEFINITIONS OF "EMERGENCY MEDICLA TECHNICIAN-BASIC" AND "EMERGENCY MEDICAL TECHINICIAN-PARAMEDIC" UNDER SECTION 16-85-53.5, HAWAII ADMINISTRATIVE RULES

Ms. Quiogue reminded the Board members that Hawaii Administrative Rules section 16-85-53.5 was repealed by the Board on October 15, 2016. Instead, HAR section 16-85-59 sets forth the scope of practice for the three levels of emergency medical personnel the Board certifies. HAR section 16-85-59 provides that:

(a) The scope of practice of an EMT shall be restricted to the performance of basic emergency medical care and transportation of patients, cardiac defibrillation, and IV access.

(b) The scope of practice of an AEMT shall include the EMT scope of practice and be restricted to the performance of limited advanced skills focused on the acute management and transportation of patients and basic, limited advanced, and pharmacological interventions.

(c) The scope of practice of a Paramedic shall include the AEMT scope of practice and be restricted to the performance of advanced skills focused on the acute management and transportation of patients and invasive and pharmacological interventions.

Members agreed by consensus that this concurrent resolution is not necessary and advised its Executive Officer to draft testimony relaying its position and to also request that the measure be held.

Correspondence: a. Letter dated February 12, 2019, from Daria Loy-Goto, Complaints Enforcement Officer, Regulated Industries Complaints Office.

Ms. Quiogue informed the Board members that the abovementioned letter was provided to the Board for informational purposes.

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

Open Forum: None.

Next Meeting: Thursday, April 11, 2019
1:00 p.m.
King Kalakaua Conference Room, First Floor
335 Merchant Street
Honolulu, Hawaii 96813

Adjournment: The meeting adjourned at 2:37 p.m.

Reviewed and approved by:

/s/ Ahlani K. Quiogue

(Ms.) Ahlani K. Quiogue
Executive Officer

AKQ:or
04/05/19

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(x)

Minutes approved as is.

Minutes approved with changes: _____

Taken and recorded by:

/s/ Olga Reppun

(Ms.) Olga Reppun
Secretary

HAWAII MEDICAL BOARD 03/14/2019 - RATIFICATION LIST

LTYPE	LIC NUM	BP NAME PART 1
MD	20217	MARK J <HALSTED<
MD	20218	FATIMA <KAZEM<
MD	20219	JEFFREY M <KRAWCEK<
MD	20220	KURT D <YOSHINO<
MD	20221	MARCELINO L G <YERA-PAEZ<
MD	20222	LYNNAE SUSAN <LAWRENCE<
MD	20223	OMID <JAFARI<
MD	20224	MICHAEL B <WHITESIDE<
MD	20225	ANDREW JAMES <MAHONEY<
MD	20226	STANISLAV M <POLIASHENKO<
MD	20227	CHRISTOPHER A K L <LAU<
MD	20228	ROI MEIR <LOTAN<
MD	20229	JENNIFER P <CONCEPCION<
MD	20230	DANIEL P <CHO<
MD	20231	GENE HYUNG <LEE<
MD	20232	SUZANNA L L <GRIMA<
MD	20233	KELLIE A T <TAFET<
MD	20234	JANUARY M <ANDAYA<
MD	20235	DAMON C <DIXON<
MD	20236	WILLIAM S <ERVIN< III
MD	20237	NICOLAS <GIOFFRE<
MD	20238	GREGORY ANDREW <POLLACK<
MD	20239	SHAREEF MOHAMED <RIAD<
MD	20240	SANJEEVI <VRIDHACHALAM<
MD	20241	CHRISTINA JEN-YA <WAI<
MD	20242	STACIE K <NISHIMOTO<
MD	20244	MARGARET C <KAUFMANN<
MD	20245	ANDREW T <CHENG<
MD	20246	EDWARD A <HOBART<
MD	20247	XAVIER <GARCIA-ROJAS<
MD	20248	DAVID ERIC <BRUSH<
MD	20249	THOMAS <PARK<
MD	20250	SEAN P <OUIMET<
MD	20251	MIRANDA MCCANN <HUFFMAN<

MD	20252	REID K <HONDA<
MD	20253	HIREN DINESH <PATEL<
MD	20254	KYLE B <VARNER<
MD	20255	THERESA MINKYUNG <YUH<
MD	20256	JACOB W <BLICKENSTAFF<
MD	20257	DAVID STEVEN <KARLIN<
MD	20258	LAURYN C <ANDO<
MD	20259	WILLIAM T <PORTMAN<
MD	20260	MICHAEL D <KARACHALIOS<
MD	20261	CHRISTOPHER N <USSHER<
MD	20262	JEFFREY L <FRYE<
MD	20263	ELIZETH <LOPEZ<

MDR	7668	MICHAEL <HILL<
MDR	7669	EAGHAN <MCGREEVY<
MDR	7670	DANIEL <RESNICK-AULT<
MDR	7671	CAITLIN S <RUBLEE<
MDR	7672	IAN D <JESTER<
MDR	7673	LIAM <PORTER<
MDR	7674	ALEXA H <GIPS<

AMD	895	BRENT M <TURNER<
AMD	896	RUSSELL E <SANDERS<
AMD	898	JASON A <PETERS<
AMD	899	CYNTHIA A <DAVIS<

DOS	1958	WILLIAM B <GALLENTINE<
DOS	1959	ROBERT T <BARIL<
DOS	1960	STEPHEN M <DAQUINO<

PO	228	MICHAEL R <BREWER<
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EMT	2890	MAIA Y <FUJII<
EMT	2891	CAMERON T <HARA<
EMT	2892	KIANA H <KAIWI<
EMT	2893	CAMERON I <MANDAGUIT<
EMT	2894	SYDNY-J M <MOSES<

EMT	2895	NAMELEOKUUPUUWAI B <NAIPO-ARSIGA<
EMT	2896	CHRISTIAN K <OKAWA<
EMT	2897	NARMA E <PERALTA-RODRIGUEZ<
EMT	2898	SHEA Q K <PITTOY<
EMT	2899	REYN P <ROOT<
EMT	2900	TAUMILOGA F <TUI TELELEAPAGA< JR
EMT	2901	COURTNEY A K <UGALE<
EMT	2902	MALACHI T <CLARK<

EMTP	2247	STEVEN R <STEWART< JR
EMTP	2248	CARL P <ADAMS<
EMTP	2249	SUNNY J <FITZGERALD<
EMTP	2250	ERICKSEN L <KOHATSU<
EMTP	2251	WAILUPE C <DIAZ<
EMTP	2252	DEO A A <DOMINGO<
EMTP	2253	NIKO S <FONTANILLA<