

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

MINUTES OF MEETING

Date: February 11, 2021

Time: 1:00 p.m.

Place: Virtual Videoconference Meeting – Zoom Webinar  
<https://dcca-hawaii-gov.zoom.us/j/95512687911>

Present: Peter Halford, M.D., Vice-Chairperson, Oahu Member  
Maria Chun, Ph.D., Public Member  
Franklin V.H. Dao, M.D., Oahu Member  
Darren K. Egami, M.D., Maui Member  
Andrew “Rick” Fong, M.D., Hawaii Member  
Peter Holt, M.D., Oahu Member  
Michael Jaffe, D.O., Oahu Osteopathic Member  
Wesley Mun, Public Member  
Danny Takanishi, M.D., Oahu Member  
Shari J. Wong, Deputy Attorney General (“DAG”)  
Ahlani K. Quiogue, Executive Officer  
Jenny Yam, Secretary  
Lei Ana E. Green, Executive Officer  
Micah Cadalzo, Secretary  
Stephanie M. Karger, Office Assistant  
Christine V. Dela Cruz, Office Assistant

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

Zoom Webinar  
Guest(s): Ashley Kanako Aratani, M.D., Applicant

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

A short video was played to explain the meeting procedures and how members of the public could participate in the virtual meeting.

Call to  
Order: The meeting was called to order at 1:07 p.m., at which time quorum was established.

It was moved by Dr. Holt, seconded by Dr. Jaffe, and unanimously carried to appoint Dr. Takanishi as Chairperson pro tempore.

Dr. Takanishi welcomed everyone to the meeting, and proceeded with a roll call of the Board members. All Board members confirmed that they

were present, with the exception of Chair Geimer-Flanders and Dr. Young who were excused from the meeting.

Approval of the  
January 14, 2021,  
Minutes:

It was moved by Dr. Holt, seconded by Vice-Chair Halford, and unanimously carried to approve the minutes of the executive session and the minutes of the open session of the January 14, 2021 meeting as circulated.

Adjudicatory  
Matters:

Dr. Takanishi called for a recess from the meeting at 1:10 p.m., to discuss and deliberate on the following adjudicatory matters pursuant to Chapter 91, HRS (Note: Board members and staff entered into the Microsoft Teams meeting):

A. In the Matter of the License to Practice Medicine of Wendell C. Danforth, M.D.; MED 2014-103-L

It was moved by Dr. Jaffe, seconded by Vice-Chair Halford, and unanimously carried to approve Dr. Danforth's request to remove disciplinary status from his license.

B. In the Matter of the License to Practice Osteopathy of Gazelle A. Craig, D.O.; MED 2017-206-L

It was moved by Dr. Holt, seconded by Vice-Chair Halford, and unanimously carried to approve the Hearings Officer's Recommended Order as the Board's Final Order.

Following the Board's review, deliberation, and decision on these matters pursuant to Chapter 91, HRS, Dr. Takanishi announced that the Board reconvene to its regular Chapter 92, HRS, meeting at 1:20 p.m. Board members and staff returned to the Zoom meeting.

Applications for  
License/  
Certification:

A. Applications:

It was moved by Dr. Jaffe, seconded by Vice-Chair Halford, and unanimously carried to enter into executive session at 1:22 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. (Note: Board members and staff entered into Microsoft Teams):

(i) Physician (Permanent/Endorsement):

- a. Lynn Buchanan, D.O.

*Dr. Egami left the Microsoft Teams meeting at 1:28 p.m.*

*Dr. Egami entered the Microsoft Teams meeting at 1:35 p.m.*

*Dr. Buchanan entered the Microsoft Teams meeting by phone at 1:37 p.m.*

*Dr. Buchanan left the Microsoft Teams meeting at 1:38 p.m.*

(i) Physician (Permanent/Non-Endorsement):

a. Ashley Kanako Aratani, M.D.

(i) Physician (Permanent/Endorsement):

a. Lynn Buchanan, D.O.

*Dr. Buchanan entered the Microsoft Teams meeting at 1:43 p.m.*

*Dr. Buchanan left the Microsoft Teams meeting at 1:59 p.m.*

(ii) Physician (Permanent/Non-Endorsement):

b. Alvin Camello Cacho, M.D.

a. Ashley Kanako Aratani, M.D.

*Dr. Aratani entered the Microsoft Teams meeting at 2:04 p.m.*

*Dr. Aratani left the Microsoft Teams meeting at 2:15 p.m.*

c. Jasdeep Dalawari, M.D.

b. Alvin Camello Cacho, M.D.

*The Board provided the Microsoft Teams invitation link by email and attempted to call Dr. Cacho into the Microsoft Teams meeting at 2:21 p.m.; however, Dr. Cacho did not respond to either the call or email.*

(iii) Physician Assistant:

a. Brian Roger Martin, PA-C

By consensus, the Board moved these items out of order:

2021 Proposed  
Legislation:

H. HB487/SB839 RELATING TO HEALTH

J. HB576/SB624 RELATING TO HEALTH CARE

By consensus, the Board returned to regular order of the agenda.

It was moved by Vice-Chair Halford, seconded by Dr. Jaffe, and unanimously carried to return to the open meeting at 2:58 p.m. Board members and staff returned to the Zoom meeting.

Applications for  
License/  
Certification:

A. Applications:

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

(i) Physician (Permanent/Endorsement):

a. Lynn Buchanan, D.O.

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

(ii) Physician (Permanent/Non-Endorsement):

a. Ashley Kanako Aratani, M.D.

(ii) Physician (Permanent/Non-Endorsement):

b. Alvin Camello Cacho, M.D.

After due consideration of the information received, it was moved by Dr. Holt, seconded by Dr. Dao, and unanimously carried to defer Dr. Cacho's application pending submission of additional information.

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

(ii) Physician (Permanent/Non-Endorsement):

c. Jasdeep Dalawari, M.D.

(iii) Physician Assistant:

a. Brian Roger Martin, PA-C

After due consideration of the information received, it was moved by Dr. Dao, seconded by Vice-Chair Halford, and unanimously carried to defer Mr. Martin's application pending submission of additional information.

Applications for  
License/  
Certification:

B. Ratifications:

(i) List

It was moved by Vice-Chair Halford, seconded by Dr. Dao, and

unanimously carried to ratify the attached list of individuals for licensure or certification.

2021 Proposed  
Legislation:

A. HB138/SB203 RELATING TO MEDICAL INFORMED CONSENT

The Board discussed the above bills.

The purposes of these bills are to: require the Hawaii Medical Board to establish standards for health care providers to ensure that a patient's consent to treatment is an informed consent; require that informed consent for a proposed medical or surgical treatment or a diagnostic or therapeutic procedure be obtained prior to the day of that treatment or procedure; and specify that if the treatment or procedure is to occur on the same day it is scheduled, the informed consent shall be obtained at the time the decision is made to schedule that treatment or procedure.

Ms. Quiogue informed the Board that HB138 was deferred indefinitely. She went on to say that as of the date of the meeting, SB203 has not been scheduled for a hearing; however, if it is, the Legislative Committee recommended submitting comments on this measure expressing concern regarding the extra burden that will be placed on a patient because this bill will require two visits for a single procedure.

Vice-Chair Halford concurred with the Legislative Committee's recommendation and added that it is especially burdensome for neighbor island patients that require health care on Oahu because the bill will require the patients to travel between islands twice for a single procedure.

By consensus, the Board will provide comment expressing concern if SB203 is scheduled for hearing.

B. HB306/SB976 RELATING TO HEALTH

The Board discussed the above bills.

The purposes of these bills are to: amend the definition of "preceptor" and "volunteer-based supervised clinical training rotation" to improve accessibility for providers to receive income tax credits for acting as preceptors; and include the Director of Health on the Preceptor Credit Assurance Committee.

The Board will monitor these bills.

C. HB313/SB613 RELATING TO PHYSICIAN WORKFORCE  
ASSESSMENT

The Board discussed the above bills.

The purposes of these bills are to: repeal the requirement that no less

than fifty per cent of the physician workforce assessment fees deposited into the John A. Burns School of Medicine special fund be used for purposes identified by the Hawaii Medical Education Council; repeal the monetary cap of expenditures from the John A. Burns School of Medicine special fund; authorize the John A. Burns School of Medicine special fund to provide loan repayment to certain physicians and scholarships to qualifying medical students.

Ms. Quiogue explained to members that any position and/or comments that the Board provide will be limited to the sections amending 453-8.8. She stated that when a license is renewed, each physician or surgeon and each osteopathic physician or surgeon is assessed a fee of \$60 that is transferred and deposited into the John A. Burns School of Medicine special fund to support the ongoing physician workforce assessment. The monies were used to study physician and healthcare shortages in rural and medically underserved areas of the State.

The Board recognizes that this bill would provide an incentive for future physicians to practice in Hawaii. Given this information, the Board, by consensus, supports these bills.

Dr. Takanishi asked whether the Board should recommend a cap or specific percentage on the dollar amount that should go towards loan repayment (e.g. 5%, 10%, 20%) of the \$60 assessment fee that each physician or osteopathic physician is assessed.

Dr. Chun asked if there are any reporting requirements for how the physician workforce assessment monies were spent.

Ms. Quiogue stated that the John A. Burns School is, by law, required to submit a yearly written report to the legislature. Ms. Quiogue stated that the bill limits the monies to go towards medical school students. The Board's previous concerns that the assessment fee would be used towards scholarships for other healthcare professionals no longer exist in the language of the bill.

#### D. HB384 RELATING TO TELEHEALTH

The Board discussed the above bill.

The purposes of the bill are to: prohibit health insurers, mutual benefit societies, and health maintenance organizations from excluding coverage of a service solely because the service is provided through telehealth and not through face-to-face contact; require parity between telehealth services and face-to-face services for purposes of deductibles, copayments, coinsurance, benefit limits, and utilization reviews; and clarify the definition of "telehealth".

Ms. Quiogue informed the Board members that no hearings have been

scheduled for this bill.

E. HB472 RELATING TO TELEHEALTH

The Board discussed the above bill.

Ms. Quiogue advised members that the House Committee on Pandemic & Disaster Preparedness and Committee on Health, Human Services & Homelessness heard this measure on February 5, 2021, and made substantive amendments to this bill by way of a H.D. 1, which, among other things make permanent certain telehealth-related exemptions for licensed health professions issued by recent gubernatorial proclamation.

Ms. Quiogue stated that she spoke with its Legislative Committee who expressed concerns regarding:

- Section 5, page 11, lines 14 through 19, would allow an out-of-state physician, osteopathic physician, or physician assistant to prescribe controlled substances without obtaining the appropriate license and without first establishing an in-person, face-to-face practitioner-patient relationship as required. This may lead to inappropriate prescribing without this safety mechanism in place.
- Section 14, page 27, lines 17 through 21: Refer to the comments provided for section 5, page 11, lines 14 through 19.
- Section 14, page 29, lines 6 through 10, authorizes physicians, osteopathic physicians, or physician assistants who previously held an unrevoked or unsuspended license to provide care to Hawaii-patients via telehealth. This is concerning because the Board would not be afforded the appropriate recourse against these practitioners if they provided unsafe or negligent care.
- Section 14, page 29, lines 11 through 14: Refer to the comments provided for section 14, page 29, lines 6 through 10.

Dr. Jaffe expressed his concerns regarding patient safety and stated that this would allow an out-of-state physician, osteopathic physician, or physician assistant to prescribe controlled substances without obtaining the appropriate license and without first establishing an in-person, face-to-face practitioner-patient relationship as required by law. This may lead to inappropriate prescribing without this safety mechanism in place.

By consensus, the Board directed its Executive Officer to provide comments expressing concerns.

F. HB473/SB970 RELATING TO TELEHEALTH

The Board discussed the above bills.

The purpose of these bills is to authorize the establishment of a physician-patient relationship via a telehealth interaction, if the physician is licensed to practice medicine in the State.

Ms. Quiogue stated that the Board voted to support this bill at its December 10, 2020, meeting. The Board recognizes that telehealth is: (1) essential to patient care and access to care, both during and outside of a pandemic, to diagnose, treat, and monitor illness; and (2) is a safe mechanism to provide care. This bill also clarifies the language in Hawaii Revised Statutes section 453-1.3, so that it is clear that a physician-patient relationship may be established via telehealth by a physician licensed to practice medicine in Hawaii.

By consensus, the Board continues to support these bills.

G. HB478/SB25 RELATING TO MEDICAL CARE FOR MINORS

The Board discussed the above bills.

The purposes of these bills are to: permit minors to consent to medical care related to the diagnosis or treatment of HIV or the prevention of HIV; and provide that a minor, under certain circumstances, shall not be liable for payment for treatment or prevention of HIV.

The Board will monitor this bill.

H. HB487/SB839 RELATING TO HEALTH

The Board discussed the above bills.

The purposes of these bills are to: authorize advanced practice registered nurses, in addition to physicians, to practice medical aid in dying in accordance with their scope of practice and prescribing authority; authorize psychiatric mental health nurse practitioners, in addition to psychiatrists, psychologists, and clinical social workers, to provide counseling to a qualified patient; reduce the mandatory waiting period between oral requests from twenty days to fifteen days; and waive the mandatory waiting period for those terminally ill individuals not expected to survive the mandatory waiting period.

Ms. Quiogue explained that effective January 1, 2019, Our Care, Our Choice Act ("OCOCA") law provides Hawaii residents with a terminal illness and 6 months or less to live the ability to request a medical aid in dying ("MAID") prescription to end their life.



Ms. Quiogue stated that the bill will allow advanced practice registered nurses (“APRN”) to provide MAID services. A request was made for the Board to consider whether physician assistants are qualified, based on their education, training, and experience to be either the: attending health care practitioner, consulting health care practitioner, and/or counseling provider.

Dr. Jaffe stated that he conducted research regarding this matter and spoke with Hawaii Hospice. In 2020, there were 20 terminally ill patients that requested MAID prescriptions and 9 reported deaths were recorded. Dr. Jaffe stated that there is a lot of redundancy established to ensure robust safeguards are in place to prevent possible abuse. These safeguards include:

- (1) Confirmation by two health care providers of the patient’s diagnoses, prognosis, and medical decision-making capacity, and the voluntariness of the patient’s request;
- (2) Determination by a counselor that the patient is capable, and does not appear to be suffering from undertreatment or nontreatment of depression or other conditions which may interfere with the patient’s ability to make an informed decision;
- (3) Two oral requests from the patient, separated by not less than twenty days; one signed written request that is witnessed by two people, one of whom must be unrelated to the patient; and one signed final attestation;
- (4) An additional waiting period between the written request and the writing of the prescription; and
- (5) The creation of strict criminal penalties for any person who:
  - (A) Tamper with a person’s request for a prescription pursuant to this Act; or
  - (B) Coerces a person with a terminal illness to request a prescription.

Dr. Jaffe stated that there is limited access to MAID on the neighbor islands. He is of the opinion that this bill will provide greater access to health care for terminally ill patients and there are robust safeguards in place to allow healthcare practitioners to partake in MAID.

The Board will defer to the Board of Nursing’s position regarding APRNs. Ms. Quiogue asked whether Dr. Jaffe would be willing to testify on behalf of the Board if the bill is amended to include physician assistants.

Dr. Jaffe answered affirmatively.

The Board will monitor this bill unless or until the bill is amended to include physician assistants or amends HRS chapter 453.

I. HB540 RELATING TO LIABILITY

The Board discussed the above bill.

The purpose of the bill is to make immune from civil or criminal liability a health care provider who acts in good faith during a state of emergency or local state of emergency and adheres to crisis standards of care.

The Board will monitor this bill.

J. HB576/SB624 RELATING TO HEALTH CARE

The Board discussed the above bills.

The purpose of these bills is to authorize licensed physician assistants ("PA") and advanced practice registered nurses to perform certain abortions.

Ms. Quiogue advised members that HB576 would be the vehicle moving forward, and thus, the Board would only need to refer to that bill.

Dr. Takanishi related that while this measure provides greater access to care for women throughout the State, especially those in rural areas or on the neighbor islands, the Board must ensure the safety of the patient. Thus, the consensus of the Board is to provide the following comments should this measure be heard by a legislative committee:

- (1) Ensure that the PA is an authorized agent of their supervising physician and the supervising physician shall authorize and/or delegate the performance of aspiration abortions to the PA;
- (2) Only perform aspiration abortions in a hospital licensed by the department of health or operated by the federal government to ensure that appropriate teams are in place to provide assistance if required;
- (3) Delete section 2 in its entirety because the Board does not regulate APRNs, and the regulation of APRNs would not be appropriate in HRS chapter 453. Instead, it would be more appropriate to create a new section regarding APRNs performing aspiration abortions in HRS chapter 457 (Nursing); and
- (4) Delete page 5, line 17 through 19 of the bill.

Vice-Chair Halford stated that physicians who perform aspiration abortions in an out-patient setting, such as a clinic or physician's office, usually hold privileges in a nearby hospital in the event that the patient requires life-saving treatment due to perforation, infection, hemorrhage, and any other issues that may arise from the abortion. He is of the opinion that if the bill were to allow PAs to practice aspiration abortions in an out-patient setting, then they should also be required to hold privileges in a nearby hospital to ensure that appropriate teams are in place to provide assistance if required.

Dr. Dao concurred with Vice-Chair Halford's comment.

K. HB945/SB1099 RELATING TO THE PRACTICE OF MEDICINE

The Board discussed the above bills.

The purpose of these bills is to clarify the definition of the practice of medicine to provide uniformity of practice for both medical physicians and osteopathic physicians.

Ms. Quiogue reminded members that these bills are part of the Governor's administration package.

By consensus, the Board supports these bills.

L. HB975/SB1129 RELATING TO REPORTS OF CHILD ABUSE

The Board discussed the above bills.

The purpose of these bills is to add immunity from civil and criminal liability for individuals who provide information or assistance in child abuse investigations.

The Board will monitor these bills.

M. HB1120/SB1258 REALATING TO TELEHEALTH

The Board discussed the above bills.

The purpose of these bills is to allow for standard telephone contacts for telehealth purposes.

The Board will monitor these bills.

N. HB1152 RELATING TO MEDICAL EXAMINERS

The Board discussed the above bill.

The purposes of the bill are to: require the counties to have medical examiners who are licensed physicians and certified anatomic or forensic pathologists; and repeal section providing for coroners.

The Board will monitor this bill.

O. HB1225 RELATING TO DIGITAL HEALTH RECORDS

The Board discussed the above bill.

The purposes of the bill are to: require coordination to link certain information on social services, organ donor status, and immunization data to the statewide health information exchange; and make participation in the Hawaii Immunization Registry mandatory for all providers of immunizations, including COVID-19 vaccines, beginning 08/01/2021.

The Board will monitor this bill.

P. SB241 RELATING TO MEDICAL CANNABIS

The Board discussed the above bill.

The purpose of the bill is to authorize qualifying patients and qualifying out-of-state patients to transport cannabis between islands of the State for personal medical use.

The Board will monitor this bill.

Q. SB323 RELATING TO HEALTH

The Board discussed the above bill.

The purposes of the bill are to: authorize advanced practice registered nurses, in addition to physicians, to practice medical aid in dying in accordance with their scope of practice and prescribing authority; authorize psychiatric mental health nurse practitioners, in addition to psychiatrists, psychologists, and clinical social workers, to provide counseling to a qualified patient; reduce the mandatory waiting period between oral requests from twenty days to fifteen days; and waive the mandatory waiting period for those terminally ill individuals not expected to survive the mandatory waiting period.

The Board will monitor this bill.

R. SB324 RELATING TO THE PRACTICE OF MEDICINE

The Board discussed the above bill.

The purpose of the bill is to clarify the definition of the practice of

medicine to provide uniformity of practice for both medical physicians and osteopathic physicians.

Ms. Quiogue informed the Board that this bill is similar to SB2424 from the 2020 legislative session, which the Board supported.

By consensus, the Board supports this bill, but recommends similar language as provided in its administration bill, SB1099.

S. SB364 RELATING TO SPORTS MEDICINE

The Board discussed the above bill.

The purposes of the bill are 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; and require out-of-state physicians to provide notice to the Hawaii Medical Board.

By consensus, the Board supports this bill.

T. SB598 RELATING TO THE PRACTICE OF MEDICINE

The Board discussed the above bill.

The purpose of the bill is to clarify the definition of the practice of medicine to provide uniformity of practice between both medical physicians and osteopathic physicians.

By consensus, the Board supports this bill and recommends similar language as provided in its administration bill, SB 1099.

U. SB841 RELATING TO THE TERMINATION OF PREGNANCY

The Board discussed the above bill.

The purpose of the bill is to prohibit the abortion of a fetus that is capable of feeling pain; prohibit abortions by dismemberment; provide certain exceptions; and establish penalties.

The Board will monitor this bill.

V. SB842 RELATING TO CHILDREN

The Board discussed the above bill.

The purposes of the bill are to: ensure the protection and promotion of the health and well-being of all infants born alive in the State; mandate

medically appropriate and reasonable life-saving and life-sustaining medical care and treatment to all born alive infants; and establish civil and criminal penalties.

The Board will monitor this bill.

W. SB846 RELATING TO MEDICAL RESIDENCY PROGRAMS

The Board discussed the above bill.

The purposes of the bill are to: appropriate funds to support and expand physician residency training programs in state teaching hospitals; and require dollar-for-dollar matching funds from private funding sources.

By consensus, the Board supports this bill.

X. SB940 RELATING TO OPIOIDS

The Board discussed the above bill.

The purposes of the bill are to require providers: authorized to prescribe opioids to discuss with patients, certain risks associated with controlled substances that are opioids prior to issuing initial opioid prescriptions for the treatment of acute pain; and to include a note acknowledging the discussion of the risks associated with opioids in the patient's medical record.

The Board will monitor this bill.

Y. SB1191/HB1037 RELATING TO THE ELECTRONIC PRESCRIPTION ACCOUNTABILITY SYSTEM

The Board discussed the above bills.

The purpose of these bills is to update chapter 329, Hawaii Revised Statutes, to clarify who may access information stored in the electronic prescription accountability system.

The Board will monitor this bill.

Z. HB214/SB455 RELATING TO EMERGENCY MEDICAL SERVICES

The Board discussed the above bills.

The purpose of these bills is to certify Emergency Medical Technicians (EMTs) to include personnel with proper certifications, to be deemed qualified to perform emergency medical services as EMTs in the State.

Ms. Quiogue informed the Board that she submitted comments expressing concerns based on the position it took for SB3091, which was introduced during the 2020 legislative session.

The Board also notes that the current training requirements for EMTs are set forth in Hawaii Administrative Rules (“HAR”) section 16-85-54(b)(1). This 2016 rule is the product of a multi-year collaborative effort that included a cross-section of the EMT community. The rule deliberately sets a training requirement that exceeds the requirements for current certification from the NREMT. This was in part because of the Board’s concern about the lack of availability of health care providers in rural and neighbor island areas and its efforts to bridge that gap to some extent with EMTs that have additional training and skills. While the language of this bill would make it easier for certain trained professionals to become licensed as EMTs, it would do so at the cost of being able to provide an enhanced level of emergency medical services.

The Board’s intent is not to limit certain professionals such as firefighters, ocean safety lifeguards, or police officers from obtaining an EMT certificate or higher levels of certification by the Board, and believes that licensure can be accomplished in a manner that would not jeopardize the current higher-tiered EMT scope of practice.

AA. SB1340 RELATING TO EMERGENCY MEDICAL SERVICES

The Board discussed the above bill.

The purpose of this bill is to enable the Board to certify emergency medical responders other than emergency ambulance service personnel.

Ms. Quiogue informed the Board that she will submit comments expressing concerns similar to HB214.

Correspondence:

- A. Email inquiry from Lisa Cohen, Straub Medical Center, regarding electronic prescription of controlled substances for physician assistants.

The Board members reviewed the email correspondence from Ms. Cohen regarding electronic prescription for controlled substance issued by physician assistants. Specifically, Ms. Cohen’s email refers to electronic prescriptions and the Board’s requirements for prescriptions as it pertains to physician assistants.

Ms. Cohen makes reference to HAR section 16-85-49(a)(9) which provides that:

- (a) The supervising physician or osteopathic physician shall:

- (9) Be authorized to allow the physician assistant to prescribe, dispense, and administer medications and medical devices to the extent delegated by the supervising physician or osteopathic physician and subject to the following requirements:
  - (C) Each prescription issued by a physician assistant shall include the printed, stamped, typed or hand-printed name, address, and phone number of the supervising physician or osteopathic physician and physician assistant. When prescribing Schedule II through V medications, the written prescription or order shall include the DEA registration number of the supervising physician or osteopathic physician. The physician assistant shall sign the prescription in close proximity to the printed, stamped, typed, or hand-printed name of the physician assistant

Further, HRS section 329-38(i)(4) provides that:

- (i) Prescriptions for controlled substances shall be issued only as follows:
  - (4) A physician assistant registered to prescribe controlled substances under the authorization of a supervising physician shall include on all controlled substance prescriptions issued:
    - (A) The Drug Enforcement Administration registration number of the supervising physician; and
    - (B) The Drug Enforcement Administration registration number of the physician assistant.

Ms. Cohen stated that the language referenced above seems to apply to paper prescriptions only, and asked how she is to comply with the above-referenced citations given that the Drug Enforcement Administration ("DEA") will enforce electronic prescription of controlled substances effective 1/1/2022.

Dr. Takanishi is of the opinion that regardless of whether the controlled substances prescription is paper or electronic based, they must still meet all statutory and administrative rule requirements in place regarding prescriptions. He went on to say that the IT department at Straub Medical Center will need to establish a program to ensure that the information delineated in HAR 16-85-49 and the DEA registration numbers of the supervising physician and the physician assistant are provided on all electronic prescriptions for controlled substance.

Dr. Jaffe concurred with Dr. Takanishi's opinion.



By consensus, the Board instructed Ms. Quiogue to provide a response to Ms. Cohen, which summarizes the above discussion.

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

- B. Email inquiry from Robert Scott Johnson, MD, JD, LLM, San Francisco Psychiatry, regarding whether a Hawaii medical license is required for a California physician to conduct video forensic psychiatry evaluation of an evaluatee located in Hawaii.

The Board members reviewed the email correspondence from Dr. Johnson dated January 19, 2021, regarding whether a Hawaii medical license is required for “[a] California licensed physician, a psychiatrist, to conduct a video forensic evaluation (of an evaluatee in Hawaii) for a litigation/administrative matter (i.e. NOT to guide clinical diagnosis or treatment, and the evaluatee will never be the “patient” of the California physician).”

Dr. Takanishi is of the opinion that evaluating someone regardless of whether a diagnosis was made should be considered the practice of medicine. He went on to say that any physician providing services as defined in HRS section 453-1 (practice of medicine defined) shall obtain either a Hawaii-physician or Hawaii-osteopathic medical license. To be clear, the practice of medicine is defined as:

For the purposes of this chapter the practice of medicine by a physician or an osteopathic physician includes the use of drugs and medicines, water, electricity, hypnotism, osteopathic medicine, or any means or method, or any agent, either tangible or intangible, for the treatment of disease in the human subject; provided that when a duly licensed physician or osteopathic physician pronounces a person affected with any disease hopeless and beyond recovery and gives a written certificate to that effect to the person affected or the person's attendant nothing herein shall forbid any person from giving or furnishing any remedial agent or measure when so requested by or on behalf of the affected person.

This section shall not amend or repeal the law respecting the treatment of those affected with Hansen's disease.

For purposes of this chapter, "osteopathic medicine" means the utilization of full methods of diagnosis and treatment in physical and mental health and disease, including the prescribing and

administration of drugs and biologicals of all kinds, operative surgery, obstetrics, radiological, and other electromagnetic emissions, and placing special emphasis on the interrelation of the neuro-musculoskeletal system to all other body systems, and the amelioration of disturbed structure-function relationships by the clinical application of the osteopathic diagnosis and therapeutic skills for the maintenance of health and treatment of disease.

The Board, by consensus, directed Ms. Quiogue to provide a response to Dr. Johnson, which summarizes the above discussion.

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

Next Meeting: Thursday, March 11, 2021  
1:00 p.m.  
Virtual Videoconference Meeting – Zoom Webinar

Adjournment: The meeting adjourned at 3:33 p.m.

Reviewed and approved by:

Taken and recorded by:

/s/Ahlani K. Quiogue

/s/Jenny Yam

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(Ms.) Ahlani K. Quiogue  
Executive Officer

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(Ms.) Jenny Yam  
Secretary

AKQ:jy  
3/1/2021

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Minutes approved as is.

Minutes approved with changes: \_\_\_\_\_

## HAWAII MEDICAL BOARD 2/11/21 - RATIFICATION LIST

LTYPE LIC NUM BP NAME PART 1

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MD 21646 DAVID E <CORNER<  
MD 21647 FRANCISCO A <HALILI< JR  
MD 21648 ROBERT <DARZYNKIEWICZ<  
MD 21649 BENETTA S <CHIN<  
MD 21650 ANNE M <DUBIN<  
MD 21651 DANIEL D <GRAHAM<  
MD 21652 JONATHAN W <HOLSTAD<  
MD 21653 TINA V <DESAI<  
MD 21654 JAMES Y <KIM<  
MD 21655 PAUL A <MAZUR<  
MD 21656 ANNA <WHITE<  
MD 21657 STEPHEN R <MASILLAMONI<  
MD 21658 ALAN K <KOJIMA<  
MD 21659 JOSHUA O <STREAM<  
MD 21660 TRACY E <NAPP<  
MD 21661 SAMANTHA A <DELIERE<  
MD 21662 CAROLYN <KOR<  
MD 21663 TAGAI <MUSAEV<  
MD 21664 GAWTHAM <GUTTA<  
MD 21665 ADAM S <YOUNG<  
MD 21666 ROBERT G <HERMAN<  
MD 21667 JAMES R <WILLIAMS< JR  
MD 21668 CYRUS <KAO<  
MD 21669 MARYAM <KHORRAMI<  
MD 21670 LEISA M R <DEUTSCH<  
MD 21671 AMY A K <LEAKE<  
MD 21672 JONATHAN H <CHEN<  
MD 21673 MEGAN N <MUELLER<  
MD 21674 GEZEL <SAHELI<

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MDR 8030 CAROLYN <PHILLIPS<  
MDR 8031 JUSTIN <KITTREDGE<  
MDR 8032 MAAN KATHRYN L <GOZUN<  
MDR 8033 KYLE <YUAN<  
MDR 8034 ERIC R <AASERUDE<  
MDR 8035 RAHUL M <REGE<

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AMD 1027 DUSTIN A <VUONG<  
AMD 1028 EMILY K <BURKMAN<

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DOS 2130 CASEY J <THOMAS<

DOS 2131 CHRISTOPHER <DANNAKER<  
DOS 2132 JORDAN E <KOPF<  
DOS 2133 RYAN M L <SANTOS<  
DOS 2134 NIAZ A <AUSAF<  
DOS 2135 NATASHA K <MOORE<  
DOS 2137 LARA M <WIZIECKI<  
DOS 2138 DANIEL J <BADE<

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PO 236 DARREN E <DAY<  
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EMT 3045 IAN E K <MATSUKAWA<  
EMT 3046 DANIEL <CLARK<  
EMT 3047 CHELSEA E K <HAYASHI<  
EMT 3048 YEVGENIY <DYACHENKO<

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EMTP 2315 JEFFREY R <TREMPER II<  
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