

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

MINUTES OF MEETING

Date: February 9, 2023

Time: 1:00 p.m.

In-Person Meeting Location: Queen Liliuokalani Conference Room
HRH King Kalakaua Building
335 Merchant Street, First Floor
Honolulu, Hawaii 96813

Virtual Participation: Virtual Videoconference Meeting – Zoom Webinar
<https://dcca-hawaii-gov.zoom.us/j/98452925250>

Present: Danny M. Takanishi, M.D., Chairperson, Honolulu Member
Gary Belcher, Vice Chairperson, Public Member
Franklin V.H. Dao, M.D., Honolulu Member
Andrew “Rick” Fong, M.D., Hawaii Member
Ronald Fujimoto, D.O., Kauai, Osteopathic Member
Elizabeth “Lisa Ann” Ignacio, M.D., Maui Member
Michael Jaffe, D.O., Honolulu, Osteopathic Member
Wesley Mun, Public Member
Rebecca Sawai, M.D., Honolulu Member
Geri Young, M.D., Kauai Member
Shari J. Wong, Deputy Attorney General (“DAG”)
Ahlani K. Quiogue, Executive Officer
Chiara Latini, Secretary
Johnny Li (Technical Support)
Mia Hoang (Technical Support)
Lausei Taua (Technical Support)

Excused: None.

Zoom Webinar Guest(s): John Hassler, Supervising Attorney
Regulated Industries Complaints Office (“RICO”)
Tiffany Ostovar-Kermani
Manu Matthew
Tom Cook, Esq.
Hailialoha Hopkins, Staff Attorney, RICO
Cu Ri Lee, Esq.
Ryan McCracken, M.D.
Seth Corpuz-Lahne, Staff Attorney, RICO

Agenda: The agenda for this meeting was posted to the State electronic calendar as required by Hawaii Revised Statutes (“HRS”) section 92-7(b).

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.

Chair Takanishi welcomed everyone to the meeting and proceeded with a roll call of the Board members. All Board members confirmed that they were present and alone except for Dr. Fujimoto who was having technical difficulties and was not able to log on.

Dr. Fujimoto joined the meeting at 1:10 p.m.

Approval of the January 19, 2023, Meeting Minutes: It was moved by Dr. Sawai, seconded by Dr. Fong, and unanimously carried, to approve the meeting minutes of the open session of the January 19, 2023, meeting as circulated, and the executive session meeting minutes of the January 19, 2023, meeting as circulated.

Chair Takanishi asked if anyone from the public would like to provide oral testimony on this agenda item. There was none.

Ch. 91, HRS, Adjudicatory Matters: Chair 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 the Microsoft Teams meeting).

Chair Takanishi proceeded with a roll call of the Board members in Microsoft Teams. All Board members confirmed that they were present and alone.

- A. In the Matter of the Physician’s License to Practice Medicine of Ryan D. McCracken, M.D.; MED-2021-65-L; Hearings Officer’s Findings of Fact, Conclusions of Law, and Recommended Order.
- B. In the Matter of the Physician’s License of Patrick D. Kavanagh, M.D.; MED 2022-224-L; MED 2022-251-L; MED 2023-3-L; Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board’s Final Order.

Chair Takanishi had technical difficulties and exited the meeting at 1:32 p.m.

Following the Board’s review and deliberation on these matters pursuant to Chapter 91, HRS, Vice Chair Belcher announced that the Board reconvenes to its Chapter 92, HRS, meeting at 1:33 p.m. Board members and staff returned to the Zoom meeting.

Ms. Quiogue informed the public that the Board would be holding oral arguments regarding agenda item 3.A., In the Matter of Physician's License to Practice Medicine of Ryan D. McCracken, M.D.; MED-2021-65-L; Hearings Officer's Findings of Fact, Conclusions of Law, and Recommended Order.

Vice Chair Belcher asked if all parties were in attendance to present their oral arguments and who would present their arguments first.

Ms. Quiogue confirmed with Vice Chair Belcher that the parties were available to present their oral arguments.

DAG Wong informed the members and parties that Mr. Hassler would be the first to present oral arguments.

Ms. Quiogue asked that Dr. McCracken, Mr. Cook, and Mr. Hassler be admitted as panelists to the Zoom meeting.

Mr. Cook, Dr. McCracken, and Ms. Hopkins were admitted to the Zoom meeting as panelist members at 1:35 p.m.

Ms. Quiogue asked Ms. Hopkins if she would be presenting RICO's arguments.

Ms. Hopkins clarified that the RICO office was experiencing connectivity issues and that Mr. Hassler would be joining as soon as connectivity had been restored.

Chair Takanishi restored connectivity and entered the meeting at 1:36p.m.

Vice Chair Belcher informed Chair Takanishi that the Board was waiting for Mr. Hassler to join the meeting to present his oral arguments.

Ms. Hopkins informed to the Board members that connectivity had been restored in the RICO office and that Mr. Hassler would be joining the meeting via his telephone.

Mr. Hassler was admitted to the Zoom meeting as a panelist member at 1:42 p.m.

At 1:42 p.m. the floor was opened to the parties to present their oral arguments.

Mr. Hassler thanked the Board members for their patience and introduced himself as an attorney with RICO; the government agency that initiated the case against Dr. McCracken.

Mr. Hassler addressed the Board and stated that there are three (3) points he would like to make to the Board, but wanted to clarify first that a

Hearing's Officer makes a recommendation on a case; the Board ultimately may choose to accept or modify that recommended order. He went on to say that it is up to the Board to decide which violations have been committed and the appropriate discipline.

Mr. Hassler stated that the Hearing's Officer recommended a finding that RICO has not demonstrated that Dr. McCracken violated two provisions of the statutes, HRS sections 436B-19(5) and 453-8(a)(6), which allows the Board to impose discipline based on the licensee procuring a license through fraud, deceit, and misrepresentation. The Hearings Officer concluded that 'a plain reading' of HRS sections 453-8(a)(6) and 436B-19(5) led him to conclude that RICO must establish that Dr. McCracken intended to procure a license through fraud, misrepresentation, or deceit to prove a violation of the statutes. Mr. Hassler emphasized that based on the arguments made, and cases cited in his written exceptions, that RICO would like to argue that the decision was not consistent with the Hawaii Medical Board's and other boards prior decisions regarding misrepresentation. Further, the conclusion by the Hearings Officer is inconsistent with established legal decisions by Hawaii courts.

Mr. Hassler went on to state that procuring a license through misrepresentation means that someone misrepresented the law; it is not disputed that Dr. McCracken misrepresented the information about prior legal actions.

The Hearings Officer further concluded and recommended that Dr. McCracken not be fined for violating HRS section 436B-19(2) (engaging in false, fraudulent, or deceptive advertising, or making untruthful or improbable statements). Instead, the Hearings Officer concluded that RICO did not establish by a preponderance of the evidence that Dr. McCracken engaged in false, fraudulent, or deceptive advertising, or made untruthful or improbable **statements** (plural). Regarding the sanctions, it is recommended that a letter of warning be issued. RICO finds that this is not consistent with law, which says that the 'singular' form of a word means plural or vice versa.

It is also not consistent with the Board's decision in a prior case where they found that making a singular misrepresentation about something is a violation of that statute.

The issuance of a 'warning letter' would be inconsistent with what the Board has done in the past. RICO does not ask for the license to be revoked or suspended, but find that a letter of warning is inappropriate for someone who misrepresents information whether it be due to negligence, intent, or something else.

Mr. Hassler emphasized that the renewal application is based on an honor system by the applicant. The Board relies on the honesty and the accuracy of the information provided by the applicant. If someone misrepresents information, innocently or intentionally, a letter of warning

is inappropriate.

Mr. Hassler stated that the Board could reprimand the license and/or issue a fine. He went on to reiterate that it was the Board's decision to adopt or modify the Hearing Officer's recommendation.

He thanked the Board members for their public service and for their time in hearing this argument.

Chair Takanishi asked the Board members if they had any questions for Mr. Hassler.

There being none, Chair Takanishi asked Mr. Cook to proceed with his argument.

Mr. Cook explained that an extensive evidentiary hearing took place in front of Mr. Ching, the Hearings Officer, who heard testimonies by Ms. Quiogue and Mr. Morimoto, RICO investigator, and Dr. McCracken. He went on to say that Mr. Ching considered extensive material submitted and made a fair, well-reasoned, and equitable recommendation to the Board, which Mr. Cook supports, and that is to issue a letter of warning.

He went on to say that the issuance of a letter of warning was proposed at the time the case was initially investigated. He added that it is also consistent with the handling of the only previously known case where a letter of warning was issued following a licensee's failure to disclose a medical malpractice claim whose decision was met with no opposition.

Mr. Cook stated that Dr. McCracken had a one-time fault in which he erroneously answered a question on a renewal application. He went on to say that it was not Dr. McCracken's intention to answer the question incorrectly as he had answered the question correctly on two other forms to renew his privileges at the Hilo Medical Center and the North Hawaii Community Hospital.

He stated that the specific intent to defraud and misrepresent the case was not analogous to Dr. McCracken's case; however, Mr. Hassler attempted to compare this case with those that involved a physician who was a drug abuser, a physician avoiding court martial, a physician who failed to disclose other states' reprimand, and a convicted child sex abuser. Those cases have credibility and characters that do not apply in this case.

Mr. Cook went on to say that Hearings Officer Ching based his decision on the considerations that there was no intent and no findings of incompetence. The Board should take into consideration Dr. McCracken's contriteness, candor, unlikeliness of this ever happening again, and willingness to travel from his home state of Iowa to undertake four to five shifts every other month on the island of Hawaii to assist with the physician shortage. Mr. Cook went on to say that if Dr. McCracken

were to be disciplined, he would have to explain the reprimand for the remainder of his career. This is unlikely to ever happen again.

Mr. Cook stated that he does not agree with Mr. Hassler when he stated that establishing 'intent' plays an important role in this case. He concluded his argument by stating that Hearings Officer Ching had made a recommendation based on his evaluation of many documents submitted; he and Dr. McCracken support that decision.

Chair Takanishi asked the Board members if they had any questions for Mr. Cook. There were none.

Chair Takanishi asked Dr. McCracken if he wanted to provide a statement to the Board.

Dr. McCracken explained to the Board that there was no malintent in answering "NO" to the questions on his renewal application as he had disclosed them to the hospitals on the Big Island. He asked that the Board consider a letter of warning for he fears that a reprimand would follow him for the rest of his career.

Chair Takanishi asked the Board members if they had any questions.

Dr. Dao thanked Dr. McCracken for providing his statement, and went on to ask him to elaborate his reasoning for his negative answer regarding a pending malpractice case on the renewal application when he knew that a malpractice claim had been filed against him.

Dr. McCracken stated that he would have to check the dates of the application and the dates of the claim, but does not remember his frame of mind at the time. He admitted to moving through the application process quickly and probably did so when completing the application questions. He asked the Board to consider a letter of warning as a reprimand would follow him for the remainder of his career.

Chair Takanishi asked if any other Board members had questions for Dr. McCracken; there being none, he proceeded to ask Mr. Hassler and Mr. Cook if they had any closing comments.

Chair Takanishi asked the parties to keep their comments to five (5) minutes for rebuttal. Following their presentations, the Board will deliberate on the matter in Chapter 91, HRS.

Mr. Hassler stated that all evidence that was received had been reviewed and all evidence was admitted in this case. He went on to relay that Mr. Cook had submitted a redacted letter of warning as evidence of a previous settled case. RICO argued at the hearing that it is not legally appropriate to rely on a document of an unknown doctor and of indetermined reasons. He reminded the Board members that Mr. Cook's categorization of Dr. McCracken as a nice guy, is not justifiable in this

case. He recommends that the Board issue, at a minimum, a reprimand. He also reminded the Board that their needs to be consistency; Dr. McCracken should have answered the question appropriately.

Mr. Cook stated that the evidence submitted is that of a doctor who had failed to disclose malpractice suits and reiterated that Dr. McCracken should be issued a warning.

Chair Takanishi called for a recess from the meeting at 2:04 p.m. to discuss and deliberate on the following adjudicatory matters pursuant to Chapter 91, HRS (Note: Board members and staff entered the Microsoft Teams meeting).

Chair Takanishi proceeded with a roll call of the Board members in Microsoft Teams. All Board members confirmed that they were present and alone.

A. In the Matter of the Physician's License to Practice Medicine of Ryan D. McCracken, M.D.; MED-2021-65-L; Hearings Officer's Findings of Fact, Conclusions of Law, and Recommended Order.

Following the Board's review, deliberation, and decision on these matters pursuant to Chapter 91, HRS, Chair Takanishi announced that the Board reconvenes to its Chapter 92, HRS, meeting at 2:26 p.m. Board members and staff returned to the Zoom meeting.

Chair Takanishi proceeded with a roll call of the Board members in Zoom. All Board members confirmed that they were present.

Chair Takanishi informed the parties and the public of the following:

A. In the Matter of the Physician's License to Practice Medicine of Ryan D. McCracken, M.D.; MED-2021-65-L

The Board accepts the Hearings Officer's Findings of Fact, but modifies the Conclusions of Law, and finds that Dr. McCracken violated:

HRS §453-8:

(a) In addition to any other actions authorized by law, any license to practice medicine and surgery may be revoked, limited, or suspended by the board at any time in a proceeding before the board, or may be denied, for any cause authorized by law, including but not limited to the following:

* * *

(6) Procuring a license through fraud, misrepresentation, or deceit, or knowingly permitting an unlicensed person to perform activities requiring a license;

- (15) Submitting to or filing with the board any notice, statement, or other document required under this chapter, which is false or untrue or contains any material misstatement or omission of fact.

HRS §436B-19:

In addition to any other acts or conditions provided by law, the licensing authority may refuse to renew, reinstate or restore, or may deny, revoke, suspend, or condition in any manner, any license for any one or more of the following acts or conditions on the part of the licensee or the applicant thereof:

- * * *
- (2) Engaging in false, fraudulent, or deceptive advertising, or making untruthful or improbable statements;
 - (5) Procuring a license through fraud, misrepresentation, or deceit;
 - (17) Violating this chapter, the applicable licensing laws, or any rule or order of the licensing authority.

The Board proposes a reprimand of Dr. McCracken's medical license and impose a fine in the amount of \$500.00.

- B. Patrick D. Kavanagh, M.D.; MED 2022-224-L; MED 2022-251-L; MED 2023-3-L; Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order.

The Board approved the aforementioned Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order.

Applications for
License/
Certification:

A. Applications:

It was moved by Vice Chair Belcher seconded by Mr. Mun, and unanimously carried to enter into executive session at 2:28 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). Chair Takanishi proceeded with a roll call of the Board members in Microsoft Teams. All Board members confirmed that they were present and alone.

It was moved by Dr. Fujimoto, seconded by Dr. Jaffe, and unanimously carried to return to the open session meeting at 2:53 p.m. Board members and staff returned to the Zoom meeting. All Board members confirmed that they were present and alone.

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

a. Mark A. Pithan, M.D.

After due consideration of the information received, it was moved by Chair Takanishi, seconded by Vice Chair Belcher, and unanimously carried to approve Dr. Pithan's application for a license subject to certain conditions.

The Board based its decision on the following citations of the HRS, which find factual support in the records and files of Dr. Pithan's application:

HRS §436B-19 provides that:

In addition to any other acts or conditions provided by law, the licensing authority may refuse to renew, reinstate or restore, or may deny, revoke, suspend, or condition in any manner, any license for any one or more of the following acts or conditions on the part of the licensee or the applicant thereof:

* * *

- (3) Being addicted to, dependent on, or a habitual user of a narcotic, barbiturate, amphetamine, hallucinogen, opium, or cocaine, or other drugs or derivatives of a similar nature ;
- (12) Failure to comply, observe, or adhere to any law in a manner such that the licensing authority deems the applicant or holder to be an unfit or improper person to hold a license; and
- (13) Revocation, suspension, or other disciplinary action by another state or federal agency against a licensee or applicant for any reason provided by the licensing laws or this section.

Based on the foregoing, the Board hereby imposes the following conditions on Dr. Pithan's conditional license:

1. Dr. Pithan shall complete all terms of the established contract with Pu`ulu Lapa`au, The Hawaii Program for Healthcare Professionals for at least 6-months. However, said monitoring contract may be extended by the Board if the Board believes that reasonable grounds exist.
2. Dr. Pithan shall provide a copy of your fully executed contract with Pu`ulu Lapa`au, The Hawaii Program for Healthcare Professionals to the Board within fifteen (15) days of the Board's letter advising him of the conditional license.
3. Dr. Pithan may only begin to practice medicine in the State of Hawaii after he receives written confirmation from the Board that he has secured proper monitoring in the State of Hawaii with Pu`ulu Lapa`au, The Hawaii Program for Healthcare Professionals and is issued a medical license number by the Board.
4. If, at any time, Pu`ulu Lapa`au, The Hawaii Program for Healthcare Professionals determines that Dr. Pithan is not in compliance with the monitoring contract, he shall immediately notify the Board and immediately cease practicing medicine until Pu`ulu Lapa`au, The Hawaii Program for Healthcare Professionals specifies to the Board what conditions, if any, it recommends for him to safely resume the practice of medicine. Depending upon Pu`ulu Lapa`au, The Hawaii Program for Healthcare Professionals written report and recommendations, the Board may evaluate what, if any, further conditions and/or limitations are warranted for him to practice medicine and impose such conditions and/or limitations on your license. If he fails to refrain from using drugs or alcohol, the Board also will consider whether to suspend, revoke, or otherwise discipline his license.
5. During the period of his conditional license, Dr. Pithan shall ensure that Pu`ulu Lapa`au, The Hawaii Program for Healthcare Professionals submits monthly written reports to the Board. These written reports shall include, but not be limited to, assessments regarding: (1) his compliance with the monitoring contract; and (2) his ability to safely practice as a physician. The first monthly report is due within thirty (30) days from the date his conditional and limited license number is issued.

6. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Dr. Pithan violates any further provision of the statutes or rules governing the conduct of physicians in the State of Hawaii, or if he fails to abide by the terms of his conditional license.
7. Should Dr. Pithan wish to have any condition removed from his license, he shall make a request in writing to the Board, at which time the Board would consider his request. When doing so, Dr. Pithan shall provide evidence of full compliance with his monitoring contract with Pu`ulu Lapa`au, The Hawaii Program for Healthcare Professionals and all other conditions placed on his conditional license.

b. David Leffers, M.D.

After due consideration of the information received, it was moved by Dr. Sawai, seconded by Dr. Fujimoto, and unanimously carried to approve Dr. Leffers's application.

c. Hager Ahmed Mohammed, M.D.

After due consideration of the information received, it was moved by Dr. Fong, seconded by Dr. Jaffe, and carried majority, with the exception of Chair Takanishi who recused himself from the vote on this matter, to deny Dr. Mohammed's request for sponsorship of USMLE Step 3.

B. Ratification List (See attached list)

(i) February 9, 2023, Ratification List

It was moved Dr. Sawai, seconded by Dr. Jaffe, and unanimously carried to ratify the attached list of individuals for licensure or certification from February 9, 2023.

Chair Takanishi asked if anyone from the public would like to provide oral testimony on this agenda item. There was none.

Chair Takanishi left the meeting at 2:57 p.m.

Dr. Fujimoto left the meeting at 3:00 p.m.

2023
Legislation:

A. S.B. 61 RELATING TO ASSOCIATE PHYSICIANS

The Board discussed this bill.

The purposes of the bill are to: create a new category of professional licensure for associate physicians, which are 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; prescribe the scope of practice of associate physicians; create requirements for collaborative practice agreements between associate physicians and collaborating physicians; and authorize associate physicians to prescribe certain controlled substances.

Vice Chair Belcher asked if the Board members had any comments on this bill. He went on to say that similar bills were introduced in 2018 and 2019, and the Board opposed those measures.

Dr. Jaffe stated that the bill should also come with a proposed structure set up. He commented that this bill would be advantageous for under-served, rural areas, but went on to state that doctors need appropriately supervised hands-on experience.

Vice Chair Belcher agreed with Dr. Jaffe's comments that supervision is important.

Dr. Sawai agreed that hands-on learning is very important. She offered her concerns regarding the lack of a structured program as proposed by this bill.

Dr. Fong commented that doctors that are overseeing residents should be monitored as well. There should be a selection of teachers. This measure does not seem to outline how supervising physicians would be selected or the requirements for a supervising physician to adhere to.

Vice Chair Belcher reported that each supervising physician in a rural site would oversee up to six (6) students.

Dr. Fong reiterated his concerns regarding the selection of supervising physicians and how appropriate supervision would occur.

Vice Chair Belcher questioned if the supervising physicians were also faculty members of the John A. Burns School of Medicine.

Dr. Dao shared Drs. Jaffe, Sawai, and Fong's concerns. He went on to say that based on the preamble or introduction of the bill, it appears that this measure is trying to address the shortage of healthcare professionals in rural areas; whilst the effort to provide care and train young physicians is laudable, the program requires structure to allow students to become safe and competent

practitioners so that they are able to provide good care in the future.

Vice Chair Belcher confirmed that this bill comes forth to meet the needs of underserved areas and went on to state that the scope of practice of physician assistants and advanced practice nurses have been expanded to accommodate the need for additional healthcare providers.

Ms. Quiogue stated that there were two individuals who were present at the meeting who are proponents of the measure. She went on to say that they had five minutes to present their information.

Mr. Manu Matthew was admitted to the Zoom meeting at 3:14 p.m.

Ms. Tiffany Ostovar-Kermani was admitted to the Zoom meeting at 3:14 p.m.

Ms. Ostovar-Kermani introduced herself and thanked the Board members for their time. She went on to summarize her educational background. She attended the Universidad Autonoma de Guadalajara in Mexico, formally known as the “fifth pathway”. She described herself as a highly qualified physician applicant who was denied an interview for a residency program because there were 4,700 applicants for 13 positions. Many medical diplomates such as herself find themselves in this position. She went on to say that she was present at the meeting to endorse S.B. 61.

Ms. Ostovar-Kermani explained that there are presently 119,000 medical school diplomates who have not matched with a residency program. She added that they are not unqualified, but the problem stems from there being an insufficient number of residency positions for all applicants.

She went on to state that she is a native of Ohio, but grew up in Texas. She attended the Universidad Autonoma de Guadalajara, which is a private university founded in 1935 and has enrolled over 15,000 students since 2014. She attended university with Chileans, Cubans, Argentinians, as well as U.S. citizens. She is fluent in Spanish and English. She attended their international program and enrolled in their 1st of 8-semester program with direct patient care from rural and underserved communities. She completed 4 years of medical school and 12 months of rotation in New York which is the fifth year of curriculum to complete the “fifth pathway” certification. She went on to state that in Houston, Texas she works with patients who have limited to no access to medical care.

She holds a certificate as a medical assistant and can provide medical care as she waits for Bill S.B. 61 to pass.

She went on to say that she is currently a first-year post-doctoral research fellow specializing in primary care research. She also holds an M.P.H. in Environmental Health Sciences. She provides translation services to asylum seekers and Cuban parolees who have arrived in the U.S. through border protection and customs in Texas.

She would like for the Board to know that even with her limited capacity as a medical assistant, a supervising physician oversees her work and interactions with patients. She helps run his COVID-19 and vaccination campaigns.

Those who are in rural areas would benefit from the passing of this bill. It is a potential form of recruitment and retention of physicians for the thousands of medical school graduates who were not able to obtain a residency.

She does understand that this bill would require more funding and more staff which can be funded by the collection of application fees and can serve as an extension to physicians much like PAs and other health practitioners.

She appreciates Dr. Fong's comments and used the example of Missouri assistant physicians bill, which created a structure in which 120 supervised hours are required.

Ms. Ostovar-Kermani went on to relay that she is currently working to create a proposed structured program to be presented in Texas.

She hopes that Hawaii will look at other bills that have passed in Colorado, Arkansas, Arizona, Louisiana, Kansas, New Jersey, New York, and Missouri, as it would be beneficial to Hawaii residents.

Ms. Ostovar-Kermani went on to thank Dr. Jaffe for recognizing the importance of providing health care to underserved areas.

Vice Chair Belcher thanked Ms. Ostovar-Kermani for her presentation and wished her well while she awaits to get into a residency program. He proceeded to ask the Board members if they had any questions.

Dr. Jaffe thanked Ms. Ostovar-Kermani for her presentation and offered his concerns regarding the bill as it does not mention a collaborative arrangement between physicians and associate

physicians. He is concerned with the lack of safeguards to monitor such a program.

Ms. Ostovar-Kermani thanked Dr. Jaffe and welcomed feedback and recommendations to improve the bill. She went on to state that Arizona and Missouri have implemented a structured, collaborative physician bill with direct supervision of the associate physician.

Mr. Matthew stated that he unsuccessfully applies each year to a residency program and asked the Board to help medical school diplomates such as himself to find a solution. He pleaded with the Board to approve the bill.

Vice Chair Belcher thanked Mr. Matthew and stated that as it is drafted, the bill has no structure and no plan.

Dr. Young introduced herself as a physician from Kauai who has been practicing for 42 years. She went on to say that she is surprised that so many students who complete medical school and cannot find a residency program as she had when she started medical school when she was 25 years old.

Dr. Young wondered if everything changed after the Libby Zion lawsuit in New York in 1984. She went on to state that residents were cheap labor for hospitals, but now there are limitations to their work schedule. The rural nature of where she practices is fortunate to have had Hawaii Pacific Health since 2001, but claims that other neighbor islands have had more challenges.

Vice Chair Belcher thanked Mr. Matthew and Ms. Ostovar-Kermani

Ms. Quiogue asked the Board members to vote on the bill.

Dr. Jaffe asked if the Board could accept the bill with revisions to add on-site clinician supervision and 100 hours of direct supervision.

Ms. Quiogue replied that the Board can propose amendments in their testimony.

Mr. Belcher commented that the next item, S.C.R. 4, for discussion is to create a sunrise review of the regulations and licensure requirements for associate physicians. He went on to say that the passing of that measure should have priority over the support of S.B. 61.

Dr. Elizabeth Ann Ignacio agreed with Mr. Belcher. She went on to ask if testimony to amend bills can be subsequently reviewed before they are passed.

Dr. Sawai agreed with Dr. Elizabeth Ann Ignacio. She does not agree with the bill in its current form and hopes for revisions.

Dr. Fong does not support the bill in its current form.

Dr. Young relayed her agreement with Dr. Fong's concerns.

Vice Chair Belcher noted that S.B. 61 is similar to the 2018 and 2019 bills.

Ms. Quiogue confirmed that she would be drafting a testimony on behalf of the Board, appreciating the intent of the measure, but expressing similar concerns as related in 2018 and 2019.

Ms. Quiogue stated that pursuant to HRS chapter 26H the State Auditor can review a bill and study the profession to determine whether licensure is necessary.

Mr. Belcher commented that it is essential that a study be conducted.

Ms. Quiogue relayed that the testimony can reflect that, due to the concerns that the Board has regarding the measure, S.C.R. 4 is a better alternative to S.B. 61.

Dr. Elizabeth Ann Ignacio asked if a bill would be revisited at the next meeting or if the Board would have to wait for the following legislative session.

Ms. Quiogue clarified that if a bill is heard and is amended by legislative committees, then the measure will be brought back to the Board for further discussion.

Mr. Mun thanked Ms. Quiogue for the clarification and for having provided the 2018 meeting minutes for the Board members to review. He went on to state that the states that have adopted similar measures should be analyzed and wonders if this recommendation might be made.

Mr. Belcher took a roll call of the members to ask their position. Mr. Belcher, Dr. Fong, Dr. Elizabeth Ann Ignacio, Mr. Mun, Dr. Sawai, Dr. Young, Dr. Dao, and Dr. Jaffe all oppose the bill in its current draft.

B. S.C.R. 4 REQUESTING THE AUDITOR TO CONDUCT A
SUNRISE REVIEW OF THE REGULATION AND LICENSURE OF
ASSOCIATE PHYSICIANS

The Board discussed this resolution.

Dr. Sawai asked for clarification regarding what study would the sunrise review conduct.

Ms. Quiogue clarified that pursuant to HRS section 26H-6, a sunrise analysis is conducted by the auditor. The analysis would determine the probable effects of the regulatory measure and assess whether its enactment is consistent with the policies of the chapter.

By consensus, the Board will support this measure.

C. H.B. 482 / S.B. 955 RELATING TO MEDICAL CARE FOR
MINORS

The Board discussed these bills.

The purposes of these bills are to: authorize licensed osteopathic physicians and physician assistants, in addition to physicians and advance practice registered nurses, to provide minor-initiated medical care and services; require the licensed health care provider to ensure that the covered entity has been notified that minor-initiated medical care and services should not be disclosed; require the covered entity to have policies and procedures established to maintain nondisclosure of the minor-initiated medical care and services to the minor's parent or legal guardian; and authorize the licensed health care provider to submit a claim to the covered entity for the provision of minor-initiated medical care and services.

The Board will track these measures.

D. H.B. 510 RELATING TO CHILDREN

The Board discussed this bill.

The purposes of this bill are to: ensure the protection and promotion of the health and wellbeing of all infants born alive in the State; mandate medically appropriate and reasonable lifesaving and life sustaining medical care and treatment to all born alive infants; and establish civil and criminal penalties.

Dr. Dao explained that there are two types of abortions: by extraction and with medication. He went on to state this bill suggests that a physician is expected to provide care to an infant

that has been delivered unintentionally alive at 20-weeks old. He clarified that an abortion is also a pre-term delivery and went on to state that the survivability of a 22-week delivery has 20% chance of survivability with today's technology, at 23-weeks and above, the survivability rate is 55% and above.

Dr. Dao went on to say that certain hospitals have rules regarding the matter where a physician is expected to do everything within their power to ensure the survivability of a 23-week-old and older infant. He went on to say that if the bill were to pass, it would conflict with the hospital's rules and standards of care.

Mr. Belcher thanked Dr. Dao for his elucidation on the matter.

Dr. Sawai commented that this bill limits the rights to an abortion, which she thinks should be a discussion between the provider and the patient and does not support this bill.

Dr. Fong agreed with Dr. Dao, and stated that the law would be setting the standard of care.

Mr. Belcher reminded the Board members that the bill criminalizes physicians for murder in the second degree if found guilty.

By consensus, the Board opposes the bill.

E. H.B. 516 RELATING TO HEALTH

The Board discussed this bill.

The purposes of this bill are to: authorize naturopathic physicians to provide written certification to qualifying patients for the medical use of cannabis; and clarify provisions regarding the establishment of bona fide physician-patient, naturopathic physician-patient, and advanced practice registered nurse-patient relationships via telehealth.

Ms. Quiogue informed the Board that this measure was deferred indefinitely, and will not be moving through the legislative process.

F. H.B. 518 / S.B. 17

The Board discussed these 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 shall 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.

By consensus, the Board opposes these bills as outlined in prior years where similar measures were introduced.

G. H.B. 664 / S.B. 599 RELATING TO HEALTH

The Board discussed these bills.

The purpose of these bills is to expand the class of health care providers under whom respiratory therapists may practice respiratory care to include physician assistants and advanced practice registered nurses.

By consensus, the Board supports these measures.

H. H.B. 666 / S.B. 674 RELATING TO THE INTERSTATE MEDICAL LICENSURE COMPACT

The Board discussed its support of the Interstate Medical Licensure Compact at its January 19, 2023 meeting.

The purpose of these bills is to adopt the Interstate Medical Licensure Compact to create a comprehensive process that complements the existing licensing and regulatory authority of state medical boards and provides a streamlined process that allows physicians to become licensed in multiple states, thereby enhancing the portability of a medical license and ensuring the safety of patients.

By consensus, the Board will support these measures.

I. H.B. 685 RELATING TO ABORTION

The Board discussed this bill.

The purposes of this bill are to: prohibits the abortion of a fetus that contains a fetal heartbeat; provide certain exceptions; and establish penalties.

By consensus, the Board opposes this bill.

J. H.B. 884 RELATING TO TRAVELING TEAM PHYSICIANS

The Board discussed this bill.

The purpose of this bill is to adopt model legislation to allow traveling team physicians to temporarily practice medicine in the State for the traveling team members and coaches.

By consensus, the Board will support this measure, but request amendments as outlined in previous testimony.

K. H.B. 1275 RELATING TO PROHIBITING CHEMICAL ABORTIONS

The Board discussed this bill.

The purposes of this bill are to: prohibit chemical abortion drugs for abortions as specified; provide exceptions; provide a criminal penalty for violating the prohibition on use of chemical abortion drugs for abortions; provide definitions; specify exceptions; and make conforming amendments.

Dr. Dao expressed his opposition to the bill, and read lines 9 and 10, which state:

And three to seven out of every hundred women who choose chemical abortion early in pregnancy will need follow-up care to finish the abortion, with as many as 7-10% needing follow-up care for chemical abortions in the first trimester after 63 days of pregnancy and up to 39% requiring surgery if accidentally taken in second trimester.

Dr. Dao stated that 7-10% is incorrect. UCSF determined that 3-5% of women would need follow-up care. He went on to add that the success rate for this intervention is 95-98%, which is dependent on the gestational age of when the procedure is performed. He went on to clarify that there is a 98% success rate if the procedure is performed by the 6th week and 95% when performed at the 9th week of gestation. He went on to add that chemical abortions have a high success rate with minimal complications and limited follow-up care if performed correctly.

Dr. Jaffe stated that a forced delivery is more dangerous than a chemical abortion.

Vice Chair Belcher thanked Dr. Dao and Dr. Jaffe for their comments.

By consensus, the Board opposes this bill.

L. H.B. 1332 RELATING TO THE TERMINATION OF PREGNANCY

The Board discussed this bill.

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

Dr. Dao commented that according to the ACOG (The American College of Obstetricians and Gynecologists) multiple studies have been conducted that demonstrate that a fetus is able to feel pain after the 24th gestational week.

By consensus, the Board opposes this bill.

M. H.B. 1427 / S.B. 896

The Board discussed these bills.

The purposes of these bills are to: prohibit a covered entity from disclosing communication or information relating to reproductive health care services; prohibit the issuance of a subpoena in connection with an out-of-state proceeding relating to reproductive health care services legally performed in the State; prohibit agencies from providing information or expending resources in the furtherance of interstate investigations or proceedings relating to reproductive health care services; prohibit the State from penalizing, prosecuting, or otherwise taking adverse action based on pregnancy outcomes or aiding or assisting a pregnant individual with accessing reproductive health care services; require the Governor to deny any demand for surrender of a person charged with a crime involving reproductive health care services unless the conduct constitutes a crime in the State; enumerate laws contrary to public policy and prohibits their application as rules of decision in the courts; prohibits the issuance of a summons for persons to testify in another state with regard to lawful reproductive health care services: clarify under various licensing statutes that the provision or assistance in receipt or provision of medical, surgical, pharmaceutical, counseling, or referral services related to the human reproductive system cannot form a basis for disciplinary action; and prohibit the enforcement of a judgment or order arising from a foreign penal civil action or other penal law with respect to reproductive health care services.

Ms. Quiogue submitted a testimony on behalf of the Board with amendments when the S.B. 896 was heard by the Senate Committees on Health and Human Services and Commerce and Consumer Protection on February 1, 2023.

By consensus, the Board will support this measure.

N. H.B. 1428 RELATING HEALTH CARE

The Board discussed this bill.

The purposes of this bill are to: prohibit the State from denying or interfering with a patient's right to choose to obtain an abortion or to terminate a pregnancy if the termination is necessary to protect the life or health of the patient; repeal a criminal penalty for violations of certain abortion provisions; clarify that advanced practice registered nurses may provide abortion care; clarify that physicians, osteopathic physicians, and advanced practice registered nurses may administer a medication abortion via telehealth for a patient residing in the State.

By consensus, the Board will support this measure.

O. H.B. 1441 / S.B. 1526 RELATING TO REPRODUCTIVE HEALTH CARE

The Board discussed these bills.

The purposes of these bills are to: explicitly provides that a patient has a right to choose to obtain an abortion or terminate a pregnancy if the termination is necessary to protect the patient's life or health; repeal criminal penalties for violations of certain abortion provisions; clarify which health care providers may provide abortion care.

By consensus, the Board will support these measures.

P. S.B. 1 RELATING TO HEALTH CARE

The Board discussed this bill.

The purposes of this bill are to: authorize licensed physician assistants to perform certain abortions; declare a law of another state that authorizes a person to bring a civil action against a person who: terminates or seeks to terminate a pregnancy; perform or induce the termination of a pregnancy; knowingly engage in conduct that aids or abets the performance or inducement of the termination of a pregnancy; or attempt or intend to engage in the conduct, as contrary to the public policy of this State and shall not be enforceable in any court of the State and shall not afford any basis for the granting if legal or equitable relief by any court of the State; and prohibit the State from engaging in certain actions with regard to civil and criminal actions from another state.

Ms. Quiogue relayed that the Board had provided comments appreciating the intent of this bill as outlined in the testimony provided to the Senate Committees on Health and Human Services and Commerce and Consumer Protection.

By consensus, the Board will support this measure.

Q. S.B. 17 RELATING TO MEDICAL INFORMED CONSENT

The Board discussed this bill.

The purposes of this 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 shall 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.

By consensus, the Board opposes this bill.

R. S.B. 60 RELATING TO HEALTH

The Board discussed this bill.

The purposes of this bill are to: authorize state-licensed and credentialed physicians, advanced practice registered nurses, and physician assistants, who are not physically in the State, to issue prescriptions for certain controlled substances under a limited circumstance; and authorize pharmacies to dispense the prescriptions.

Dr. Jaffe stated that it is important to track this bill which pertains to behavioral health.

The Board will track this measure.

S. S.B. 254 RELATING TO THE TERMINATION OF PREGNANCY

The Board discussed this bill.

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

By consensus, the Board opposes this bill.

T. S.B. 266 RELATING TO CHILDREN

The Board discussed this bill.

The purposes of this bill are to: the require medically appropriate and reasonable lifesaving and life-sustaining medical care and treatment for all born alive infants; and establish civil and criminal penalties.

By consensus, the Board opposes this bill.

U. S.B. 604 RELATING TO HEALTH

The Board discussed this bill.

The purposes of this bill are to: prohibit state and county employees and officers from providing reproductive health care services patient information or expending state resources in furtherance of another state's investigation or proceeding that seeks to impose civil, criminal, or professional liability upon a person or entity related to reproductive health care services; prohibit any person from being compelled to provide reproductive health care services patient information; prohibit any persons from being disqualified from licensure or subject to discipline by a Hawaii board of professional licensure for providing reproductive health care services.

By consensus, the Board will support this measure.

V. S.B. 870 RELATING TO HEALTH CARE PROVIDERS

The Board discussed this bill.

The purposes of this bill are to: prohibit hospitals and health care facilities to permit or require health care providers to provide services for any period after the health care provider has been on duty for sixteen consecutive hours or an aggregate of eighty hours during any period of seven consecutive days, until the health care provider takes at least ten consecutive hours of time off-duty; clarify that the terms and conditions of a collective bargaining agreement will prevail, if in conflict with this prohibition; and define health care facility, health care provider, and hospital.

Ms. Quiogue stated that this bill amends HRS chapter 323, which is regulated by the Department of Health. Ms. Quiogue placed this bill on the agenda for tracking purposes.

Dr. Jaffe asked Dr. Sawai to confirm that the term 'on duty' means 'on call' for a surgeon.

Dr. Sawai confirmed that, that is her understanding.

Dr. Young stated that in rural hospitals physicians are on a 24-hour schedule and finds this to be an odd bill.

Ms. Quiogue concluded that the Board will track this measure and went on to say that it would be more appropriate for the professional associations and facilities to testify on the bills.

W. S.B. 890 RELATING TO HEALTH CARE

The Board discussed this bill.

The purposes of this bill are to: prohibit the State from denying or interfering with a patient's right to choose to obtain an abortion or to terminate a pregnancy if the termination is necessary to protect the life or health of the patient; repeal a criminal penalty for violations of certain abortion provisions; clarify that advanced practice registered nurses may provide abortion care; clarify that physicians, osteopathic physicians, and advanced practice registered nurses may administer a medication abortion via telehealth for a patient residing in the State.

By consensus, the Board will support this measure.

X. S.B. 1167 PROPOSING AN AMENDMENT TO THE HAWAII STATE CONSTITUTION TO PROTECT INDIVIDUAL REPRODUCTIVE RIGHTS

The Board discussed this bill.

The purpose of this bill is to propose a constitutional amendment to protect an individual's reproductive freedom in their most intimate decisions, including the right to abortion and contraceptives.

By consensus, the Board will support this measure.

Y. S.B. 1503 RELATING TO HEALTH CARE

The Board discussed this bill.

The purposes of this bill are to: prohibit certain boards from taking adverse action against individuals possessing or applying for a license to practice medicine and surgery or nursing for providing abortion care services or gender affirming treatments in the State in compliance with the laws of the State or being disciplined by another state for providing abortion care services or gender affirming treatments; prohibit certain insurers from taking adverse actions against reproductive health care providers for providing abortion care services or gender affirming treatments. Prohibits court clerks from issuing subpoenas in connection with out-of-state subpoenas related to abortion care services or gender affirming treatments that are provided in compliance with the laws

of the State; prohibit the Department of Law Enforcement and the county police departments from participating in another state's investigations concerning abortion-related conduct, gender affirming treatments, or other reproductive health care or services that are lawful in the State; require the Attorney General to routinely submit to the Legislature and Governor reports of these requests for participation; establish additional protections for patient health information related to reproductive health services or gender affirming treatments; establish protections for certain information related to reproductive health services or gender affirming treatments that does not qualify as patient health information; and prohibit the State from penalizing individuals based on the individual's pregnancy outcomes or gender affirming treatments received or for aiding or assisting in a third party's abortion or gender affirming treatment.

By consensus, the Board will support this measure.

Z. S.B. 1528 PROPOSING A CONSTITUTIONAL AMENDMENT TO PROTECT THE RIGHT TO REPRODUCTIVE FREEDOM

The Board discussed this bill.

The purpose of this bill is to amend the Hawaii State Constitution to prohibit the State from denying or interfering with an individual's reproductive freedom, including the right to choose or obtain an abortion or to choose to obtain or use contraceptives

By consensus, the Board will support this measure.

Legislative Liaison:

By consensus, Chair Takanishi, Dr. Sawai, Dr. Jaffe, and Mr. Mun will serve as the Board's legislative liaisons.

Federation of
State Medical
Boards, Inc.
(FSMB):

A. FSMB Special Committee on Strategic Planning

Mr. Belcher informed the Board that this document summarizes the FSMB's priorities.

Next Meeting:

Thursday, March 9, 2023
1:00 p.m.

In-Person Meeting Location: Queen Liliuokalani Conference Room
King Kalakaua Building, 1st Floor
335 Merchant Street
Honolulu, Hawaii 96813

Virtual Videoconference Meeting – Zoom Webinar

Adjournment:

The meeting adjourned at 4:07 p.m.

Reviewed and approved by:

Taken and recorded by:

/s/ Ahlani K. Quiogue

/s/ Chiara Latini

(Ms.) Ahlani K. Quiogue
Executive Officer

(Ms.) Chiara Latini
Secretary

AKQ:cl
02/21/23

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Minutes approved as is.

Minutes approved with changes:

HAWAII MEDICAL BOARD 02/09/2023 – RATIFICATION LIST

AMD-1220-0	JUSTINE WONG
AMD-1221-0	RACHEL T INOUYE
AMD-1222-0	MEADOW SUMMERS
AMD-1223-0	ALANDRA N AVILA
AMD-1224-0	JASON M DILLASHAW
AMD-1225-0	MICHAEL BARAJAS
AMD-1226-0	TESSA DAIDONE
AMD-1227-0	KENJI ASHMAN
AMD-1228-0	JENNA C ALLERS
AMD-1229-0	EMERSON LAU
DOS-2376-0	SHIRLEY CHEN
DOS-2377-0	DYLAN M HENDY
DOS-2378-0	LESLEY E WALLIS-BUTLER
DOS-2379-0	LAUREN A BENNALLACK
DOS-2380-0	TAYLOR EDWARD RUTLEDGE
DOS-2381-0	KAMEO L SMITH
DOS-2382-0	EMILY BENZER
DOS-2383-0	STEPHEN B WALDEN
DOSR-601-0	KATHLEEN HOLSAETER
EMT-3278-0	ALEXIS CABULISAN
EMT-3279-0	JANE S CABUSAO
EMT-3280-0	ALEXANDER H KAWELO
EMT-3281-0	HANS TANNER AGES
EMT-3282-0	BRYANNA LEAFAITULAGI LILO
EMT-3283-0	SASHA MCQUOWN
EMT-3284-0	BRANDI-LYNN K K A VENTAR

HAWAII MEDICAL BOARD 02/09/2023 – RATIFICATION LIST

EMT-3285-0 SHAUN GORGONIO
EMT-3286-0 ASHLEY CRAWFORD
EMT-3287-0 ANTHONY A TORIO
EMT-3288-0 ALEXIS NICOLE DECOSTA
EMT-3289-0 MAELYN MARATITA
EMT-3290-0 DANG NGO
EMT-3291-0 CODY ANO SEARS
EMT-3292-0 COURTNEY K SHOOK
EMT-3293-0 ALEXANDRA K APLACA
EMT-3294-0 ZACHARY LOPAKA FAUBION

EMTA-46-0 GABRIELLE CHERIE SARGENT

EMTP-2414-0 SHEA M STEWART

MD-23262-0 AMINE RAKAB
MD-23263-0 WILLIAM F RYLANDER
MD-23264-0 JOSEPH ALLEN STEPHENS
MD-23265-0 GINA PATEL
MD-23266-0 ANDREW GARDNER FLORENCE
MD-23267-0 NADEEN SOEDERBAUM
MD-23268-0 SARAH AL-NUAIMI
MD-23269-0 JAIME HATCHER-MARTIN
MD-23270-0 DAVID J ELKIN
MD-23271-0 LILLYBETH ACOSTA BIRRIEL
MD-23272-0 MATTHEW GLEN SCOTT
MD-23273-0 SHAMINDER M GUPTA
MD-23274-0 ANDRES JIMENEZ
MD-23275-0 TODD ANTHONY MULDERINK

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MD-23276-0	LAUREN MOY
MD-23277-0	JAMES EDWARD EGAN
MD-23278-0	PATRICIA ANNE SANTOS ATAL
MD-23279-0	CANDICE CARMEN LEE KIT
MD-23280-0	GAZELLE SHARIAT MOHARARI
MD-23281-0	CHENGCHENG LI
MD-23282-0	TOOBA REHMAN JAHANGIR
MD-23283-0	MARTIN GUERRERO
MD-23284-0	RYAN EVERETT HIRATA
MD-23285-0	COURTNEY KOLBERG
MD-23286-0	WILLIAM ANDREW DICKINSON
MD-23287-0	RIABIANCA ANGELICA QUIWA GARCIA
MD-23288-0	NOBLE KURIAN JACOB
MD-23289-0	ANTHONY MOHABIR
MD-23290-0	CHRISTOPHER SPITTERS
MD-23291-0	BRITTENY R RANDALL
MD-23292-0	CORINNE OLGA LAURANCE
MD-23293-0	BRADFORD EDWARD SCHWARTZ
MD-23294-0	GARY PALMER
MD-23295-0	KAREEN PREMMER
MD-23296-0	GREGORY MLACKER
MD-23297-0	MARY AUSTIN FOX
MD-23298-0	SEOKHYUN JIN
MD-23299-0	JASON THOMAS CALL
MD-23300-0	SAMIM ENAYAT
MD-23301-0	MYO MIN HAN
MD-23302-0	MICHAEL LAWRENCE LLOYD
MD-23303-0	BRANDON MICHAEL KIRSCH
MD-23304-0	SHERRY-ANN BROWN

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MD-23305-0 PEDRO JOAQUIN AYAU AGUILAR

MD-23306-0 HUGH HARVEY RYAN II

MD-23307-0 AMBER GAITHER

MD-23308-0 JOSEPHINE LEE-KIM

MD-23309-0 SAMANTHA JOANNE PHILMAN

MD-23310-0 CARRIE G IP

MD-23311-0 DORIS ROBERTA STAIR

MDR-8474-0 KAITLIN VICTORIA LIPNER

MDR-8475-0 BLAIRE M BANFIELD