

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

MINUTES OF MEETING

Date: November 14, 2024

Time: 1:00 p.m.

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

Virtual Participation: Virtual Videoconference Meeting – Zoom Webinar

<https://dcca-hawaii.gov.zoom.us/j/81639607524?pwd=RNlagUQfc5m0DgMo2daybDVp2ZKq3p.1>

Zoom Recoding Link: <https://youtu.be/3tuckjBeBiM>

Present: Danny M. Takanishi, M.D., Chairperson, Honolulu Member
Gary Belcher, Vice Chairperson, Public Member
Andrew R. Fong, M.D., Hawaii County Member
Elizabeth “Lisa Ann” Ignacio, M.D., Maui Member
Angela Pratt, M.D., Honolulu Member
Rebecca Sawai, M.D., Honolulu Member
Geri Young, M.D., Kauai Member
William Brian Hatten, D.O., Osteopathic Member
Shari J. Wong, Deputy Attorney General (“DAG”)
Ahlani K. Quiogue, Licensing Administrator
Randy Ho, Executive Officer
Chelsea Fukunaga, Executive Officer
Dawn Lee, Administrative Assistant
Johnny Li (Technical Support)

Excused: Michael Jaffe, D.O., Osteopathic, Honolulu Member
Wesley Mun, Public Member

Zoom Guests: CB
John Burns
William Harrison Esq
Miki Bekkum
Dale Parson
Liza Canady

In-Person Guest(s): Rebecca Yonashiro
Malia Erersole

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 1:10 p.m., at which time quorum was established.

Mr. Belcher 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.

Approval of the
October 10, 2024,
Open Session
Minutes:

Dr. Sawai referred to page 6, agenda item Applications for License/ Certification A.(i).b. Kozue Shimabukuro, M.D., and stated that both she and Dr. Hatten had recused themselves from the discussion and the voting on this matter due to their employment with Kaiser Permanente. However, this recusal was not reflected in the minutes. Based on this recusal the meeting minutes should reflect the following amendment:

After due consideration of the information received, it was moved by Chair Takanishi, seconded by Mr. Belcher, [~~and unanimously carried~~] **with the exception of Drs. Hatten and Sawai who recused themselves from the discussion and vote,** to approve Dr. Shimabukuro’s application for licensure.

Mr. Belcher requested a motion to approve the meeting minutes from the October 10, 2024, meeting, with the above-referenced amendments. It was moved by Dr. Pratt, seconded by Dr. Ignacio, and unanimously carried, to approve the October 10, 2024, open session minutes with amendments.

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

Ch. 91, HRS,
Adjudicatory
Matters:

Mr. Belcher called for a recess from the meeting at 1:19 p.m., to discuss and deliberate on the following adjudicatory matters pursuant to Chapter 91, HRS (Note: Board members and staff entered the Zoom Breakout Room).

B. **In the Matter of the Physician’s Licensing of Thomas K.S. Noh, M.D.; Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board’s Final Order; MED-2023-88-L.**

After due consideration of the information received, it was moved by Dr. Pratt, seconded by Dr. Ignacio, and unanimously carried, to approve the aforementioned Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board’s Final Order.

C. In the Matter of the License to Practice Osteopathy of Shannon P. Calhoun, D.O.; Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order; Exhibits "1" and "2"; MED-2022-158-L.

After due consideration of the information received, it was moved by Dr. Hatten, seconded by Dr. Ignacio, and unanimously carried, to approve Dr. Calhoun's request to for early termination of probation pursuant to paragraph C.5. of the Board's Final Order dated January 19, 2023. It was noted that Dr. Calhoun provided proof of completion of state disciplinary actions in Colorado and Kentucky.

Chair Takanishi entered the Zoom Chapter 91, HRS, Adjudicatory Session Breakout Room at 1:30 p.m.

Dr. Pratt's Zoom video froze, and she exited the Zoom Chapter 91, HRS, Adjudicatory Session Breakout Room at 1:31 p.m.

Dr. Pratt re-entered the Zoom Chapter 91, HRS, Adjudicatory Session Breakout Room at 1:36 p.m.

Following the Board's review, deliberation, and decision on these matters pursuant to Chapter 91, HRS, Chair Takanishi announced that the Board reconvene to its regular Chapter 92, HRS, meeting at 1:42 p.m. Board members and staff returned to the open session Zoom meeting. All Board members confirmed that they were present and alone.

A. In the Matter of the Physician's License of Curtis R. Bekkum, M.D.; Hearings Officer's Findings of Fact, Conclusions of Law, and Recommended Order; MED-2018-85-L.

At 1:43 p.m., Rebecca Yonashiro, Esq., appeared in-person on behalf of the Regulated Industries Complaints Office, Department of Commerce and Consumer Affairs, State of Hawaii ("Petitioner").

At 1:43 p.m., William Harrison, Esq. appeared on Zoom on behalf of his client, Curtis R. Bekkum, M.D. ("Respondent"), who was also present on Zoom.

Chair Takanishi commenced the proceedings and announced that the Board would be holding oral arguments on the above-captioned matter.

Chair Takanishi explained to the parties that they will each be given a maximum of 15-minutes to present their oral arguments and 10-minutes for rebuttal. After the parties have presented their oral arguments, the Board will recess to deliberate on the matter pursuant to Chapter 91, HRS, prior to voting on its decision.

Chair Takanishi opened the floor to Ms. Yonashiro to present her oral arguments.

Ms. Yonashiro greeted the board and proceeded with her presentation.

Ms. Yonashiro affirmed the State's position that it stands on its pleadings, including its statement in support of the Hearings Officer's Recommended Order ("HORO"), and offered to answer any questions that the Board may have. She stated that before the Board, is a tried and convicted sex offender, in a position of power and privilege with an unrestricted license to practice medicine in the community, with unfettered access to women, children, and men, and with a record for practicing medicine outside of the clinical setting. In this case, Respondent preyed on an older woman by offering to provide free medical treatment and then sexually assaulted her while they were alone in her home in two separate incidents, all under the guise of providing medical treatment and care.

Ms. Yonashiro stated that Respondent argued, "the logical question that needs to be addressed is would anyone sincerely believe a young 47-year-old doctor would have any sexual desire for an ailing 60-plus-year-old woman?" She emphasized that the jury did believe it was possible, beyond a reasonable doubt, and after examining the evidence, including defense counsel's cross-examination of the victim in which defense counsel attacked the victim's credibility and character, Respondent's twelve (12) peers still believed the victim and convicted Respondent on two counts of sexual assault in the fourth degree.

Ms. Yonashiro stressed that Respondent knew what he was doing and preyed on a vulnerable person because nobody would believe her. She argued that sexual violence is not necessarily about desire, but more about power, and Respondent's convictions demonstrate that he abused his power as a physician to harm another person in this case. Respondent has qualified his convictions and argues, "these are misdemeanors, not felonies," and in doing so, Respondent greatly minimizes the serious nature of the underlying conduct of his convictions. She further clarified that it is criminal conduct that violated another person sexually, that caused psychological harm to another person's well-being, demonstrating Respondent's inability to manage his emotions and control impulsive behavior. It is criminal conduct that erodes the moral and ethical integrity vital to the practice of medicine, demonstrating Respondent's failure to maintain the highest standards of professional conduct. It is criminal conduct that undermines the confidence and trust that patients and the public alike are entitled to expect from a physician, lowering the standard

of the whole medical profession in the eyes of the public. These are not just misdemeanors!

Respondent also argued, "I'm just a small country doctor, I don't have an ego," yet throughout these entire proceedings, Respondent failed to demonstrate any sense of remorse that despite having been convicted of two sex assaults, he continues to take every opportunity to attack the victim and bash her character. Respondent has failed to accept any responsibility for his actions and continues to blame everyone but himself, including his former defense attorney to the victim, the State, the Hearings Officer. Respondent continues to argue and believes, "there is a concerted political effort to get rid of me." Respondent fails to acknowledge any harm to the victim, to the medical profession, and to the community and society, who he owes an ongoing duty to maintain the highest standards of professional conduct.

Finally, throughout these proceedings, Respondent has continuously and callously disregarded the Hearings Officer's authority by ignoring multiple deadlines, instructions, and notices, and by disrespecting the Hearings Officer and the decorum of these administrative proceedings. Ms. Yonashiro argued that Respondent is a convicted sex offender, who lacks remorse for the harm that he has caused, who has an ego, and disregards authority from administrative procedure rules to criminal statutes. She continued by stating that this predator is going into the most remote areas of Hana to render undocumented and unsupervised services and medication to the most vulnerable populations in the privacy of their homes.

Ms. Yonashiro reminded the Board that it has an obligation to ensure only qualified and fit individuals are licensed to practice medicine, and by his conduct and convictions, Respondent has demonstrated that he is neither qualified nor fit to practice. She argued that for the Board to order any sanction less than a revocation in this case, signals to its licensees, the public, and the victim in this case, that the Board in its collective professional medical opinion, tolerates and accepts Respondent's conduct. She opined that Respondent has demonstrated he will abuse his status as a physician to harm others, because he has done it not once, but twice in this case. The only question is whether the Board will give him the opportunity to do it again. The State has been firm in its position from the beginning. The Hearings Officer was thorough in her legal rationale and application of case law established by the Hawaii Supreme Court, applied by the tribunal, and adopted by the Board, and is clear in her Recommended Order. Respondent is not fit to be vested with the power and privilege to practice medicine. Accordingly, revocation is not only warranted by Respondent's egregious conduct, his unrepentant posture throughout these proceedings, and the lack of any

mitigating circumstances, but it is really the only appropriate sanction in this case. None of the other sanctions address the issue that is at the heart of this case: Respondent abused his status as a physician, to create his own opportunity to go into the victim's home, a person who is not only a patient, but a member of the community. He manipulated the victim into a vulnerable position before sexually assaulting her, and in doing so, Respondent traumatized her. Respondent violated the patient, her boundaries, her body, her security, and the trust and confidence in Respondent as a physician. That violation of trust and confidence in Respondent as a physician is not something that can be remedied with probation, fines, or even conditions. At the end of the day, Respondent cannot be entrusted independently with the power, privilege, and status that physicians hold in the community. A person who is not fit to hold a physician's license should not have one. It is that simple.

The Board cannot control what Respondent does. He is a convicted sexual predator who will create his own opportunities. The Board, however, can control who it authorizes to be part of its community. It can control whether Respondent has the backing and the legitimacy of a license authorized by the State the next time he does this. The licensing statutes, to include but not limited to HRS section 453-8(a)(12), authorize the Board with the power to order the revocation of a license. The State requests that the Board now exercise its power and fulfill its obligation to protect the health, safety, and welfare of patients and the public alike, by adopting the HORO as it is and accordingly revoke Respondent's license to practice medicine in the State of Hawaii.

Ms. Yonashiro thanked the Board for its time.

Chair Takanishi thanked Ms. Yonashiro for her presentation and opened the floor for Mr. Harrison to present his oral arguments.

William Harrison Esq., counsel for Dr. Bekkum, thanked the Board for the opportunity speak on his behalf, and proceeded with his presentation.

Mr. Harrison informed the Board that he did not represent Dr. Bekkum during his criminal trial or any part of the previous administrative proceedings. As a result, it took him a while to become familiar with all the facts and circumstances surrounding this matter. He thanked the Board for allowing him the additional time.

Mr. Harrison stated that one of the things that we treasure in this country is the right to have a full, fair, and impartial hearing. It is important to have a level playing field when brought into either a court or administrative proceedings such as this. He argued that

Dr. Bekkum did not receive fair and impartial due process in this proceeding, and asked the Board to allow Dr. Bekkum to respond to the allegations such as the DCCA counsel has offered against him, relative to the facts of this case.

Mr. Harrison alleged Dr. Bekkum never received the chance to have that level playing field and was not provided his due process in these proceedings. Before addressing some other issues, Mr. Harrison asked the Board to consider remanding this matter back to the Hearings Officer to allow Dr. Bekkum the opportunity to have a fair hearing and present to the Hearings Officer and ultimately to the Board, the facts and circumstances surrounding this matter. More importantly, Dr. Bekkum should be afforded the opportunity to present evidence to support his position on this case.

It is Mr. Harrison's understanding, and again, he was not involved in the criminal or administrative proceedings previously, so his representations are based solely on a review of the records and conversations he had with Dr. Bekkum, that Dr. Bekkum was told in his initial meeting with the Hearings Officer that an attorney was not required and could proceed without one.

Dr. Bekkum has had a long and tortuous road in getting to this point. He had expended vast resources and representation during his criminal case and was without the necessary resources to hire counsel to assist him during the early part of this matter, thus did not have counsel. Thus, when Dr. Bekkum was told by the Office of Administrative Hearings that an attorney was not required, he took that at face value. Given that he is a doctor, and not a lawyer, Dr. Bekkum is not aware of the specific procedures that are required when you proceed with an administrative process, including circuit court rules and Administrative Procedures. He was not aware of the procedural aspects of the rules with regard to proceedings such as this, he was not aware of the several proceeding rules, circuit court rules, the APA (Administrative Practice and Procedure¹) rules with regard to these proceedings as well. He was also not familiar with the proceedings regarding motions for summary judgment, so he was not properly prepared to proceed in this matter. He did not respond when the Motion for Summary Judgment was filed by Petitioner.

Mr. Harrison asked the Board to consider affording Dr. Bekkum a level playing field because he was going up against the resources of the State, counsel who was prepared and aware of the rules, which he was not.

¹ Hawaii Administrative Rules Title 16, Chapter 201, Administrative Practice and Procedures [Link: [HAR Chapter 201 – Administrative Practice and Procedure \(unofficial\)](#)].

Mr. Harrison acknowledged that Dr. Bekkum missed deadlines set by the Hearings Officer and did not fully understand the importance of these deadlines. Mr. Harrison implied that these deadlines were missed because he was told by the Hearings that an attorney was not required for the administrative hearings process; therein lies the problem. Dr. Bekkum believed that he could take on the very onerous task of preparing for this matter and representing himself. The failure of not understanding the administrative process, being prepared, and proceeding appropriately was because Dr. Bekkum did not have legal counsel. However, Dr. Bekkum does have counsel now, and Mr. Harrison implored the Board for it to consider that he be allowed to, again, respond to the facts and circumstances surrounding this matter properly, so he will have a thorough and fair opportunity to make an appropriate decision based on all the relevant facts, not based on a one-sided submission of facts.

The DCCA counsel has asked the Board to refuse to allow consideration of filings that were made that were beyond the time frame allowed under the rules that Dr. Bekkum has filed. As a result, there is no basis to submit additional facts to the Board. The DCCA counsel argued that the individual in this case has been violated by Dr. Bekkum, and now a position has been throughout in his entry of a not-guilty plea in this matter that he is innocent and proven guilty beyond a reasonable doubt. Now, there has been a judicial order in this case. There has been a jury verdict in this case. However, as everyone knows here, that Dr. Bekkum has appealed that verdict, and one of the things that happens when you appeal a verdict is you ask the court for a Stay of Mittimus, which is, stay of the actual sentencing in this matter, and the court has to go through a couple of factors before they allow for a stay, one of which is to determine whether the person is a danger to the public. The court has determined, in this instance, that Dr. Bekkum is not a danger to the public and has stayed this matter. Any allegation that he is a danger to other people at this point in time, if we take this to the logical conclusion, is that there is an order from a court in this matter that he is not a danger. Otherwise, he would have been ordered to proceed with his sentencing pending the appeal of his criminal case.

Mr. Harrison reiterated that he was not Dr. Bekkum's counsel during the criminal proceedings; however, he had some information concerning the trial proceedings through the pleadings that were filed with the Supreme Court to have the matter reviewed and reversed. Dr. Bekkum has an excellent chance of having the criminal convictions reversed based on his review of the pleadings and evidence submitted as part of the pleadings, and other things evident in the pre- and post-trial discovery by subsequent counsel. There is a significant basis for the

overturning of the conviction, and that should play heavily into the thought processes of the Board as to whether Dr. Bekkum has had a fair and full opportunity to present his case to the Hearings Officer.

Mr. Harrison informed the Board that he would not waste any further time with the Board in making further arguments in this regard, but emphasized that the Board must decide whether it is going to allow proceedings to continue against an individual whose livelihood is at stake.

Mr. Harrison asked the Board to search the records in this case, but also to search their hearts. He asked the Board members if they would like to rubberstamp a decision on a matter that the physician did not put on a proper defense in the case as well as a one-sided determination. Mr. Harrison and Dr. Bekkum are asking the Board to strongly consider remanding this matter back to the Office of Administrative Hearings to provide Dr. Bekkum with a full and fair opportunity to prepare the record in this case.

Mr. Harrison thanked the Board for the opportunity to present oral arguments.

Chair Takanishi thanked Mr. Harrison and allowed a 10-minute rebuttal for Ms. Yonashiro.

Ms. Yonashiro asserted that the State objects to Mr. Harrison's arguments as outlined below:

- Respondent is not a danger.

There is no evidence to support this assertion and no evidence was submitted as part of these proceedings.

- Respondent was not afforded a level playing field and he did not have the same opportunities as the State.

The record does not support this argument. Respondent had the full opportunity to present his case, including any evidence, or any evidence of witnesses, but failed to do so. Respondent failed to demonstrate that there was a genuine issue of material fact, and he failed to show that the cited case law did not apply. Dr. Bekkum had his opportunity, not just to respond to the Petition or Motion for Summary Judgment, but he was even allowed to supplement the record after the deadline, and he was given the full opportunity to be heard at the hearing. The Hearings Officer acted within her discretion and adjudicated the case in granting the State's Motion for Summary Judgment. Therefore, an evidentiary hearing is

not necessary. The Hawaii Supreme Court established that compliance with HRS Chapter 91 and the Administrative Practice and Procedures administrative rules constitute due process. Due process is satisfied when Respondent is provided notice and the opportunity to be heard at a contested case hearing in accordance with chapter 91, HRS, which Respondent had on June 26, 2024.

The Respondent was given both the opportunity and reasonable notice for this process. Due process has been served, and the State thoroughly addressed that in its written Statement in Support of the HORO.

- Regarding the pending appeal of Respondent's criminal case.

The State's position is that the pending appeal is irrelevant and has no bearing on these proceedings. Under *Loui v. Board of Medical Examiners*, the Hawaii Supreme Court addressed the issue exactly that is being argued here. A pending appeal does not have any effect on, nor does it negate Respondent's convictions. For purposes of these disciplinary proceedings, Respondent was convicted and that is final. Giving any consideration to the merits or even the status of a pending appeal would demonstrate that the pending appeal does have an effect or negates the convictions, and that contradicts established case law.

Respondent failed to cite any case law that overrules or contradicts *Loui v. Board of Medical Examiners*. His argument has no legal merit, and should not be considered by the Board. While the State understands he is standing by his innocence, there has already been a conviction by a jury of his peers, which means they have found, beyond a reasonable doubt, that Respondent did not sexually assault the victim once, but twice on both counts. Any argument regarding Respondent's innocence or the complainant's credibility is irrelevant for purposes of these proceedings. As the State has previously argued in its pleadings, the only questions of fact that need to be established are whether Respondent was convicted by penal offenses, which he has been, and whether Respondent failed to comply, observe, or adhere to any law, which he has. The remaining elements are established as a matter of law, and as thoroughly argued in Petitioner's Statement in Support, Motion for Summary Judgement, and Opposition to Respondent's Motion to Dismiss. Again, Respondent's argument is irrelevant and should not be considered by the Board.

There is no evidence in the record that can be cited by Respondent because it does not exist. There is nothing to show that there are any mitigating circumstances. The Hearings Officer made it clear that there are none, and there is nothing to show that he is not a danger.

Regarding Petitioner's earlier argument about the Board's authority to sanction a license, revocation is the only appropriate sanction. Dr. Bekkum was given multiple opportunities by the Hearings Officer, including several continuances and the opportunity to bring in evidence that was not relevant after deadlines. The State did not oppose these allowances; he had his day.

- Respondent was discouraged from hiring legal counsel by the Hearings Officer.

Ms. Yonashiro emphasized that while this is argued by counsel, it must be noted that there is no record of this.

At every step of this case, whether in the pre-hearing conference, the hearing itself, or even in the notices of hearing, it is very clear that under the rules, Respondent has that right to an attorney. His decision to not hire an attorney does not allow him to delay these proceedings and to send it back. The Hearings Officer's HORO is clear, Dr. Bekkum violated the statutes cited in the Conclusions of Law; there is no question of this fact. The State respectfully requests that Respondent's arguments not be considered. More importantly, the Board must consider the harm to the community.

Ms. Yonashiro appealed to the Board that it exercise its power in protecting the public by revoking Dr. Bekkum's license to practice medicine.

Ms. Yonashiro thanked the Board for allowing her time to present her case.

Chair Takanishi thanked Ms. Yonashiro and provided Mr. Harrison 10-minutes for rebuttal.

Mr. Harrison thanked the Board for allowing him this opportunity.

Mr. Harrison stated that DCCA counsel continues to exhort to the Board that there is nothing in the record, and what he is asking the Board is to allow Dr. Bekkum to make a record, a proper record.

DCCA counsel argues that there are no mitigating circumstances, and no evidence in the record. Clearly there is none because Dr. Bekkum was not allowed to make a record, and that is basically what he is asking the Board to do, to allow for a proper record to be made and a proper hearing with counsel representing Dr. Bekkum. He stated that he is only asking for a fair opportunity for a level playing field.

Mr. Harrison again thanked the Board for the opportunity to present this information.

Chair Takanishi called for a recess from the meeting at 2:14 p.m., to discuss and deliberate on the following adjudicatory matter pursuant to Chapter 91, HRS (Note: Board members and staff entered the Zoom Breakout Room).

- A. In the Matter of the Physician's License of Curtis R. Bekkum, M.D.; Hearings Officer's Findings of Fact, Conclusions of Law, and Recommended Order; MED-2018-85-L.

After due consideration of the arguments presented and the records provided, it was moved by Dr. Pratt, seconded by Dr. Sawai, and unanimously carried, to accept the Hearings Officer's Findings of Fact, Conclusions of Law, and Recommended Order as its Final Order.

Following the Board's review, deliberation, and decision on the matter pursuant to Chapter 91, HRS, Chair Takanishi announced that the Board reconvene its regular Chapter 92, HRS, meeting at 2:31 p.m. Board members and staff returned to the open session Zoom meeting. All Board members confirmed that they were present and alone.

Chair Takanishi informed the parties and the public of the Board's decision to accept the Hearings Officer's Findings of Fact, Conclusions of Law, and Recommended Order as its Final Order, In the Matter of the Physician's License of Curtis R. Bekkum, M.D.; MED-2018-85-L.

Applications for
License/
Certification:

- A. Applications:

It was moved by Dr. Sawai, seconded by Dr. Young, and unanimously carried to enter into executive session at 2:32 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 the Zoom Breakout Room).

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

(i) Physician (Permanent/Endorsement):

a. Catherine Samuels Uram, M.D.

b. John Paul Burns, M.D.

Dr. Pratt's Zoom video froze, and she exited the Zoom Executive Session Breakout Room at 2:39 p.m.

John Paul Burns, M.D. entered the Zoom Breakout Room at 2:42 p.m.

John Paul Burns, M.D. exited the Zoom Breakout Room at 2:49 p.m.

Dr. Pratt re-entered the Zoom Executive Session Breakout Room at 2:52 p.m.

The Board took a brief recess from 2:50 p.m. to 2:55 p.m.

(ii) Podiatrist (Permanent):

a. Neil Patel, D.P.M.

It was moved by Dr. Sawai, seconded by Dr. Hatten, and unanimously carried to return to the open session meeting at 3:15 p.m. Board members and staff returned to the main Zoom meeting. All Board members confirmed that they were present and alone.

(i) Physician (Permanent/Endorsement):

a. Catherine Samuels Uram, M.D.

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

b. John Paul Burns, M.D.

After due consideration of the information received, it was moved by Mr. Belcher, seconded by Dr. Hatten, and unanimously carried to approve Dr. Burns's application for licensure.

(ii) Podiatrist (Permanent):

a. Neil Patel, D.O.

It was moved by Dr. Young, seconded by Mr. Belcher, and unanimously carried to defer Dr. Patel's application pending availability of Dr. Patel to appear before the board.

B. Ratification List (See attached list)

(i) November 14, 2024, Ratification List

It was moved Dr. Sawai, seconded by Dr. Ignacio, and unanimously carried to ratify the attached lists of individuals for licensure or certification from November 14, 2024.

Unfinished Business: A. Scope of Practice:

Does the administration of vitamin injections/shots (e.g., B12), fall under the practice of medicine as defined by Hawaii Revised Statutes §453-1

Chair Takanishi questioned whether the administration of vitamin injections/shots (e.g., B12) fall under the practice of medicine. If so, should the provider be licensed as a physician or physician assistant?

Chair Takanishi opened the floor for comments from the Board members.

Mr. Belcher stated that he believes a formal physical examination, including a medical history and diagnosis, most likely incorporating blood tests, should be required before administering anything via (Intravenous therapy) IV. If the person administering the IV is licensed, he thinks it would be acceptable. However, if not, he considers it questionable. This would change if the licensed individual were directly supervising someone who also has the credentials to use an IV.

Chair Takanishi agreed with Mr. Belcher's comments and referenced the definition of the practice of medicine. HRS section 453-1, provides that:

For the purposes of this chapter, the practice of medicine by a physician or an osteopathic physician includes the use of drugs and medicines; surgery; manual medicine; water; electricity; hypnotism; telehealth; the interpretation of tests, including primary diagnosis of pathology specimens, medical imaging, or any physical; osteopathic

medicine; any means, method, or agent, either tangible or intangible, to diagnose, treat, prescribe for, palliate, or correct disease, or prevent any human disease, condition, ailment, pain, injury, deformity, illness, infirmity, defect, physical or mental condition in the human subject.

Dr. Young expressed her agreement with both Chair Takanishi and Mr. Belcher's comments.

Chair Takanishi emphasized that, like many members of this Board who have experiences in medical education, such as training medical students and residents in the field of surgery, they would not allow individuals to perform injections without some form of supervision or training. This aligns with what Mr. Belcher has stated. However, he is open to hearing thoughts from other members of the Board.

Dr. Sawai stated that she as well as other physicians use vitamins for therapeutic purposes and considers that for these purposes it is used similar to other medications. In her practice she often uses various B vitamins and vitamin K. Therefore, she supports the regulation of this practice.

Chair Takanishi expressed his opinion that, based on his understanding of the statutes and the materials provided the members, this practice would fall under the definition of medicine as set forth in HRS section 453-1. He noted that he had not heard any dissenting opinions from other Board members regarding this interpretation. Consequently, he emphasized that anyone providing such services should be properly licensed.

Chair Takanishi asked if members agree with this discussion.

All Board members expressed their agreement.

Lastly, in accordance with Hawaii Administrative Rules 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.

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

- B. Interstate Medical Licensure Compact Commission (IMLCC):
 - (i) Update Regarding Implementation of the IMLCC

Mr. Randy Ho, Executive Officer, will provide the Board a summary of his recent training with IMLCC staff to ensure proper implementation of the IMLCC in the State of Hawaii.

Mr. Ho discussed the implementation of the IMLCC for the State of Hawaii. Mr. Dave Clark, the Operations Manager at the IMLCC, traveled to Hawaii to train the DCCA Professional and Vocational Licensing (PVL) staff on how to review and approve IMLCC applications for medical licensure. He spent several days with Board staff, providing guidance through the necessary processes for reviewing and accepting applications and other aspects to establish the internal systems needed to enable Board staff and the Professional and Vocational Licensing Division to begin processing IMLCC approvals by January 2025.

Chair Takanishi asked if any Board Members had questions.

Dr. Ignacio asked how much of this information can be shared.

Chair Takanishi mentioned that, to his knowledge, and with the input of the Executive Officers and DAG Wong for clarification, once these materials are available for our review by the members of the Board, it becomes a matter of public access.

Dr. Ignacio thanked Chair Takanishi for his response.

Chair Takanishi sought additional comments from other members.

Mr. Belcher expressed his gratitude to Mr. Ho for compiling the document about his experience. He found the information presented extremely informative.

Mr. Belcher asked Mr. Ho whether Compact licensure would be ready to go live in January 2025.

Mr. Ho replied that achieving this goal is ultimately the objective. Staff are working diligently to ensure that it happens. However, anything that involves multiple departments, including IT systems, can encounter hiccups. Therefore, there are no absolute guarantees, but that is what the Board staff is striving for.

Chair Takanishi asked if there are any potential challenges with background checks for applicants.

Mr. Ho responded that the Department is currently working on legislation to implement what would be called "Criminal History Record Checks", which are the equivalent of background checks in this State.

Chair Takanishi inquired whether this could be a potential hurdle

for implementation in January 2025.

Mr. Ho responded that the Board's ability to participate in the IMLCC and go online in January 2025, would not be affected. There are essentially two primary categories of participation from the perspective of state boards: IMLC Member State serving as State of Principal License (SPL) and IMLC Member State non-SPL. Currently, we are classified as a non-SPL, which means we do not have the authority to conduct initial reviews of applicants seeking compact licensure since we have not completed the necessary background checks. As a result, we can only review applications received from applicants who have already gone through other states for compact licensure. This limitation can hinder other functions of the state board. For instance, the ability to impose sanctions is one area that may be restricted due to our non-SPL status.

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

(i) Advisory Commission on Additional Licensing Models

Chair Takanishi informed the Board that the Advisory Commission on Additional Licensing Models has released draft preliminary recommendations for public comment. The recommendations, once finalized, are intended for state medical boards, state legislators, policymakers and interested stakeholders to help inform those jurisdictions interested in developing or modifying additional licensing pathways for physicians who have completed training internationally.

Chair Takanishi stated that the Advisory Commission is focused on alternate licensing regardless of the name of the and description. The goal is not to create a second system but to explore other models. This Advisory Commission was formed through collaboration among three key entities: the Federation of State Medical Boards, which is responsible for regulation and licensure; the Accreditation Council for Graduate Medical Education ("ACGME"), the sole accrediting body for residency and fellowship training programs in the United States; and InTealth, which includes the Foundation for Advancement of International Medical Education and Research (FAIMER) and the Educational Commission for Foreign Medical Graduates ("ECFMG"). The ECFMG is particularly significant as it vets international medical graduates to determine their eligibility to take medical licensing exams. A series of meetings took place, and we are nearing the final stages, and reviewing the draft document. We have explored multiple models, driven in part by legislative efforts in eight states that are considering additional pathways for internationally trained physicians who lack ACGME-accredited graduate medical training in the U.S. However, for several states

where the chairs are part of this commission, the outcomes have not met their expectations. The core of the proposed model is outlined on page five, which details nine overarching principles. One key principle is that rulemaking authority should rest with each state medical board, as they oversee the regulatory processes for licensing. Additionally, it is deemed essential that individuals applying for this licensing have a job offer in hand prior to applying. This requirement ensures that these individuals will be supervised and can be assessed to guarantee their performance aligns with patient safety standards. The third point is about the World Federation of Medical Education, which collaborates with the World Health Organization (WHO) on a program called the World Directory of Medical Schools. Individuals involved in this initiative must come from accredited medical schools to ensure recognition of the quality and comprehensiveness of their education. Additionally, it is necessary for these individuals to complete postgraduate training, even outside of the United States. Moreover, applicants must hold a valid license, registration, or authorization in their home country, depending on the jurisdiction. Similar to existing practices for endorsement by medical boards, there will be a limit on the duration of inactivity in practice, meaning that if candidates have been out of practice for too long, they won't be eligible to apply. Ultimately, there will be a requirement for candidates to be eligible for full, unrestricted licensure once they meet a specific reporting metric. The comment period for this document is open until December 6th. It has been widely distributed to all medical boards and hospital associations. The Federation of State Medical Boards encourages broad feedback and is still soliciting comments until December 6th. There will be a final meeting in January to collate all comments and create a final document for submission to various medical regulatory jurisdictions and state legislatures for legislative approval.

Mr. Belcher believes that implementing this initiative is essential, as evidenced by its growing momentum. However, he sees that doing it effectively would require a structure similar to a residency program. This would involve several key components: comprehensive observation, evaluation, and promotion of participants. Additionally, substantial administrative support would be necessary, along with trained supervisory staff. While he is confident that these supervisors would have the skills needed due to their training, a formalized approach is important. Furthermore, the faculty involved would need to be compensated appropriately. This initiative would resemble a residency program, and it would likely be beneficial to have a national overseeing body, such as the FSMB or possibly the ACGME. He acknowledges that these organizations already have significant responsibilities, which makes the implementation of such a program a considerable undertaking if it is to be done correctly.

Chair Takanishi mentioned that they have had several discussions regarding this matter. Dr. Thomas Nasca from the ACGME is a member of this commission, and Dr. Mary Klingensmith, the ACGME's Chief Accreditation Officer, is involved as part of the staff for this component. The ECFMG is an important player in this process as well. Dr. Eric Holmboe, the president and CEO who previously served as the Senior Vice President, Milestone Development and Evaluation at the ACGME, is also a member of this committee. The group has exchanged ideas extensively, and their consensus seems to be that it would fall under item number nine, specifically regarding the assistance provided by partner organizations. Dr. Humayun "Hank" Chaudhry, the president and CEO of the FSMB, has noted that while this does not directly involve medical boards work, it is essential for the data to be kept within the medical board's purview, as they are positioned to monitor these roles effectively. Additionally, it is important that these positions are credentialed by the institutions that employ them. This employment requirement is a key prerequisite. The committee includes legislative representatives, and their goal is to create a template for legislation in each state. Legislators would need to recognize that to offer this opportunity, they must allocate resources to the various medical boards so they can serve as the repository for this information. This process has been lengthy and has included multiple meetings over the years.

Mr. Belcher inquired about the status of ACGME International ("ACGME-I"). Are they a significant player, or can they genuinely offer valuable assistance with this?

Chair Takanishi indicated that ACGME-I can provide assistance. Dr. James Arrighi is the current president and CEO. He was invited to one of the meetings, where it was emphasized that, since the number of programs accredited by ACGME-I is limited, they consider making it broader. ACGME-I programs are in Singapore and the Middle East, primarily due to the resource-intensive nature of these programs. However, there are also several countries, such as Australia, New Zealand, and parts of Europe, that do not have ACGME-I accreditation but are still considered to have sound medical education systems, as recognized by the World Federation of Medical Education. Additionally, a senior vice president of the World Federation of Medical Education is a member of the 17-member commission overseeing this initiative. All this feedback was gathered to determine the best approach, one that was inclusive yet rigorous enough to ensure proper assessment and monitoring of competence.

Mr. Belcher thanked Chair Takanishi for this information.

Chair Takanishi concluded this topic by informing the Board that they can submit their feedback through the FSMB website. Alternatively, they can send their input to Mr. Ho or Ms. Quiogue, who will then submit it to the Federation.

- (ii) Policy on Physician Illness and Impairment: Towards a Model that Optimizes Patient Safety and Physician Health (Policy).

The Board considered the FSMB's Policy and the working group's recommended amendments to its questions on its initial and renewal applications regarding addiction, dependency, or habituation to alcohol and other substances.

Chair Takanishi proceeded to address the policy regarding physician illness and impairment, with a focus on optimizing patient safety and physician health. One reason for revisiting this topic is the workgroup that he participated in. In the past, Board began to examine the questions included in on its application forms and sought to align them more closely with national standards.

This workgroup comprised not only representatives from the medical board but also members from the American Society of Addiction Medicine and the Federation of Physician Health Programs. It was a diverse group that brought input to the entire Federation's House of Delegates for an approval process aimed at making improvements. Although the workgroup was faced many responsibilities and could not continue its efforts at that time, valuable input was provided. The goal has always been to ensure that any decisions made are consistent with what we collectively believe is important to assess. He believes that now is an opportune moment to revisit the earlier work and revamp the questions in our application form. Chair Takanishi requested comments or questions specifically pertaining to disorders related to substance use.

Dr. Ignacio stated that she supports this and appreciates all of Chair Takanishi's efforts thus far on the topic. She believes it needs careful examination and thoughtful consideration for Hawaii physicians.

Dr. Young mentioned that representatives from Pu'ulu Lapa'au did meet with Chair Takanishi. She was present, along with Dr. Angela Gough, to support some proposed changes. Dr. Young asked Chair Takanishi, if he is suggesting that we form another group since it seems a few members of your work team are present?

Chair Takanishi responded that the Board has already begun

addressing the matter. This topic was discussed at one of its past meetings.

Chair Takanishi would like to open the floor for suggestions on how to best move forward. Additionally, he seeks input from the Executive Officers. Considering workflow, complexity of making changes to forms, etc., Chair Takanishi asked Ms. Quiogue for input given her familiarity with the Board.

Ms. Quiogue responded that Dr. Young was correct. There was an established group that included Chair Takanishi, Dr. Jaffe, Mr. Belcher, and Dr. Bjornson (when he was with the Physician Health Program). This group conducted research on the issue, examined applications from other states and their questions. They considered how to best amend the two questions on the Board's initial and renewal/restoration applications.

Ms. Quiogue stated that she would provide all of the research again to the same group, excluding Dr. Bjornson's input. Once the information is re-reviewed, the Board can consider the findings along with possible amendments to the board on the two questions posed.

Dr. Young replied that sounds really good. She also suggested that Dr. Angela Gough be considered to join the group.

Ms. Quiogue stated that she could do that, asking if Chair Takanishi and Mr. Belcher were also agreeable.

Mr. Belcher confirmed and asked Ms. Quiogue if the Board needs to go to the legislature to change the questions on these applications.

Ms. Quiogue stated that for the initial applications, it is procedurally easier to change the question. However, for renewals and restorations, those questions are utilized across several different areas. Making revisions or amendments may take a bit longer, depending on the profession. The Division will do its best to align both sets of questions as closely as possible.

Chair Takanishi noted that the Federation of State Medical Boards is willing to assist the Board if it expresses interest, as they have helped other states in the past. Some board members from states like South Carolina have already navigated this process, which is advantageous since we will not be the first board to tackle it. In contrast to the alternative licensing models implemented by eight states, four of which have had them in place longer, there have been reports indicating that these systems are not functioning as intended. This has prompted a careful deliberation process within the commission. Regarding the revision of questions related to

substance use disorder, the boards represented in this workgroup have expressed satisfaction with the outcomes so far. Importantly, they agree that these changes have not measurably impacted public safety.

Dr. Young expressed her gratitude to Chair Takanishi for his leadership on this issue. It is important to note that you serve as the chair of the FSMB work group on physician impairment.

Chair Takanishi mentioned that he was likely placed in his position because his colleagues believed he was the least knowledgeable about the subject matter. However, he found the experience to be incredibly eye-opening. He explained that the role of the chair is not based on expertise alone; rather, it is about facilitating discussions. His colleagues were the experts, but he still brought a valuable educational perspective to the table. Overall, it was a great experience. Additionally, Chair Takanishi noted that the team was very data-driven, which he appreciated as an effective approach.

Chair Takanishi also noted that as the year draws to a close, it was suggested that there might be some important initiatives that need attention. One major topic he highlighted was the Interstate Medical Licensure Compact, which he believes is a significant development. The Legislature has supported the Board, and Ms. Quiogue worked hard to ensure that everyone understood the details, which ultimately led to it becoming law. Now, the focus will shift to the implementation process.

Chair Takanishi pointed out that there are also other outstanding issues to address, emphasizing the importance of self-regulation among physicians. He believes it is crucial to create a safe environment where physicians feel comfortable disclosing their challenges. He is confident that data shows physicians who are receiving treatment can still provide excellent care. All of this ties in with the advisory commission and the exploration of alternative licensing models, which aim to address healthcare shortages. It is important for regulatory boards to focus on keeping physicians in the workforce and allowing those who are unwell to continue practicing, as this tackles some critical issues in a thoughtful and responsible manner. Furthermore, it is crucial for the Board to consider how this contributes to public health, particularly regarding access to care and barriers that people face, all while ensuring public safety.

Dr. Ignacio expressed her gratitude and noted that Chair Takanishi's humility in service is both touching and inspiring. She appreciates how Takanishi downplays individual contributions, emphasizing the importance of teamwork. Dr. Ignacio also wanted to clarify that she doesn't wish to introduce any conflict or

bias but feels it is important for the board to advocate for certain measures. Both she and Dr. Pratt are on the executive leadership team for the Hawaii Medical Association. They just returned from the AMA Interim House of Delegates, where several states discussed their safe haven programs, particularly Virginia's. They highlighted the need to revise licensure questions to ensure that applicants confront the requirement to disclose sensitive information in a supportive manner when applying for licensure. Please let us know if you need our support; we are more than happy to serve as resources and voices in this effort. We just returned from the American Medical Association (AMA) meeting, where we participated in the interim House of Delegates. Several states discussed their various safe haven programs, particularly focusing on Virginia. The conversation highlighted the intersection between these programs and the licensure process. It is essential to revise the questions related to this topic to ensure that applicants have the opportunity to disclose relevant information. For many, applying for licensure may be one of the first times they confront the need to share this information, so it is important to address how to do this effectively while still seeking help.

Chair Takanishi noted that it is interesting to observe the experiences he has had over the years with the Federation of State Medical Boards. In several states, the appointees to their state medical boards are selected through their state medical associations. Hawaii has a broader approach, but the processes in place are very safe. In many states, there is a gubernatorial nomination process followed by a Senate confirmation process.

D. United States Medical Licensing Examination (USMLE)

- (i) The USMLE is seeking current and former physician board members to volunteer for its panels/committees, including test development and non-test development committees.

Chair Takanishi discussed the USMLE, which is governed by the National Board of Medical Examiners and the Federation of State Medical Boards. That is why it is referred to as the Medical Licensing Exam (MLE). This exam is a requirement for all students graduating from allopathic medical schools. Similarly, the COMLEX is required for students graduating from osteopathic medical schools.

Chair Takanishi highlighted the need for individual volunteers to serve on various committees related to these exams. The only requirement for participation is that the individual must be a current or former board member of a medical board. This speaks to the level of commitment involved; volunteers may participate in test development committees, which typically require 40 to 50 hours of work per year, or in standard-setting panels, which involve a one-time meeting and some preparatory work. This is

an opportunity for those interested, and if a member decides to volunteer, that please inform the executive officers, who will submit your name.

Chair Takanishi shared his personal experience from 2007, when he volunteered and was invited to a one-and-a-half-day meeting to observe the test question creation process. He emphasized the value of this program and noted that participants receive a fair amount of continuing medical education (“CME”) credits. For example, during his time on a test development committee, he earned 40 CME credits, and he confirmed that the time commitment of 40 to 50 hours per year was indeed accurate. Although he later reduced his involvement, he found the experience to be a wonderful opportunity back in 2007, 2008. The program is always seeking representation from medical boards.

Chair Takanishi inquired whether the minutes were approved.

Mr. Belcher responded that the minutes had been approved, with some modifications suggested by Dr. Sawai.

Chair Takanishi then asked the Executive Officers if there were any items to discuss other than the December 12, 2024, meeting.

The executive officers confirmed there were no additional matters to discuss.

Next Meeting: Thursday, December 12, 2024

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 4:00 p.m.

Reviewed and Approved by:

Taken and Recorded by:

/s/ Randy Ho

/s/ Dawn Lee

Mr. Randy Ho
Executive Officer

Ms. Dawn Lee
Administrative Assistant

(X)
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Minutes approved as is.
Minutes approved with changes: