

WASHINGTON  
**Medical  
Commission**

Licensing. Accountability. Leadership.



Regular Meeting  
August 25-26, 2022



# FORMAL HEARING SCHEDULE



WASHINGTON  
**Medical  
Commission**  
Licensing. Accountability. Leadership.

Hearing	Respondent	Specialty	Case No.	Counsel	AAG	Staff Atty	PANEL	Presiding Officer	Location
<b>2022 September</b>		<i>NO COMMISSION MEETING THIS MONTH</i>							
14-15 Sept	FRANSEN, Brad R., MD	BC - Family Medicine	M2021-274	Philip J. VanDerhoef	Pfluger	DeFazio	A	Blye	TBD
15-16 Sept	SHARMA, Bhanoo, MD	Non-BC - Cosmetic Surgery	M2021-756	Pro Se	Little	Elder	B	Herington	
19-22 Sept	TRAN, Hoan-Vu Phan, MD	BC - Neurological Surgery	M2020-65	David J. Corey	Brewer/Little	Balatbat	A	Kavanaugh	TBD
<b>2022 October</b>		<i>Commission meeting 10/6/2022</i>							
11-12 Oct	GREENMAN, Christopher G., MD	BC - Internal Medicine & Cardiovascular Disease	M2021-909	Daniel R. Kyler	Defrey	Elder	B	Kuntz	TBD
13-14 Oct	KIMURA, Irene K., MD	BC - Family Medicine	M2020-930	Garth Dano	Brewer	Elder	A	Kavanaugh	TBD
21-Oct	PARVIN, Dara, MD	BC - Orthopaedic Surgery	M2021-376	Pro Se	Pfluger	Glein	B	Blye	TBD
<b>2022 November</b>		<i>Commission meeting 11/17/2022</i>							
<b>NO HEARINGS SCHEDULED THIS MONTH</b>									
<b>2022 December</b>		<i>NO COMMISSION MEETING THIS MONTH</i>							
<b>NO HEARINGS SCHEDULED THIS MONTH</b>									
<b>2023 January</b>		<i>Commission meeting 1/12/2023</i>							
6-Jan	HU, Chester C., MD	BC - Anesthesiology	M2022-359	Pro Se	Little	Karinen	B	Herington	TBD
<b>2023 February</b>		<i>NO COMMISSION MEETING THIS MONTH</i>							
6-Feb	THOMAS, Paul, MD	Non-BC Pediatrics	M2021-378	Troy Bundy	Bahm	Balatbat	A	Kavanaugh	TBD
27-Feb through 1-Mar	SHIBLEY, Eric R., MD	BC - Internal Medicine	M2018-443	Pro Se	Brewer	Glein	B	Kuntz	TBD

# 2022 Meeting Schedule



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Dates	Location	Meeting Type
January 13-14	Virtual Meeting	Regular Meeting
March 3-4	Virtual Meeting	Regular Meeting
April 14-15	Virtual Options Available Tumwater, WA	Regular Meeting
May 26-27	Virtual Meeting	Regular Meeting
July 14-15	Virtual options available for open sessions for the public Tumwater, WA	Regular Meeting
August 25-26	Virtual options available for open sessions for the public Tumwater, WA	Regular Meeting
October 6	Tentative: Virtual Meeting	Closed Session: Case Reviews
November 17-18	Virtual options available for open sessions for the public Tumwater, WA	Regular Meeting

Association Meetings		
Association	Dates	Location
Federation of State Medical Boards (FSMB) Annual Conference	April 28-30, 2022	New Orleans, LA
WAPA Spring Conference	April 22-25, 2022	Seattle, WA
WSMA Annual Meeting	October 1-2, 2022	Spokane, WA
WAPA Fall Conference	October 27-29, 2022	Cle Elum, WA

Other Meetings		
Program	Dates	Location
Council on Licensure, Enforcement & Regulation (CLEAR) Winter Symposium	January 5, 2022	Virtual Event
CLEAR Annual Conference	September 14-17, 2022	Louisville, KY
FSMB Board Attorneys Workshop	November 3-4, 2022	TBD

# 2023 Meeting Schedule



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Dates	Location	Meeting Type
<b>January 12-13</b>	Virtual options available for open sessions for the public Tumwater, WA	Regular Meeting
<b>March 2-3</b>	Virtual options available for open sessions for the public Tumwater, WA	Regular Meeting
<b>April 13-14</b>	Virtual options available for open sessions for the public Tumwater, WA	Regular Meeting
<b>May 25-26</b>	TBD	Regular Meeting
<b>July 13-14</b>	Virtual options available for open sessions for the public Tumwater, WA	Regular Meeting
<b>August 24-25</b>	Virtual options available for open sessions for the public Tumwater, WA	Regular Meeting
<b>October 5-6</b>	Tumwater, WA	Tentative: Case Reviews Commissioner Retreat
<b>November 16-17</b>	Virtual options available for open sessions for the public Tumwater, WA	Regular Meeting

## Association Meetings

Association	Dates	Location
Federation of State Medical Boards (FSMB) Annual Conference	TBA	TBA
WAPA Spring Conference	TBA	TBA
WSMA Annual Meeting	TBA	TBA
WAPA Fall Conference	TBA	TBA

## Other Meetings

Program	Dates	Location
Council on Licensure, Enforcement & Regulation (CLEAR) Winter Symposium	TBA	TBA
CLEAR Annual Conference	TBA	TBA
FSMB Board Attorneys Workshop	TBA	TBA

# 2024 Meeting Schedule



WASHINGTON  
**Medical  
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Dates	Location	Meeting Type
January 11-12	TBD	Regular Meeting
March 7-8	TBD	Regular Meeting
April 18-19	TBD	Regular Meeting
May 23-24	TBD	Regular Meeting
July 11-12	TBD	Regular Meeting
August 22-23	TBD	Regular Meeting
October 3-5	TBD	Educational Conference
November 21-22	TBD	Regular Meeting

# Commission Meeting Agenda

## August 25-26, 2022



WASHINGTON  
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In accordance with the Open Public Meetings Act, this meeting notice was sent to individuals requesting notification of the Department of Health, Washington Medical Commission (WMC) meetings. This agenda is subject to change. The Policy Committee Meeting will begin at 4:00 pm on August 25, 2022 until all agenda items are complete. The WMC will take public comment at the Policy Committee Meeting. The Business Meeting will begin at 8:00 am on August 26, 2022 until all agenda items are complete. The WMC will take public comment at the Business Meeting. To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

*In response to the ongoing COVID-19 public health emergency and in accordance with Section 5, ESHB 1329, the Washington Medical Commission (WMC) is providing a virtual option for members of the public for several of the open sessions in this agenda. This is to promote social distancing and the safety of the citizens of Washington State. Registration links can be found below.*

### Time Thursday – August 25, 2022

#### Closed Sessions

- 8:00 am Case Reviews – Panel A
- 8:00 am Case Reviews – Panel B

#### Open Session

#### 12:30 pm Lunch & Learn

Please **register** at: <https://attendee.gotowebinar.com/register/3029046107433389582>

After registering, you will receive an email containing a link that is unique to you to join the webinar.

#### WMC Disciplinary Hearings—Ins, Outs, Etiquette, and More

*Rick Glein, WMC Director of Legal Services*

*Tracy Bahm, AAG*

*Kristen Brewer, AAG*

*Roman Dixon, Chief Health Law Judge*

#### Closed Sessions

- 1:30 pm Case Reviews – Panel A
- 1:30 pm Case Reviews – Panel B

#### Open Session

#### 4:00 pm Policy Committee Meeting

Please **register** at: <https://attendee.gotowebinar.com/register/2346649608816988427>

After registering, you will receive an email containing a link that is unique to you to join the webinar.

Agenda Items	Presented By:	Page(s)
<b>Report: High Reliability Workgroup</b>	Mike Farrell	NA
<b>Guidance Document: Overlapping &amp; Simultaneous Elective Surgeries</b> <i>Presentation of revised document, discussion, and possible revisions.</i>	Mike Farrell	53-55
<b>Delegation of Final Decision-Making to the Presiding Officer</b> <i>Routine review, discussion, and possible revisions to delegation document.</i>	Mike Farrell	56-57
<b>Procedure: Personal Appearances</b> <i>Routine review, discussion, and possible revisions to procedure.</i>	Mike Farrell	58-59

Time	Friday – August 26, 2022
Open Session	
8:00 am	Business Meeting

Please **register** for this meeting at: <https://attendee.gotowebinar.com/register/5214159437353806348>  
 After registering, you will receive an email containing a link that is unique to you to join the webinar.

**1.0 Chair Calls the Meeting to Order**

**2.0 Public Comment**

The public will have an opportunity to provide comments. *If you would like to comment during this time, please limit your comments to two minutes. Please identify yourself and who you represent, if applicable, when the Chair opens the floor for public comment.*

**3.0 Chair Report**

**4.0 Consent Agenda**

Items listed under the Consent Agenda are considered routine agency matters and will be approved by a single motion without separate discussion. If separate discussion is desired, that item will be removed from the Consent Agenda and placed on the regular Business Agenda.

- |   |            |
|---|------------|
| 5.1 Minutes – Approval of the July 15, 2022 Business Meeting minutes. | Action     |
| 5.2 Agenda – Approval of the August 26, 2022 Business Meeting agenda. | Pages 9-13 |

Open Session	
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5.0 8:30 am	Rules Hearing	Action
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Please **register** for this hearing at: <https://attendee.gotowebinar.com/register/5214159437353806348>  
 After registering, you will receive an email containing a link that is unique to you to join the webinar.

International Medical Graduates – [Senate Bill 6551](#) – WSR #[22-15-039](#)  
 New Limited Physician and Surgeon Clinical Experience License

Agenda	Presented By:	Page(s)
Housekeeping	Amelia Boyd	NA
Hearing opened by Presiding Officer	Jimmy Chung, MD	NA
<ul style="list-style-type: none"> <li>• Introduction</li> <li>• Call for questions regarding the rule or hearing process</li> <li>• Call for testimony from the public and interested parties</li> <li>• Call for written comments</li> <li>• Discussion of comments by Commissioners</li> <li>• Vote</li> </ul>		
CR-102 document	NA	Pages 17-20
Proposed language	NA	Page 21

**6.0 New Business**

- |   |         |
|---|---------|
| 6.1 <b>Reproductive Rights Position Statement</b>                 | Action  |
| Presentation of draft statement for review, discussion, and vote. | Page 22 |

**7.0 Old Business**

- |  |        |
|--|--------|
| 7.1 <b>Committee/Workgroup Reports</b>                               | Update |
| The Chair will call for reports from the Commission’s committees and |        |

workgroups. Written reports begin on page 23.

See page 24 for a list of committees and workgroups.

- 7.2 **Rulemaking Activities** Update/Action  
Rules Progress Report provided on page 25.
- Request to rescind Emergency Licensing rules initiation approval. Pages 26-27
  - Informational: ARNP Scope of Practice Rules Pages 28-45
- 7.3 **Lists & Labels Request** Action  
The Commission will discuss the request received for lists and labels, and possible approval or denial of this request. Approval or denial of this application is based on whether the requestor meets the requirements of a “professional association” or an “educational organization” as noted on the application (RCW 42.56.070(9)).
- Washington Physicians Health Program Pages 46-52
- 7.4 **Open Public Meetings Act**  
Heather Carter, AAG, will provide training regarding the Open Public Meetings Act, [chapter 42.30 RCW](#).

- 7.0 **Policy Committee Report**  
Christine Blake, Public Member, Chair, will report on items discussed at the Policy Committee meeting held on August 25, 2022. See the Policy Committee agenda on page 1 of this agenda for the list of items to be presented. Report/Action Begins on page 53

- 8.0 **Member Reports**  
The Chair will call for reports from Commission members.

- 9.0 **Staff Member Reports** Written reports Pages 60-68  
The Chair will call for further reports from staff.

- 10.0 **AAG Report**  
Heather Carter, AAG, may provide a report.

- 11.0 **Adjournment of Business Meeting**

### Open Sessions

- 10:45 am Personal Appearances – Panel A Page 69  
10:45 am Personal Appearances – Panel B Page 70

### Closed Session

Noon to 1:00 pm Lunch Break

### Open Sessions

- 1:30 pm Personal Appearances – Panel A Page 69  
1:30 pm Personal Appearances – Panel B Page 70



# Business Meeting Minutes

## July 15, 2022



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Virtual Meeting via GoToWebinar – Link to recording: <https://youtu.be/MzrQz8qAiYU>

### Commission Members

Mabel Bongmba, MD – Absent  
Michael Bailey, Public Member  
Christine Blake, Public Member  
Toni Borlas, Public Member – Absent  
Po-Shen Chang, MD  
Jimmy Chung, MD, Chair  
Diana Currie, MD  
Arlene Dorrough, PA-C  
Anjali D'Souza, MD – Absent  
Karen Domino, MD, Chair Elect  
Harlan Gallinger, MD

April Jaeger, MD – Absent  
Ed Lopez, PA-C  
Sarah Lyle, MD – Absent  
Terry Murphy, MD, Vice Chair  
Elisha Mvundura, MD – Absent  
Robert Pullen, Public Member  
Scott Rodgers, JD, Public Member  
Claire Trescott, MD  
Richard Wohns, MD – Absent  
Yanling Yu, PhD, Public Member

### WMC Staff

Amelia Boyd, Program Manager  
Kayla Bryson, Executive Assistant  
Jimi Bush, Director of Quality & Engagement  
Adam Calica, Chief Investigator  
Melanie de Leon, Executive Director  
Joel DeFazio, Staff Attorney  
Anthony Elders, Compliance Officer  
Mike Farrell, Policy Development Manager  
Rick Glein, Director of Legal Services  
Mike Hively, Director of Operations & Informatics

Jenelle Houser, Legal Assistant  
Ken Imes, Information Liaison  
Kyle Karinen, Staff Attorney  
Jeffrey Kinstler, Investigator  
Pam Kohlmeier, MD, JD, Attorney  
Micah Matthews, Deputy Executive Director  
Trisha Wolf, Staff Attorney  
Gordon Wright, Staff Attorney  
Mahlet Zeru, Equity & Social Justice Manager

### Others in Attendance

Jim Anderson, PA-C, Pro Tem Commissioner

Heather Carter, Assistant Attorney General

#### 1.0 Call to Order

Jimmy Chung, MD, Chair, called the meeting of the Washington Medical Commission (WMC) to order at 8:02 a.m. on July 15, 2022.

#### 2.0 Housekeeping

No housekeeping report was given.

#### 3.0 Public Comment

Theresa Schimmels, Pro Tem Commissioner, sent in comments thanking Jim Anderson, PA-C, Pro Tem Commissioner, for his service as a full Commissioner over the past 8 years. Ms. Schimmels also welcomed new Commissioner, Ed Lopez, PA-C, to the WMC.

#### 4.0 Chair Report

Jimmy Chung, MD, Chair, spoke about the importance of the work that the Commissioners do,

which is protecting the public. He spoke about how the WMC has adapted throughout the pandemic to continue to promote the safety of the public.

He stated that this is a particularly challenging year for the WMC due to the timing of term limits for 7 Commissioners. Every 8 years, the WMC has 7 Commissioners whose final term as a full Commissioner expires on June 30. He explained that for 5 of those 7 whose term recently expired, their vacancy has been filled by a newly appointed Commissioner. He spoke about the outgoing Commissioners: Robert Small, MD; Alden Roberts, MD; Charlie Browne, MD; Jim Anderson, PA-C; and John Maldon, Public Member. He read a statement from Dr. Small. The 5 new Commissioners are Mabel Bongmba, MD; Po-Shen Chang, MD; Elisha Mvundura, MD; Ed Lopez, PA-C; and Robert Pullen, Public Member.

## 5.0 Consent Agenda

The Consent Agenda contained the following items for approval:

- 4.1 Minutes from the May 27, 2022 Business Meeting  
Amelia Boyd, Program Manager, pulled this item from the agenda and presented some minor changes to the draft minutes.

**Motion:** The Chair entertained a motion to approve the Consent Agenda. The motion was seconded and approved unanimously.

- 4.2 Agenda for July 15, 2022.

**Motion:** The Chair entertained a motion to approve the remainder of the Consent Agenda. The motion was seconded and approved unanimously.

## 6.0 Approval Request for 2023 Budget Decision Package to the Legislature

Micah Matthews, Deputy Executive Director, presented information on this item and asked the Commissioners to approve the package for the 2023 legislative session.

**Motion:** The Chair entertained a motion to approve the budget package. The motion was seconded and approved unanimously.

## 7.0 Old Business

### 7.1 Committee/Workgroup Reports

These reports were provided in writing and included in the meeting packet. The below is in addition to the written report.

Karen Domino, MD, reported the Reduction of Medical Errors Committee met recently to discuss their charter. Dr. Domino stated that the committee will be changing their name. She also stated the committee will continue to look into medical errors and will also apply the principles of just culture to Commissioners and their work. She stated that the committee does need new members so if anyone is interested to reach out to her. Dr. Chung stated he appointed Dr. Domino as Chair of the committee.

### 7.2 Rulemaking Activities

The rulemaking progress report was provided in the meeting packet.

In addition to the written report, Ms. Boyd stated the CR-102, which is the second step in the rules process, has been filed for the WMC's International Medical Graduates rulemaking. She stated the hearing for this rulemaking is scheduled for 8:30 on Friday,

August 26, 2022, which is during the next Business meeting.

### 7.3 Bylaws

**Motion:** The Chair entertained a motion to approve the Bylaws as presented in the meeting packet. The motion was seconded and approved unanimously.

### 7.4 Lists & Labels Request

The following lists and labels requests were discussed for possible approval or denial. Approval or denial of these requests is based on whether the entity meets the requirements of a “professional association” or an “educational organization” as noted on the application ([RCW 42.56.070\(9\)](#)).

- Elite Continuing Education

**Motion:** The Chair entertained a motion deny the request due to insufficient information. The motion was seconded and approved unanimously.

- Skagit County Public Health

**Motion:** The Chair entertained a motion to approve the request. The motion was seconded and approved unanimously.

- Fred Hutchinson Cancer Center

**Motion:** The Chair entertained a motion to approve the request. The motion was seconded and approved unanimously.

### 7.5 Open Public Meetings Act

This item was deferred to the August 26, 2022, Business meeting.

## 8.o Policy Committee Report

Christine Blake, Public Member, Policy Committee Chair, reported on the items discussed at the Policy Committee meeting held on July 14, 2022:

#### **Guidance Document: Overlapping & Simultaneous Elective Surgeries**

Ms. Blake stated that this document was presented as part of the WMC’s established four-year review schedule. She went on to present some minor revisions that were made by the committee. There was a discussion among the Commissioners about the content of the document and they suggested further edits. Mike Farrell, Policy Development Manager, will work with the Commissioners to revise the document. The revised document will be presented again at a future meeting.

#### **Guidance Document: Professionalism & Electronic Media**

Ms. Blake stated that this document was presented as part of the WMC’s established four-year review schedule. She stated that the Committee recommended approving the revised document as presented in the meeting packet.

#### **Interpretive Statement: Physician Assistants’ Use of DEA Waiver for Buprenorphine**

Ms. Blake stated that this document is being presented as part of the WMC’s established four-year review schedule. She stated the Committee recommended reaffirming the document.

**Motion:** The Chair entertained a motion to approve the committee report as presented. The motion was approved unanimously.

## 9.0 Member Reports

Dr. Chung asked the new Commissioners in attendance: Michael Bailey, Public Member; Dr. Chang; Mr Lopez; and Mr. Pullen; to introduce themselves and give a brief background.

## 10.0 Staff Reports

The reports below are in addition to the written reports that were included in the meeting packet.

Micah Matthews, Deputy Executive Director, reported that the Uniform Law Commission, which is a national group that creates uniform laws for states, passed a [uniform law on telehealth](#) on July 13, 2022. He stated that there will be an expectation that Washington adopts this law.

Mr. Matthews also provided an update on the statistics for Licensing:

- Fiscal Year 2019
  - 2,743 licenses issued
    - 243 of those were Interstate Medical Licensure Compact (IMLC) licenses
- Fiscal Year 2020
  - 3,352 licenses issued
    - 320 of those were IMLC licenses
- Fiscal Year 2021
  - 3,652 licenses issued
    - 372 of those were IMLC licenses
- Fiscal Year 2022 (ended June 30, 2022)
  - 4,635 licenses issued
    - 462 of those were IMLC licenses

Adam Calica, Chief Investigator, introduced Jeff Kinstler as a new Investigator. Mr. Kinstler provided a brief background.

## 11.0 AAG Report

Heather Carter, AAG, had nothing to report.

## 12.0 DOH Secretary of Health

Umair A. Shah, MD, MPH, Secretary of Health at the Washington State Department of Health, spoke to the Commissioners.

## 13.0 Adjournment

The Chair called the meeting adjourned at 9:46 am.

Submitted by

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Amelia Boyd, Program Manager

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Jimmy Chung, MD, Chair

Washington Medical Commission

Approved August 26, 2022

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DRAFT



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# Rules Hearing

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Limited Physician & Surgeon  
Clinical Experience License  
International Medical  
Graduates – SB 6551

August 26, 2022 @ 8:30 am

# Rule Hearing Notice



WASHINGTON  
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## Public Notification and Hearing Announcement For the Washington Medical Commission

\*CR-102 for WAC 246-919-345 (new), Limited physician and surgeon  
clinical experience license

### **Rulemaking**

The Washington Medical Commission (WMC) officially filed a CR-102 with the Office of the Code Reviser on July 14, 2022. The WMC is proposing to add a new section to chapter 246-919 WAC (physicians) to implement Senate Bill (SB) 6551 (chapter 325, Laws of 2020) concerning licensure of International Medical Graduates. The WSR# is 22-15-039.

### **Rules Hearing**

In response to the filing, the WMC will conduct an open public rules hearing on Friday, August 26, 2022, beginning at 8:30 am. In response to the COVID-19 public health emergency, the WMC is providing a virtual option for this hearing to promote social distancing and the safety of the citizens of Washington State.

Please register for this Rules Hearing at:

<https://attendee.gotowebinar.com/register/5214159437353806348>

After registering, you will receive a confirmation email containing information about joining the webinar.

This hearing will be open to the public and the WMC encourages your participation.

Comments may be sent to the department's Rules Comment Web Site by August 18, 2022 at: <https://fortress.wa.gov/doh/policyreview/>. Comments may also be provided at the hearing. The hearing will be recorded for record keeping purposes.

Interested parties, stakeholders, and the general public are invited to participate in the rules hearing. For continued updates on rule development, interested parties are encouraged to join the [Commission's rules GovDelivery](#).

For more information, please contact Amelia Boyd, Program Manager at (360) 918-6336 or by email at [amelia.boyd@wmc.wa.gov](mailto:amelia.boyd@wmc.wa.gov).

\*CR means Code Reviser

Attachments:

CR-102

Rule Language





# PROPOSED RULE MAKING

## CR-102 (December 2017) (Implements RCW 34.05.320)

Do NOT use for expedited rule making

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

DATE: July 14, 2022

TIME: 10:09 AM

WSR 22-15-039

**Agency:** Department of Health- Washington Medical Commission

**Original Notice**

**Supplemental Notice to WSR**

**Continuance of WSR**

**Preproposal Statement of Inquiry was filed as WSR 20-17-024 ; or**

**Expedited Rule Making--Proposed notice was filed as WSR ; or**

**Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1).**

**Proposal is exempt under RCW .**

**Title of rule and other identifying information:** (describe subject) WAC 246-919-345 (new), Limited physician and surgeon clinical experience license. The Washington Medical Commission is proposing to add a new section to chapter 246-919 WAC to implement Senate Bill (SB) 6551 (chapter 325, Laws of 2020) concerning licensure of International Medical Graduates.

**Hearing location(s):**

Date:	Time:	Location: (be specific)	Comment:
08/26/2022	8:30 am	In response to the ongoing coronavirus disease 2019 (COVID-19) public health emergency, the Washington Medical Commission is providing a virtual option for this hearing to promote social distancing and the safety of the citizens of Washington State. Please register for Rules Hearing: Senate Bill 6551 - International Medical Graduates on Aug 26, 2022 8:30 AM PDT at: <a href="https://attendee.gotowebinar.com/register/5214159437353806348">https://attendee.gotowebinar.com/register/5214159437353806348</a> After registering, you will receive a confirmation email containing information about joining the webinar.	

**Date of intended adoption:** 08/26/2022 (Note: This is **NOT** the effective date)

**Submit written comments to:**

Name: Amelia Boyd

Address: PO Box 47866  
Olympia, WA 98504-7866

Email: <https://fortress.wa.gov/doh/policyreview>

Fax: N/A

Other: N/A

By (date) 08/18/2022

**Assistance for persons with disabilities:**

Contact Amelia Boyd

Phone: (800) 525-0127

Fax:

TTY: 711

Email: medical.rules@wmc.wa.gov

Other:

By (date) 08/18/2022

**Purpose of the proposal and its anticipated effects, including any changes in existing rules:** The Washington Medical commission (commission) is proposing adding a new section of rule to meet the requirements of Senate Bill (SB) 6551 (chapter 325, 2020 laws). SB 6551 requires the commission to establish requirements in rule for issuing a clinical experience license to an international medical graduate. In the 2021 session, Substitute House Bill (SHB) 1129 (chapter 204, Laws of 2021) was passed which established the requirements for issuing a clinical experience license, which has been codified as RCW 18.71.095(6).

The commission proposing that prior to applying for the clinical experience limited license, applicants must meet the same requirements established in RCW 18.71.095(6). The commission is also defining "appropriate medical practice." Finally, the commission is clarifying that a clinical experience limited license applicant must file a practice agreement with the commission prior to commencing practice.

**Reasons supporting proposal:** SB 6551 requires the commission to establish in rule requirements for issuing a clinical experience license to an international medical graduate. While SHB 1129 later established the requirements, proposed rules are also necessary to clearly define "appropriate medical practice" as used in RCW 18.71.095. Currently the commission has an interpretive statement: Establishing Approval Criteria for Defining Appropriate Medical Practices for IMG Nomination, INS2022-02. This interpretive statement will no longer be necessary when the rule clearly defines "appropriate medical practice." The proposed rule also clarifies that a practice agreement must be filed with the commission prior to commencing practice. The commission must review the practice agreement to determine whether the supervision requirements are met in order to determine whether the nominating entity meets the requirements to supervise an international medical graduate, the practice agreement must be filed with the commission before the international medical graduate begins practicing under the limited license.

**Statutory authority for adoption:** RCW 18.71.017 and 18.130.050

**Statute being implemented:** RCW 18.71.095(5)

**Is rule necessary because of a:**

Federal Law?

Yes  No

Federal Court Decision?

Yes  No

State Court Decision?

Yes  No

If yes, CITATION:

**Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:** None

**Name of proponent:** (person or organization) Washington Medical Commission

Private

Public

Governmental

**Name of agency personnel responsible for:**

	Name	Office Location	Phone
Drafting:	Amelia Boyd	111 Israel RD SE, Tumwater, WA 98501	(360) 918-6336
Implementation:	Melanie de Leon	111 Israel RD SE, Tumwater, WA 98501	(360) 236-2755
Enforcement:	Melanie de Leon	111 Israel RD SE, Tumwater, WA 98501	(360) 236-2755

**Is a school district fiscal impact statement required under RCW 28A.305.135?**

Yes  No

If yes, insert statement here:

The public may obtain a copy of the school district fiscal impact statement by contacting:

Name:

Address:

Phone:

Fax:

TTY:

Email:

Other:

**Is a cost-benefit analysis required under RCW 34.05.328?**

Yes: A preliminary cost-benefit analysis may be obtained by contacting:

Name: Amelia Boyd, Program Manager

Address: PO Box 47866

Phone: 3609186336

Fax: N/A

TTY: 711

Email: amelia.boyd@wmc.wa.gov

Other:

No: Please explain:

**Regulatory Fairness Act Cost Considerations for a Small Business Economic Impact Statement:**

This rule proposal, or portions of the proposal, **may be exempt** from requirements of the Regulatory Fairness Act (see chapter 19.85 RCW). Please check the box for any applicable exemption(s):

This rule proposal, or portions of the proposal, is exempt under RCW 19.85.061 because this rule making is being adopted solely to conform and/or comply with federal statute or regulations. Please cite the specific federal statute or regulation this rule is being adopted to conform or comply with, and describe the consequences to the state if the rule is not adopted.

Citation and description:

This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by RCW 34.05.313 before filing the notice of this proposed rule.

This rule proposal, or portions of the proposal, is exempt under the provisions of RCW 15.65.570(2) because it was adopted by a referendum.

This rule proposal, or portions of the proposal, is exempt under RCW 19.85.025(3). Check all that apply:

RCW 34.05.310 (4)(b)  
(Internal government operations)

RCW 34.05.310 (4)(e)  
(Dictated by statute)

RCW 34.05.310 (4)(c)  
(Incorporation by reference)

RCW 34.05.310 (4)(f)  
(Set or adjust fees)

RCW 34.05.310 (4)(d)  
(Correct or clarify language)

RCW 34.05.310 (4)(g)  
((i) Relating to agency hearings; or (ii) process requirements for applying to an agency for a license or permit)

This rule proposal, or portions of the proposal, is exempt under RCW 19.85.025(4).

Explanation of exemptions, if necessary: The proposed rules do not impact businesses, the proposed rules only impact provider licensing requirements.

**COMPLETE THIS SECTION ONLY IF NO EXEMPTION APPLIES**

If the proposed rule is **not exempt**, does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?

No Briefly summarize the agency's analysis showing how costs were calculated.

Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses, and a small business economic impact statement is required. Insert statement here:

The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:

Name:

Address:

Phone:

Fax:

TTY:

Email:

Other:

**Date:** July 14, 2022

**Signature:**

**Name:** Melanie de Leon

**Title:** Executive Director

NEW SECTION

**WAC 246-919-345 Limited physician and surgeon clinical experience license.** (1) The commission may issue a limited physician and surgeon clinical experience license to an applicant who does not qualify for licensure under RCW 18.71.050 or chapter 18.71B RCW and who meets the requirements established in RCW 18.71.095(6) for the purpose of gaining clinical experience at an approved facility or program.

(2) An appropriate medical practice, as referenced in RCW 18.71.095 (6) (a); is a practice that meets the following criteria:

(a) The practice is physically located, in the state of Washington, providing clinical care to Washington patients.

(b) The practice falls within one of the following categories:

(i) Is a practice setting within a federal system such as military, Indian health services, tribal health setting, or community health center; or

(ii) Is a practice setting that:

(A) Has three or more physicians for the purposes of delivering direct patient care; and

(B) Has a quality review, improvement, and assurance program for practitioners.

(3) Prior to commencing practice, a clinical experience limited license holder must file a practice agreement with the commission.

(4) To apply for a limited physician and surgeon clinical experience license, an applicant shall submit to the commission:

(a) An application provided by the commission; and

(b) Applicable fees as established in WAC 246-919-990.

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## Medical Commission Supports the Right to Comprehensive and Confidential Reproductive Healthcare

On June 24<sup>th</sup> of 2022, the United States Supreme Court overturned *Roe v. Wade* and removed constitutional protections involving abortion care in a split decision. The Court's verdict relegates individual reproductive choices, and discipline, to the state in which healthcare is provided. **The Washington Medical Commission (WMC) seeks to reassure practitioners and patients of our commitment to uphold Washington State law, which includes the right to privacy and reproductive choice involving abortion care.**

While practitioners (physicians and physician assistants) in other states may now be subject to penalties, including prison sentences or licensure reprimands as the result of restrictive state laws, **in the State of Washington reproductive health choices remain protected – as do the practitioners who provide them.** Individuals in Washington State possess a “fundamental right of privacy with respect to personal reproductive decisions,” which includes the choice to have, or refuse, an abortion. ([RCW 9.02.100](#)). Further, Washington protects a practitioner's right to perform and assist with an abortion ([RCW 9.02.110](#)).

The WMC is committed to mitigating any negative impact on Washington practitioners for providing reproductive care that complies with Washington State laws and standards of care. Out-of-state anti-reproductive choice laws will not penetrate our borders. The WMC's efforts include advocating for stronger practitioner protections. The WMC is actively taking steps to insulate practitioners from out-of-state changes in the regulatory arena so practitioners can focus on delivering comprehensive and confidential healthcare to all.

Out-of-state anti-abortion laws will afflict marginalized communities; alter the lives of women; impact non-binary individuals and transgender men; and magnify already unacceptable disparities in the healthcare system. There is extensive evidence that denying abortion access increases the risk of injury and death. [Millions of women around the world obtain prohibited abortions annually](#); complications from these unsafe abortions account for approximately [13% of all maternal deaths](#).

The WMC stands with the leaders in our state – Governor Jay Inslee, Attorney General Bob Ferguson, Secretary of Health Dr. Umair A. Shah, and Insurance Commissioner Mike Kreidler – in their commitment to uphold Washington State law on this issue. As [Gov. Inslee wrote](#), “the law remains unchanged in Washington State, but the threat to patient access and privacy has never been more dangerous...the right of choice should not depend on which party holds the majority.”

The WMC also stands with national and state-level associations, including the [American College of Obstetricians and Gynecologists](#), the [American Medical Association](#), the [American Academy of Pediatrics](#), the [American Public Health Association](#), and the [Washington State Medical Association](#) which affirm the right to receive evidence-based reproductive healthcare services, including abortion.

The WMC's disciplinary and regulatory roles remain rooted in Washington State law, which guarantees all persons a right to privacy and reproductive choice, despite federal changes. For additional information on this issue, please review the WMC's link to [Frequently Asked Questions](#).

## Committee/Workgroup Reports: August 2022

**Reduction of Medical Errors Workgroup – Chair: Dr. Chung  
Staff: Mike Farrell**

The workgroup met on August 3, created a new charter and changed its focus to employing principles of high-reliability organizations to the WMC work, and changed its name to the High Reliability workgroup. The workgroup will meet next on the afternoon of Thursday, August 25, after case reviews are completed.

**Healthcare Disparities Workgroup – Chair: Dr. Currie  
Staff: Melanie de Leon**

This workgroup was scheduled to meet on July 29<sup>th</sup> but Dr. Currie was on a hearing panel and none of the other Commissioner members attended, so the staff members discussed where they thought the WMC could have the most impact on this issue and developed an education plan to push out information on healthcare disparity issues to licensees and to the public. This plan will include newsletter articles, webinars for both the patient population and licensees and we are researching the possibility of designing and publishing a 2023 calendar with health issues highlighted for each month.

# Committees & Workgroups



WASHINGTON  
**Medical  
Commission**  
Licensing. Accountability. Leadership.

## Executive Committee

<b>Chair: Dr. Chung</b>
<b>Chair Elect: Dr. Domino</b>
<b>Vice Chair: Dr. Murphy</b>
<b>Policy Chair: Christine Blake, PM</b>
<b>Melanie de Leon</b>
<b>Micah Matthews</b>
<b>Heather Carter, AAG</b>

## Policy Committee

<b>Christine Blake, PM, Chair (B)</b>
<b>Dr. Domino (B)</b>
<b>Dr. Roberts, Pro Tem (B)</b>
<b>Scott Rodgers, PM (A)</b>
<b>Dr. Trescott (B)</b>
<b>Heather Carter, AAG</b>
<b>Melanie de Leon</b>
<b>Mike Farrell</b>
<b>Amelia Boyd</b>

## Newsletter Editorial Board

<b>Dr. Currie</b>
<b>Dr. Chung</b>
<b>Dr. Wohns</b>
<b>Jimi Bush, Managing Editor</b>
<b>Micah Matthews</b>

## Legislative Subcommittee

<b>Dr. Chung, Chair</b>
<b>John Maldon, PM. Pro Tem Commissioner</b>
<b>Christine Blake, PM</b>
<b>Dr. Wohns</b>
<b>Melanie de Leon</b>
<b>Micah Matthews</b>

## Healthcare Disparities Workgroup

<b>Dr. Currie, Chair</b>
<b>Dr. Browne</b>
<b>Dr. Jaeger</b>
<b>Christine Blake, PM</b>
<b>Melanie de Leon</b>

## Panel L

<b>Dr. Chung, Chair</b>
<b>Dr. Browne</b>
<b>Dr. Roberts</b>
<b>Christine Blake, PM</b>
<b>Dr. Chung</b>
<b>Arlene Dorrough, PA-C</b>
<b>Dr. Trescott</b>
<b>Dr. Barrett, Medical Consultant</b>
<b>Marisa Courtney, Licensing Supervisor</b>
<b>Pam Kohlmeier, MD, JD, Staff Attorney</b>
<b>Micah Matthews</b>

## Finance Workgroup

<b>Dr. Chung, WMC Chair, Workgroup Chair</b>
<b>Dr. Domino, WMC Chair Elect</b>
<b>Melanie de Leon</b>
<b>Micah Matthews</b>
<b>Jimi Bush</b>

## High Reliability Workgroup

<b>Dr. Domino, Chair</b>
<b>John Maldon, PM</b>
<b>Dr. Roberts</b>
<b>Dr. Chung</b>
<b>Dr. Jaeger</b>
<b>Christine Blake, PM</b>
<b>Scott Rodgers, PM</b>
<b>Melanie de Leon</b>
<b>Mike Farrell</b>

*Please note, any committee or workgroup that is doing any interested parties work or getting public input must hold open public meetings.*

PM = Public Member



WMC Rules Progress Report									Projected filing dates		
Rule	Status	Date	Next step	Complete By	Notes	Submitted in RMS	SBEIS Check	CR-101	CR-102	CR-103	
Opioid Prescribing - LTAC, SNF patient exemption	CR-103 in progress	5/27/2022	File CR-103	October 2022				Complete	Complete	October 2022	
Collaborative Drug Therapy Agreements (CDTA)	CR-101 filed	7/22/2020	Workshops	TBD				Complete	TBD	TBD	
Emergency Licensing Rules	Request rescinding approval of CR-105	8/26/2022			Holding until proclamation is lifted. Proclamation expires 10/27/2022						
SB 6551 - IMG licensing	CR-102 filed	7/14/2022	Hearing	8/26/2022				Complete	Complete	October 2022	
Medical Records	CR-101 Approved	3/4/2022	File CR-101	TBD				TBD	TBD	TBD	

Updated: 8/17/2022

**WAC 246-918-175 Retired active license.** (1) To obtain a retired active license a physician assistant must comply with chapter 246-12 WAC, Part 5, excluding WAC 246-12-120 (2)(c) and (d).

(2) A physician assistant with a retired active license must have a delegation agreement approved by the commission in order to practice except when serving as a "covered volunteer emergency worker" as defined in RCW 38.52.180 (5)(a) and engaged in authorized emergency management activities.

(3) A physician assistant with a retired active license may not receive compensation for health care services.

(4) A physician assistant with a retired active license may practice under the following conditions:

(a) In emergent circumstances calling for immediate action; or

(b) Intermittent circumstances on a part-time or full-time non-permanent basis.

(5) A retired active license expires every two years on the license holder's birthday. Retired active credential renewal fees are accepted no sooner than ninety days prior to the expiration date.

(6) A physician assistant with a retired active license shall report one hundred hours of continuing education at every renewal.

(7) Subsections (3) and (6) of this section are waived in response to the governor's emergency proclamation 20-05. The waivers will remain in effect until withdrawn by the commission or until the governor issues a proclamation declaring the termination of the state of emergency declared by proclamation 20-05, as amended by any subsequent amendatory proclamations, whichever is earlier.

AMENDATORY SECTION (Amending WSR 11-05-025, filed 2/7/11, effective 3/10/11)

**WAC 246-919-480 Retired active license.** (1) To obtain a retired active license a physician must comply with chapter 246-12 WAC, Part 5, excluding WAC 246-12-120 (2)(c) and (d).

(2) A physician with a retired active license may not receive compensation for health care services;

(3) A physician with a retired active license may practice only in emergent or intermittent circumstances; and

(4) Physicians with a retired active license must renew every two years and must report one hundred hours of continuing medical education at every renewal.

(5) Subsections (2) and (4) of this section are waived in response to the governor's emergency proclamation 20-05. The waivers will remain in effect until withdrawn by the commission or until the governor issues a proclamation declaring the termination of the state of emergency declared by proclamation 20-05, as amended by any subsequent amendatory proclamations, whichever is earlier.

## WAC 246-840-300 ARNP scope of practice Comparison Table

Proposed Changes	Current WAC 246-840-300
The scope of practice of a licensed ARNP is as provided in RCW <a href="#">18.79.250</a> and this section.	The scope of practice of a licensed ARNP is as provided in RCW <a href="#">18.79.250</a> and this section.
(1) The ARNP is prepared and qualified to assume primary responsibility and accountability for the care of patients <b>within their roles of ARNP licensure; Certified Nurse Practitioner (CNP), Certified Registered Nurse Anesthetist (CRNA), Certified Nurse Midwife (CNM), and Clinical Nurse Specialist (CNS).</b>	(1) The ARNP is prepared and qualified to assume primary responsibility and accountability for the care of patients.
<p>(2) <b>As licensed independent practitioners, ARNPs provide a wide range of health care services including the diagnosis and management of <i>acute, chronic, and complex health conditions, health promotion, disease prevention, health education, and counseling to individuals, families, groups, and communities. Performing within the scope of the ARNP's education, training, and experience, the licensed ARNP may perform the following:</i></b></p> <ul style="list-style-type: none"> <li>(a) Examine patients and establish diagnoses by patient history, physical examination, and other methods of assessment;</li> <li>(b) Admit, manage, and discharge patients to and from health care facilities;</li> <li>(c) Order, collect, perform, and interpret diagnostic tests;</li> <li>(d) Manage health care by identifying, developing, implementing, and evaluating a plan of care and treatment for patients;</li> </ul>	<p>(5) Performing within the scope of the ARNP's knowledge, experience and practice, the licensed ARNP may perform the following:</p> <ul style="list-style-type: none"> <li>(a) Examine patients and establish diagnoses by patient history, physical examination, and other methods of assessment;</li> <li>(b) Admit, manage, and discharge patients to and from health care facilities;</li> <li>(c) Order, collect, perform, and interpret diagnostic tests;</li> <li>(d) Manage health care by identifying, developing, implementing, and evaluating a plan of care and treatment for patients;</li> <li>(e) Prescribe therapies and medical equipment;</li> <li>(f) Prescribe medications when granted prescriptive authority under this chapter;</li> </ul>

Proposed Changes	Current WAC 246-840-300
<p>(e) Prescribe therapies and medical equipment;  (f) Prescribe medications when granted prescriptive authority under this chapter;  (g) Refer patients to other health care practitioners, services, or facilities; and  (h) Perform procedures or provide care services that are within the ARNP's scope of practice according to the commission approved certifying body as defined in WAC <a href="#">246-840-302</a>.</p>	<p>(g) Refer patients to other health care practitioners, services, or facilities; and  (h) Perform procedures or provide care services that are within the ARNP's scope of practice according to the commission approved certifying body as defined in WAC <a href="#">246-840-302</a>.</p>
<p><b>(3) As leaders in health care, ARNPs may serve in a variety of capacities including but not limited to mentors, educators, coaches, advocates, researchers, interprofessional consultants, and administrators.</b></p>	
<p>(4) ARNP practice is grounded in nursing process and incorporates the use of independent judgment. Practice includes <b>interprofessional</b> interaction with other health care professionals in the assessment and management of wellness and health conditions.</p>	<p>(2) ARNP practice is grounded in nursing process and incorporates the use of independent judgment. Practice includes collaborative interaction with other health care professionals in the assessment and management of wellness and health conditions.</p>
<p><b>(5) Health care is a dynamic field requiring the scope of the ARNP to continually evolve. The ARNP is responsible for possessing a clear understanding of, and functioning within, the</b> scope of practice of the role for which a license has been issued following the standards of care defined by the applicable certifying body as defined in WAC 246-840-302.</p>	<p>(3) The ARNP functions within his or her scope of practice following the standards of care defined by the applicable certifying body as defined in WAC 246-840-302. An ARNP may choose to limit the area of practice within the commission approved certifying body's practice.</p>

Proposed Changes	Current WAC 246-840-300
<b>(6) An ARNP may choose to specialize and perform those acts for which the individual is qualified and has appropriate education and competence.</b>	(4) An ARNP shall obtain instruction, supervision, and consultation as necessary before implementing new or unfamiliar techniques or practices.

Please direct comments to: [NCQAC.Rules@doh.wa.gov](mailto:NCQAC.Rules@doh.wa.gov)

AMENDATORY SECTION (Amending WSR 16-08-042, filed 3/30/16, effective 4/30/16)

**WAC 246-840-300 ARNP scope of practice.** The scope of practice of a licensed ARNP is as provided in RCW 18.79.250 and this section.

(1) The ARNP is prepared and qualified to assume primary responsibility and accountability for the care of patients within their roles of ARNP licensure: Certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), certified nurse midwife (CNM), and clinical nurse specialist (CNS).

~~(2) ((ARNP practice is grounded in nursing process and incorporates the use of independent judgment. Practice includes collaborative interaction with other health care professionals in the assessment and management of wellness and health conditions.~~

~~(3) The ARNP functions within his or her))~~ As a licensed independent practitioner, an ARNP provides a wide range of health care services including the diagnosis and management of acute, chronic, and complex health conditions, health promotion, disease prevention, health education, and counseling to individuals, families, groups, and

communities. Performing within the scope of the ARNP's education, training, and experience, the licensed ARNP may perform the following:

(a) Examine patients and establish diagnoses by patient history, physical examination, and other methods of assessment;

(b) Admit, manage, and discharge patients to and from health care facilities;

(c) Order, collect, perform, and interpret diagnostic tests;

(d) Manage health care by identifying, developing, implementing, and evaluating a plan of care and treatment for patients;

(e) Prescribe therapies and medical equipment;

(f) Prescribe medications when granted prescriptive authority under this chapter;

(g) Refer patients to other health care practitioners, services, or facilities; and

(h) Perform procedures or provide care services that are within the ARNP's scope of practice according to a commission approved certifying body as defined in WAC 246-840-302.

(3) As leaders in health care, an ARNP may serve in a variety of capacities including, but not limited to, mentors, educators, coaches, advocates, researchers, interprofessional consultants, and administrators.



(4) ARNP practice is grounded in nursing process and incorporates the use of independent judgment. Practice includes interprofessional interaction with other health care professionals in the assessment and management of wellness and health conditions.

(5) Health care is a dynamic field requiring the scope of the ARNP to continually evolve. The ARNP is responsible for possessing a clear understanding of, and functioning within, the scope of practice of the role for which a license has been issued following the standards of care defined by the applicable certifying body as defined in WAC 246-840-302. ((An ARNP may choose to limit the area of practice within the commission approved certifying body's practice.

~~(4) An ARNP shall obtain instruction, supervision, and consultation as necessary before implementing new or unfamiliar techniques or practices.~~

~~(5) Performing within the scope of the ARNP's knowledge, experience and practice, the licensed ARNP may perform the following:~~

~~(a) Examine patients and establish diagnoses by patient history, physical examination, and other methods of assessment;~~

~~(b) Admit, manage, and discharge patients to and from health care facilities;~~

~~(c) Order, collect, perform, and interpret diagnostic tests;~~

~~(d) Manage health care by identifying, developing, implementing, and evaluating a plan of care and treatment for patients;~~

~~(e) Prescribe therapies and medical equipment;~~

~~(f) Prescribe medications when granted prescriptive authority under this chapter;~~

~~(g) Refer patients to other health care practitioners, services, or facilities; and~~

~~(h) Perform procedures or provide care services that are within the ARNP's scope of practice according to the commission approved certifying body as defined in WAC 246-840-302.)~~

(6) An ARNP may choose to specialize and perform those acts for which the individual is qualified and has appropriate education and competence.

[Statutory Authority: RCW 18.79.050, 18.79.110, and 18.79.160. WSR 16-08-042, § 246-840-300, filed 3/30/16, effective 4/30/16. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. WSR 09-01-060, § 246-840-300, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 18.79.110 and 18.79.050. WSR 00-21-119, § 246-840-300, filed 10/18/00, effective 11/18/00. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-300, filed 6/18/97, effective 7/19/97.]

AMENDATORY SECTION (Amending WSR 04-14-065, filed 7/2/04, effective 7/2/04)

**WAC 246-840-700 Standards of nursing conduct or practice. (1)**

The purpose of defining standards of nursing conduct or practice through WAC 246-840-700 and 246-840-710 is to identify responsibilities of the professional registered nurse and the licensed practical nurse in health care settings and as provided in the Nursing Practice Act, chapter 18.79 RCW. Violation of these standards may be grounds for disciplinary action under chapter 18.130 RCW. Each individual, upon entering the practice of nursing, assumes a measure of responsibility and public trust and the corresponding obligation to adhere to the professional and ethical standards of nursing practice. The nurse shall be responsible and accountable for the quality of nursing care given to clients. This responsibility cannot be avoided by accepting the orders or directions of another person. The standards of nursing conduct or practice include, but are not limited to the following;

(2) The nursing process is defined as a systematic problem solving approach to nursing care which has the goal of facilitating an optimal level of functioning and health for the client, recognizing

diversity. It consists of a series of phases: Assessment and planning, intervention and evaluation with each phase building upon the preceding phases.

**(a) Registered Nurse:**

Minimum standards for registered nurses include the following:

**(i) Standard I Initiating the Nursing Process:**

**(A) Assessment and Analysis:** The registered nurse initiates data collection and analysis that includes pertinent objective and subjective data regarding the health status of the clients. The registered nurse is responsible for ongoing client assessment, including assimilation of data gathered from licensed practical nurses and other members of the health care team;

**(B) Nursing Diagnosis/Problem Identification:** The registered nurse uses client data and nursing scientific principles to develop nursing diagnosis and to identify client problems in order to deliver effective nursing care;

**(C) Planning:** The registered nurse shall plan nursing care which will assist clients and families with maintaining or restoring health and wellness or supporting a dignified death;

**(b) Licensed Practical Nurse:**

Minimum standards for licensed practical nurses include the following:

**(i) Standard I - Implementing the Nursing Process:** The practical nurse assists in implementing the nursing process;

**(A) Assessment:** The licensed practical nurse makes basic observations, gathers data and assists in identification of needs and problems relevant to the clients, collects specific data as directed, and, communicates outcomes of the data collection process in a timely fashion to the appropriate supervising person;

**(B) Nursing Diagnosis/Problem Identification:** The licensed practical nurse provides data to assist in the development of nursing diagnoses which are central to the plan of care;

**(C) Planning:** The licensed practical nurse contributes to the development of approaches to meet the needs of clients and families, and, develops client care plans utilizing a standardized nursing care plan and assists in setting priorities for care;

(D) **Implementation:** The registered nurse implements the plan of care by initiating nursing interventions through giving direct care and supervising other members of the care team; and

(E) **Evaluation:** The registered nurse evaluates the responses of individuals to nursing interventions and is responsible for the analysis and modification of the nursing care plan consistent with intended outcomes;

(ii) **Standard II Delegation and Supervision:** The registered nurse is accountable for the safety of clients receiving nursing service by:

(A) Delegating selected nursing functions to others in accordance with their education, credentials, and demonstrated competence as defined in WAC 246-840-010(10);

(B) Supervising others to whom ( ~~he/she has~~ ) they have delegated nursing functions as defined in WAC 246-840-010(10);

(C) Evaluating the outcomes of care provided by licensed and other paraprofessional staff;

(D) The registered nurse may delegate certain additional acts to certain individuals in community-based long-term care and in-home settings as provided by WAC 246-840-910 through 246-840-970 and WAC 246-841-

(D) **Implementation:** The licensed practical nurse carries out planned approaches to client care and performs common therapeutic nursing techniques; and

(E) **Evaluation:** The licensed practical nurse, in collaboration with the registered nurse, assists with making adjustments in the care plan. The licensed practical nurse reports outcomes of care to the registered nurse or supervising health care provider;

(ii) **Standard II Delegation and Supervision:** Under direction, the practical nurse is accountable for the safety of clients receiving nursing care:

(A) The practical nurse may delegate selected nursing tasks to competent individuals in selected situations, in accordance with their education, credentials and competence as defined in WAC 246-840-010(10);

(B) The licensed practical nurse in delegating functions shall supervise the persons to whom the functions have been delegated;

(C) The licensed practical nurse reports outcomes of delegated nursing care tasks to the RN or supervising health care provider; and

(D) In community based long-term care and in-home settings as provided by WAC 246-840-910 through 246-840-970 and WAC 246-841-405, the practical nurse may delegate only personal care tasks to qualified care

405; and

givers;

(E) In a home health or hospice agency regulated under chapter 70.127 RCW, a registered nurse may delegate the application, instillation, or insertion of medications to a registered or certified nursing assistant under a plan of care pursuant to chapter 246-335 WAC;

(iii) **Standard III Health Teaching.** The registered nurse assesses learning needs including learning readiness for patients and families, develops plans to meet those learning needs, implements the teaching plan and evaluates the outcome.

(iii) **Standard III Health Teaching.** The practical nurse assists in health teaching of clients and provides routine health information and instruction recognizing individual differences.

(3) The following standards apply to registered nurses and licensed practical nurses:

(a) The registered nurse and licensed practical nurse shall communicate significant changes in the client's status to appropriate members of the health care team. This communication shall take place in a time period consistent with the client's need for care. Communication is defined as a process by which information is exchanged between individuals through a common system of speech, symbols, signs, and written communication or behaviors that serves as both a means of gathering information and of influencing the behavior, actions, attitudes, and feelings of others; and

(b) The registered nurse and licensed practical nurse shall document, on essential client records, the nursing care given and the client's response to that care; and

(c) The registered nurse and licensed practical nurse act as client advocates in health maintenance and clinical care.

(4) Other responsibilities:

(a) The registered nurse and the licensed practical nurse shall have knowledge and understanding of the laws and rules regulating nursing and shall function within the legal scope of nursing practice;

(b) The registered nurse and the licensed practical nurse shall be responsible and accountable for his or her practice based upon and limited to the scope of ((his/her)) their education, demonstrated competence, and nursing experience consistent with the scope of practice set forth in this document; and

(c) The registered nurse and the licensed practical nurse shall obtain instruction, supervision, and consultation as necessary before implementing new or unfamiliar techniques or procedures which are in ((his/her)) their scope of practice.

(d) The registered nurse and the licensed practical nurse shall be responsible for maintaining current knowledge in ((his/her)) their field of practice; and

(e) The registered nurse and the licensed practical nurse shall respect the client's right to privacy by protecting confidential information and shall not use confidential health care information for other than legitimate patient care purposes or as otherwise provided in the Health Care Information Act, chapter 70.02 RCW.

[Statutory Authority: RCW 18.79.110, 18.79.260 (3)(f), 18.88A.210, 2003 c 140. WSR 04-14-065, § 246-840-700, filed 7/2/04, effective 7/2/04. Statutory Authority: RCW 18.79.110. WSR 02-06-117, § 246-840-700, filed 3/6/02, effective 4/6/02. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-700, filed 6/18/97, effective 7/19/97.]

AMENDATORY SECTION (Amending WSR 02-06-117, filed 3/6/02, effective 4/6/02)

**WAC 246-840-710 Violations of standards of nursing conduct or practice.** The following conduct may subject a nurse to disciplinary action under the Uniform Disciplinary Act, chapter 18.130 RCW:

(1) Engaging in conduct described in RCW 18.130.180;

(2) Failure to adhere to the standards ((enumerated)) in WAC 246-840-700 which may include, but are not limited to:



(a) Failing to assess and evaluate a client's status or failing to institute nursing intervention as required by the client's condition;

(b) Willfully or repeatedly failing to report or document a client's symptoms, responses, progress, medication, or other nursing care accurately (~~and/or~~) and legibly;

(c) Willfully or repeatedly failing to make entries, altering entries, destroying entries, making incorrect or illegible entries (~~and/or~~) and making false entries in employer or employee records or client records pertaining to the giving of medication, treatments, or other nursing care;

(d) Willfully or repeatedly failing to administer medications (~~and/or~~) and treatments in accordance with nursing standards;

(e) Willfully or repeatedly failing to follow the policy and procedure for the wastage of medications where the nurse is employed or working;

(f) Nurses shall not sign any record attesting to the wastage of controlled substances unless the wastage was personally witnessed;

(g) Willfully causing or contributing to physical or emotional abuse to the client;

(h) Engaging in sexual misconduct with a client as defined in WAC 246-840-740; or

(i) Failure to protect clients from unsafe practices or conditions, abusive acts, and neglect;

(3) Failure to adhere to the standards (~~enumerated~~) in WAC 246-840-700(2) which may include:

(a) Delegating nursing care function or responsibilities to a person the nurse knows or has reason to know lacks the ability or knowledge to perform the function or responsibility, or delegating to unlicensed persons those functions or responsibilities the nurse knows or has reason to know are to be performed only by licensed persons. This section should not be construed as prohibiting delegation to family members and other caregivers exempted by RCW 18.79.040(3), 18.79.050, 18.79.060 or 18.79.240; or

(b) Failure to supervise those to whom nursing activities have been delegated. Such supervision shall be adequate to prevent an unreasonable risk of harm to clients;

(4) (a) Performing or attempting to perform nursing techniques (~~and/or~~) and procedures for which the nurse lacks the appropriate knowledge, experience, and education (~~and/or~~) and failing to obtain

instruction, supervision (~~and/or~~) and consultation for client safety;

(b) Violating the confidentiality of information or knowledge concerning the client, except where required by law or for the protection of the client; or

(c) Writing prescriptions for drugs unless authorized to do so by the commission;

(5) Other violations:

(a) Appropriating for personal use medication, supplies, equipment, or personal items of the client, agency, or institution. The nurse shall not solicit or borrow money, materials or property from clients;

(b) Practicing nursing while affected by alcohol or drugs, or by a mental, physical or emotional condition to the extent that there is an undue risk that (~~he or she~~) they, as a nurse, would cause harm to (~~him or herself~~) themselves or other persons; or

(c) Willfully abandoning clients by leaving a nursing assignment, when continued nursing care is required by the condition of the client(s), without transferring responsibilities to appropriate personnel or caregiver;

(d) Conviction of a crime involving physical abuse or sexual abuse including convictions of any crime or plea of guilty, including crimes against persons as defined in (~~chapter 43.830 RCW [RCW 43.43.830]~~) RCW 43.43.830 and crimes involving the personal property of a patient, whether or not the crime relates to the practice of nursing; or

(e) Failure to make mandatory reports to the Nursing Care Quality Assurance Commission concerning unsafe or unprofessional conduct as required in WAC 246-840-730;

~~((Other:))~~

(6) The nurse shall only practice nursing in the state of Washington with a current Washington license;

(7) The licensed nurse shall not permit (~~his or her~~) their license to be used by another person;

(8) The nurse shall have knowledge of the statutes and rules governing nursing practice and shall function within the legal scope of nursing practice;

(9) The nurse shall not aid, abet or assist any other person in violating or circumventing the laws or rules pertaining to the conduct and practice of professional registered nursing and licensed practical nursing; or

(10) The nurse shall not disclose the contents of any licensing examination or solicit, accept or compile information regarding the contents of any examination before, during or after its administration.

[Statutory Authority: RCW 18.79.110. WSR 02-06-117, § 246-840-710, filed 3/6/02, effective 4/6/02. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-710, filed 6/18/97, effective 7/19/97.]

DRAFT

## Application for Approval to Receive Lists

**This is an application for approval to receive lists, not a request for lists. You may request lists after you are approved. Approval can take up to three months.**

RCW 42.56.070(8) limits access to lists. Lists of credential holders may be released only to professional associations and educational organizations approved by the disciplining authority.

- A “professional association” is a group of individuals or entities organized to:
  - Represent the interests of a profession or professions;
  - Develop criteria or standards for competent practice; or
  - Advance causes seen as important to its members that will improve quality of care rendered to the public.
- An “educational organization” is an accredited or approved institution or entity which either
  - Prepares professionals for initial licensure in a health care field or
  - Provides continuing education for health care professionals.

We are a “professional association”

We are an “educational organization.”

Nadine Rosete 206.905.2527 NROSETE@wphp.org  
 Primary Contact Name ↓ Phone ↓ Email ↓

Sheldon Cooper Wwww.wphp.org  
 Additional Contact Names (Lists are only sent to approved individuals) ↓ Website URL ↓

Washington Physician Health Program 91-1381840  
 Professional Assoc. or Educational Organization ↓ Federal Tax ID or Uniform Business ID number ↓

1200 Sixth Ave, STE 850 Seattle, WA 98101  
 Street Address ↓ City, State, Zip Code ↓

To email our newsletter and annual report to the license holders we serve

1. How will the lists be used? ↓

Medical Doctors, Physician Assistants, Osteopathic Physicians, Podiatric Physicians, Dentists, Veterinarians

2. What profession(s) are you seeking approval for? ↓

Please attach information that demonstrates that you are a “professional association” or an “educational organization” and a sample of your proposed mailing materials.

**Attach completed application to your recent list request using the public portal:**

<https://www.doh.wa.gov/aboutus/publicrecords>

Alternate options: Email to: [PDRC@DOH.WA.Gov](mailto:PDRC@DOH.WA.Gov) Mail to: PDRC - PO Box 47865 - Olympia WA 98504-7865

Signature ↓

Date ↓

If you have questions, please call (360) 236-4836.

For Official Use Only

Authorizing Signature: \_\_\_\_\_

Approved: \_\_\_\_\_ Printed Name: \_\_\_\_\_

5-year one-time

Denied: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

# Nadine Rosete

(Health Systems Quality Assurance #R047751-062122)

## Health Systems Quality Assurance Details

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Type of Record(s): Other/Unknown (Provide description below)

Is this a list request?: Yes

## Request Information

---

Describe the Record(s) Requested: We are seeking to be on the MD/PA Mailing list. For Medical Doctors, Physician Assistants, Osteopathic Physicians, Podiatric Physicians, Dentists, Veterinarians

From Date:

To Date:

## Other Request Information

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Preferred Method to Receive Records: Electronic via Request Center

Modified Request Description: Summary of the public record desired that will be visible in the public archive if the request is published.

## Legacy ID

---

Request Legacy ID (Parent):

## Internal Fields

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5 Day Letter Sent\*: Yes \* Please select **Yes** once you have sent the 5 Day letter.  
 \*\* If you are not closing this request at the same time the 5 day letter is being sent, you **MUST** update the **Required Completion Date** at the right with an estimated completion date.

5 Day Letter Date\*\*:

COVID-19 Related: No Check if this request is related to COVID-19.

Internal Status: List This status is not visible to the requester.

## Clarifications

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## Extend Required Completion Date

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Extend Required Completion Date: Select desired time and Save to adjust the Required Completion Date. Send a message to the requester to notify the requester after saving.

## Appeal Information

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## Exemptions

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## ▼ State Reporting Bill

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Changed Response Time:	No
Clarification Sought:	No
Installments:	No
Records Provided:	No
Scanned Docs:	No
Physical Records Provided:	No
Estimated Completion Date:	7/1/2022
Actual Completion Date:	6/24/2022
Type of Requester:	Other

---

## ▼ List Request Details

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You have requested access to a list or lists of individuals. RCW 42.56.070(8) prohibits agencies from providing access to lists of individuals requested for commercial purposes (with the exception of recognized professional associations or educational organizations).

To receive the requested list, you must complete the declaration contained in Section 1 that you will not use the list for a commercial purpose. At a minimum, "commercial purposes" means that such lists are utilized to contact or affect such individuals to facilitate, in any manner, profit-expecting activity.

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Select the appropriate options below.

Select the category you represent  Recognized Professional Association or Educational Organization (For Commercial Purpose) below:

Approved professional associations or educational organizations recognized by the appropriate professional licensing or examination board may obtain a complete list including current residential address and residential telephone information of health care providers. Please note that associations or educational organizations must obtain prior approval. If this approval has not been established, additional processing may be required.

I declare that I and/or the entity I represent will not provide the list to other persons or organizations for any purpose.:  Yes

---

The PRA at RCW 42.56.080 authorizes agencies to require a requester to provide information as to the purpose of a request "to establish whether inspection and copying would violate RCW 42.56.070(8)."

1. I am requesting the list of individuals on behalf of:	Organization or Business
Name of organization or business:	Washington Physicians Health Program
Website address:	www.wphp.org
Purpose of organization or business:	Provide confidential assistance to HCPs with medical conditions that affect their ability to practice



The organization or business is a professional association or educational organization recognized by the professional licensing or examination board:	Yes
The request is for a list of applicants for professional licenses and of professional licensees of the subject area of the association or organization:	Yes
2. The purpose in making this request for the list of individuals is:	To email our newsletter and annual report to the license holders we serve
3. I or the organization/business intend to generate revenue or financial benefit from using the list of individuals:	No
4. I or the organization/business intend to solicit money or financial support from any of the individuals on the list:	No
5. I or the organization/business intend to make individuals on the list aware of business commercial entities, business/financial enterprises or business/financial opportunities:	No
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:	Yes

## › Days in Status (Internal - Updated Overnight)

### ▼ Message History

Date

On 8/17/2022 10:55:40 AM, Nadine Rosete wrote:

Hi Lia, I've attached the completed application. Could you please explain what an MOU is? Are you referring to our contract with the DOH? Thank you, Nadine Rosete

On 8/17/2022 7:28:55 AM, LIA MILLER wrote:

**Subject:** DOH Public Records Center :: R047751-062122

**Body:**

Hi Nadine,

Please complete the application located inside of your portal and I will forward to the appropriate program manager. Since I am unable to locate and MOU you will need to apply to receive the lists. If you have an MOU for the credentials you are looking for, please forward it to me.

Thank You,

Lia Miller

Forms and Records Analyst 2

Health Systems Quality Assurance

Washington State Department of Health

Public Records | 360-236-4836

Date

On 8/16/2022 8:57:42 AM, Nadine Rosete wrote:

Hi Ms. Miller, I was hoping to get more information about how we can be an approved educational/professional organization by the licensing board. We have a contract with the DOH that requires us to provide education to the medical community and we also provide services to impaired physicians in Washington state. Thank you, Nadine Rosete

On 6/24/2022 12:58:14 PM, LIA MILLER wrote:

**Subject:** DOH Public Records Center :: R047751-062122

**Body:**

Reference # R047751-062122

Dear Nadine Rosete,

The Department of Health received a public information request from you on June 21, 2022. Your request mentioned:

**"We are seeking to be on the MD/PA Mailing list. For Medical Doctors, Physician Assistants, Osteopathic Physicians, Podiatric Physicians, Dentists, Veterinarians"**

RCW 42.56.070(8) prohibits disclosure lists of individuals requested for commercial purposes. However, lists of applicants for professional licenses and of professional licensees may be made available to professional associations or educational organizations approved by the applicable licensing board.

List requests are approved by the specific licensing board and approval can take up to three months.

You may apply for approval to receive lists from the applicable licensing board by completing and submitting an Application for Approval to Receive Lists. The application and additional information can be found [here](#) or on the customer public records portal under 'See All FAQs' in the left navigation pane. The completed application can be uploaded directly to this request.

You are currently **not an approved** professional association or educational organization. Therefore the requested list cannot be provided to you at this time, and this request is closed. Once you receive approval from the licensing board you will need to submit a new list request and upload the approval letter.

Please state that you are a professional organization on your application to receive lists.

If you have any questions or need additional information, please feel free to respond directly to this email or reach out to the approving licensing board.

Sincerely,

LIA MILLER

Washington State Department of Health  
Health Systems Quality Assurance  
Public Records

Date

On 6/21/2022 2:42:48 PM, System Generated Message:

**Subject:** Health Systems Quality Assurance :: R047751-062122

**Body:**



Dear Nadine Rosete:

Thank you for submitting a public records request to the Washington State Department of Health. Your request has been received and is being processed in accordance with the State of Washington Public Records Act, Chapter 42.56 RCW. Your request was received in this office on 6/21/2022 and given the reference number R047751-062122 for tracking purposes. You will receive an official acknowledgement letter within 5 business days from this date.

Not all public documents are available in electronic format. If the document(s) requested are not available electronically, we will make them available for inspection or by paper copy in accordance with the Public Records Act, Chapter 42.56 RCW.

Sincerely,

Washington State Department of Health  
Health Systems Quality Assurance  
Public Records

To monitor the progress or update this request please log into the [DOH Online Public Records Center](#)



Track the issue status and respond at: [https://washingtondoh.govqa.us/WEBAPP//\\_rs/RequestEdit.aspx?rid=116104](https://washingtondoh.govqa.us/WEBAPP//_rs/RequestEdit.aspx?rid=116104)

On 6/21/2022 2:42:47 PM, Nadine Rosete wrote:  
Request Created on Public Portal

#### ▼ Request Details

Reference No: R047751-062122  
Create Date: 6/21/2022 2:42 PM  
Update Date: 8/17/2022 10:55 AM  
Completed/Closed: Yes  
Close Date: 6/24/2022 12:58 PM

Status: Closed - Information Request  
Priority: Low  
Assigned Dept: Health Systems Quality Assurance  
Assigned Staff: LIA MILLER

Customer Name: Nadine Rosete  
Email Address: admin@wphp.org  
Phone: 2065830127

Source: Web

## Overlapping and Simultaneous Elective Surgeries

### Purpose

The Washington Medical Commission issues this guidance document to ensure that surgeons who perform overlapping elective surgeries do so in a patient-centered and transparent manner. Simultaneous or concurrent surgery is not appropriate.

### Definitions

**Overlapping surgery.** The practice of the primary surgeon initiating and participating in another operation when he or she has completed the critical portions of the first procedure and is no longer an essential participant in the final phase of the first operation. These are by definition surgical procedures where key or critical portions of the procedure are occurring at different times.

Overlapping surgery occurs in two circumstances. The first is when the key or critical elements of the first operation have been completed and there is no reasonable expectation that there will be a need for the primary attending surgeon to return to that operation. A second operation is started in another operating room while a qualified practitioner performs non-critical components of the first operation allowing the primary surgeon to begin the second operation. The second circumstance is when the key or critical elements of the first operation have been completed and the primary attending surgeon is performing key or critical portions in another room. The primary attending physician must assign immediate availability in the first operating room to another attending surgeon.

**Critical or key portions of an operation.** The “critical” or “key” portions of an operation are those stages when essential technical expertise and surgical judgment are necessary to achieve an optimal patient outcome. [The primary attending surgeon should determine the critical or key portions of an operation.](#) ~~are determined by the primary attending surgeon.~~

**Simultaneous or concurrent surgery.** Surgical procedures when the critical or key components of the procedures for which the primary attending surgeon is responsible are occurring all or in part at the same time.

### Guidance

#### A. General principles

1. The primary attending surgeon’s sole focus must be to provide the best care to the patient.
2. The primary attending surgeon is personally responsible for the patient’s safety and welfare throughout the surgery.
3. The primary attending surgeon should participate in the surgical huddle or time out before the first incision is made.
4. In general, the primary attending surgeon should be in the operating suite or be immediately available for the entire surgical procedure. ~~if the primary attending surgeon is not present or~~

~~immediately available, Prior to the procedure, a backup attending surgeon should be identified another attending surgeon should be assigned as and~~ immediately available. Immediately available means the surgeon is reachable through a paging system or other electronic means, and able to return immediately to the operating room.

5. A primary attending surgeon's involvement in concurrent or simultaneous surgeries on two different patients in two different rooms is inappropriate.

## B. Informed Consent

The primary attending surgeon must inform the patient of the circumstances of the overlapping or simultaneous surgery, including:

1. Who will participate in the surgery, including residents, fellows, physician assistants and nurse practitioners who are directly supervised by the surgeon;
2. When the primary attending surgeon will be absent for part of the surgery; and
3. Who will continue the surgery when the primary attending surgeon leaves the operating room.

~~3-4.~~ Who the backup attending surgeon will be, if one has been identified prior to the surgery.

The primary attending surgeon should provide this information well in advance of the surgery, providing the patient adequate time to consider the information, ask questions, and then to consent to the event as described or to find another surgeon.

## C. Documentation

The primary attending surgeon should document in the surgical record the following information:

1. The absence of the primary attending surgeon for any part of the surgery;
2. The time the primary attending surgeon enters and leaves the operating suite; and
3. The name of the temporary primary operator in the primary attending surgeon's absence.

## Resources

American College of Surgeons, Statement of Principles, revised April 12, 2016, Part II, D.

<https://www.facs.org/about-acs/statements/stonprin#anchor172771>

American Medical Association Code of Medical Ethics, Chapter 2: Opinions on Consent, Communication & Decision Making. <file:///H:/DATA/DOC/Projects/Simultaneous%20surgeries/code-2016-ch2.pdf>

Beasley GM, Pappas TN, Kirk AD. Procedure delegation by attending surgeons performing concurrent operations in academic medical centers: balancing safety and efficiency. *Ann Surg.* 2015; 261(6):1044-1045.

<http://www.massgeneral.org/News/assets/pdf/ProcedureDelegation.PDF>

Concurrent and Overlapping Surgeries: Additional Measures Warranted, A Senate Finance Committee Staff Report, United States Senate, December 6, 2016.

<https://www.finance.senate.gov/imo/media/doc/Concurrent%20Surgeries%20Report%20FINAL%20.pdf>

Mello M, Livingston E, Managing the Risks of Concurrent Surgeries. *JAMA.* 2016; 315(15):1563-1564.

<http://jama.jamanetwork.com/article.aspx?articleid=2505160>

Rickert J, A Patient-Centered Solution to Simultaneous Surgery, *Health Affairs Blog*, June 14, 2016.

<http://healthaffairs.org/blog/2016/06/14/a-patient-centered-solution-to-simultaneous-surgery/>

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Number: GUI2018-03  
Date of Adoption: July 13, 2018  
Reaffirmed / Updated: N/A  
Supersedes: GUI2016-01

**State of Washington  
Department of Health**

**Delegation of Decision Making to Health Law Judges**

I, Jimmy Chung, MD, Chair of the Washington Medical Commission, acting upon authorization of the commission and under the authority of RCW 18.130.050(8), delegates each of the functions indicated below to a presiding officer serving in the Adjudicative Service Unit:

- To serve as the final decision-maker upon review of brief adjudicative proceedings.
- Consistent with RCW 18.130.400, to serve as the decision-maker in response to an ex parte motion for summary suspension in which the respondent is alleged to have violated RCW 18.130.050 (8)(b) (DSHS actions).
- Consistent with RCW 18.130.370, to serve as the decision-maker in response to an ex parte motion for summary suspension or restriction of a license in which the respondent is alleged to have violated RCW 18.130.050(8)(a) (out of state, federal or foreign jurisdiction actions).
- Consistent with RCW 18.130.170(2)(b) to serve as the decision-maker in response to a motion for an investigative mental health or physical health examination.
- To serve as the final decision-maker in response to a motion for hearing on noncompliance with Orders. (This does not apply to STIDS)
- To serve as the final decision-maker in adjudicative proceedings in which a party is in default for failure to submit a request for adjudicative proceeding. This delegation does not include cases pertaining to standards of practice or where clinical expertise is necessary.
- To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180(5) (suspension, revocation, or restriction of the respondent's license to practice a health care profession in any state, federal or foreign jurisdiction).
- To serve as the final decision-maker in adjudicative proceedings where the Department has brought a motion for noncompliance. (noncompliance fast track docket)
- To serve as the final decision-maker in adjudicative proceedings in which the respondent is charged with violation of RCW 18.130.180(9) (failure to comply with an order issued by the board or commission or its predecessor).
- To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180(17). (conviction of a felony or gross misdemeanor related to the practice of his or her profession)



- To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180(24) (verbal or physical abuse of a client or patient).
- To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180(23) (current misuse or alcohol, controlled substances, or legend drugs).
- To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180(6) (diversion or prescribing controlled substances for oneself).
- To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.170 (mental health or physical health).
- To approve or deny proposed settlements (in all cases other than those that pertain to standards of practice or where clinical expertise is necessary) that are filed nine (9) calendar days before the scheduled hearing.
- To serve as the final decision-maker in proceedings related to reinstatement of a license previously suspended, revoked, or restricted by the board or commission.
- To serve as the final decision-maker in proceedings related to modification of any disciplinary order previously issued by the board or commission.
- To serve as the final decision-maker for brief adjudicative proceedings if review of an initial decision is requested.
- To serve as the final decision maker in proceedings on a case-by-case basis as determined by the board or commission and upon completion by the board or commission, or its designee, a delegation form for the particular case.

This delegation remains in effect until revoked, terminated or modified. To the extent that this delegation conflicts with prior delegations to presiding officers at the Adjudicative Service Unit, this delegation prevails.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

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Jimmy Chung, MD  
 Chairperson  
 Washington Medical Commission

## Personal Appearances

### Pre-Appearance

Three weeks prior to a scheduled personal appearance by a respondent, the compliance team contacts the assigned reviewing commission member (RCM) and staff attorney, provides each with the respondent's relevant documents, and invites each to express, within one week, any questions or concerns they may have regarding the respondent's upcoming appearance.

The compliance team then conducts a pre-personal appearance conference call with the respondent, and his or her attorney if applicable, at least two weeks prior to the personal appearance. The team describes the personal appearance setting and process (see below), explains that the appearance serves the Commission's statutory obligation to provide "meaningful oversight", and answers questions that the respondent may have. The respondent and the attorney, if any, are informed that the attorney's role is limited to advising the client, but not to make a presentation to the panel.

The respondent is also informed that the personal appearance is informal. It is not a hearing, and that no findings or determination of compliance or non-compliance is made during the appearance. However, should the panel, in the course of the appearance, be made aware of a matter that poses a risk to the public or to the respondent, an investigation may be authorized, and a statement of charges (SOC) may be issued.

Two weeks before the appearance, panel members receive in secure electronic format the documents they need to review in order to provide meaningful oversight of the respondent's progress.

### Appearance

The personal appearance is open to the public. The personal appearance begins with the panel chair welcoming the respondent and reading the script (attached to this procedure as Appendix A as updated) describing the sequence of events. The staff attorney then briefly summarizes the case, followed by the compliance officer's report on the respondent's progress to date. The chair then invites the respondent to offer remarks if he/she chooses, but the respondent's attorney is not invited to make a presentation. The panel members are then offered an opportunity ask questions and make comments, followed by questions and comments by the RCM. A representative of WPHP may be invited to provide comments in relevant cases.

The chair then asks the respondent and members of the public to briefly leave the room in order to allow the panel to review and discuss the information provided by the respondent. When the respondent returns to the room, the panel may follow up on questions or concerns raised during their review, as well offer the

respondent suggestions for improvement in matters relevant to the Stipulation to Informal Disposition (STID) or Order. The appearance concludes with the chair acknowledging the respondent's attendance, affirming that the respondent will receive a letter confirming fulfillment of the appearance requirement, and excusing the respondent.

## Post-Appearence

If the panel believes that a respondent has failed to adequately comply with the STID or Order, the panel may choose to reconvene as a Case Management Team (CMT) in closed session, and in consultation with the staff attorney and RCM, decide whether to issue an SOC for failure to comply with the order or stipulation. The panel should also vote to authorize an investigation in case additional information is needed to develop the case.

In the event that the respondent's answers to the panel prompt concerns of a potentially serious violation or risk to the public other than non-compliance with the order or stipulation, the panel can authorize an investigation directed to address those concerns. The staff note-keeper documents the CMT panel make-up and its authorization for investigation or further action in the form of an SOC or statement of allegations for non-compliance.

Staff prepares a letter confirming fulfillment of the appearance requirement, to be signed by the panel chair.

When the respondent has met all the terms of the STID or Order, the final step is for the respondent to be released from the restrictions on the license. The RCM and the staff attorney make a recommendation to the panel whether the respondent must make a final appearance for a decision by the panel, or whether appearance will be waived and the termination will be authorized by the RCM.

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Date of Adoption: July 13, 2018

Reaffirmed/Updated: N/A

Supersedes: N/A

## Staff Reports: August 26, 2022

### Melanie de Leon, Executive Director

#### Staffing Update:

- Jenelle Houser has transitioned from the Legal Unit to fill an Investigator-In-Training position in the Investigations Unit.
- Fatima Mirza has joined our team to fill the position vacated by Becca King. We have expanded the duties of this position to include being the Program Manager for the Practitioner Support Program, Panel L process and assistant Program Manger to help Amelia with Commission meetings. She also does the payroll for the Commissioners and handles their flight arrangements.

### Micah Matthews, Deputy Executive Director

**Recurring:** Please submit all Payroll and Travel Reimbursements within 30 days of the time worked or travelled to allow for processing. Request for reimbursement items older than 90 days will be denied. Per Agency policy, requests submitted after the cutoff cannot be paid out.

#### **Recurring: Joint Operating Agreement (JOA)**

We submitted a proposed JOA to the Department to begin negotiations as of June 2, 2022. We have not received a counter proposal at this time. The next check in with the Department representative is August 18, 2022.

#### **Audits**

##### **WMC Audit**

We have fulfilled the data requests that were outstanding as of my last report. The resulting difficulties may cause a minor delay in analysis. Field work and interviews are ongoing.

##### **Prescription Monitoring Program Audit**

The State Auditor's Office (SAO) submitted a technical draft of their report for our review. Notably, the SAO declared the functions of identifying doctor shopping, determining prescribing trends, and identifying dangerous drug combination prescribing as within the scope, experience, and authority of auditing. To accomplish this recommendation, they are proposing to the Legislature that they be granted unrestricted access to data housed in the Prescription Monitoring System. The SAO also proposes a significant increase in scope of what can be defined as auditing. We are in discussions with Department of Health staff as well as other interested parties on potential far reaching impacts of granting SAO access to such sensitive data and their proposed change in scope.

## Micah Matthews, Deputy Executive Director continued

Generally, WMC staff have repeatedly expressed caution and concern around sharing sensitive data with the SAO and concern over their current security posture in the present audits. You may remember the work of the SAO was associated with one of the largest data breaches in Washington history in 2021 in their audit of the Employment Security Department's Paid Family Leave program implementation:

<https://www.seattletimes.com/seattle-news/politics/washington-auditors-office-warned-agencies-of-data-breach-risks-then-it-got-hacked/>

While the argument that a third-party vendor was breached as opposed to SAO directly is reasonably made, the methods of information transmission from SAO to their vendors is the issue in question. It is notable that one of the statutes the SAO proposes be changed would grant them unrestricted access to the exact Paid Family Leave data that was exposed in the 2021 breach. Other statutes SAO proposes to change to grant them unrestricted access to related data are juvenile criminal offense data, general criminal history data with the State Patrol, and the Criminal Justice Training Commission investigative data.

### Staffing

We finished interviews for an Administrative Assistant position to assist the Licensing Unit. This position was established during the pandemic and vacated due to a promotion within the unit. The position should be filled by September 16.

### HELMS

After numerous and predictable setbacks, the new database is finally being built. Testing for the licensing portion will begin around October 3 and last for three weeks. The enforcement section of the database will be built following the licensing portion and testing will occur in March 2023. The scheduled go live date for the whole system is October 2023. We will not be permitted to request any system changes or updates until go live and system stabilization is completed in December 2023.

## Amelia Boyd, Program Manager

### Recruitment

We are seeking the following specialties to serve as Pro Tem Members:

- Urology
- Radiology

If you know anyone who might be interested in serving as a Pro Tem, please have them email me directly at [amelia.boyd@wmc.wa.gov](mailto:amelia.boyd@wmc.wa.gov).

The following positions expired as of June 30, 2022 and we are awaiting word from the Governor's office staff on the new appointees:

- Public Member – Toni Borlas – not eligible for reappointment
- Public Member – Yanling Yu, PhD – not eligible for reappointment

## Mike Hively, Director of Operations and Informatics

The Operations and Informatics Unit is currently processing three subpoenas for records. One request has approximately 12,416 pages to review which is roughly 90% complete. The others have a combined page total of 2,063 pages for review. Automation of our compulsory request tracking and privilege logs have temporarily been put on hold so staff can process the records pursuant to the Washington State Public Records Act. Currently, we anticipate no delays in meeting agreed upon deadlines with the requesters.

Ops & Info staff have completed digitally archiving the 75 remaining 11-year review records and submitted the 10 boxes of paper records for destruction. We continue revisions on our Litigation Hold and 6-Month Follow up letters. The Litigation Hold Program remains around 95% complete.

### Unit Accomplishments Include:

#### Digital Archiving

- 178 complaints closed BT – Folder is current
- 520 Active MD Licenses
- 360 Active PA Licenses
- Approximately 1,850 Demographic Census forms

#### Data Requests/Changes

- Approximately 652 open/closed inquires (individual inquiries may contain multiple requests)
- Approximately 556 address changes

#### Demographics

- Entered 1,730 census forms into the ILRS database and conducted quality checks
- Conducted 764 secondary census contacts
- Quarterly MD & PA Demographics report uploaded to the WMC website July 1

Demographics reviewed WMC shipping/return labels with the USPS to ensure accuracy of mailing addresses. Snagit has been selected and distributed to four staff for use as a web based investigative evidence capture tool. We anticipate onboarding additional investigative staff depending on useability feedback from the current users.

## Morgan Barrett, MD, Medical Consultant

Nothing to report.

## George Heye, MD, Medical Consultant

Nothing to report.

**Staff Update:** The Legal Unit wishes to extend our utmost appreciation and congratulations to Jenelle Houser who transferred over to Investigations as a Health Care Investigator on August 1st. We are currently recruiting to fill her vacant position with the Legal Unit and hope to have a new team member by mid-September.

**Summary Action:**

*In re Rajninder Jutla, MD*, Case No. M2022-438. On July 15, 2022, the Commission served a Statement of Charges (SOC) and Ex Parte Order of Summary Suspension which suspended Dr. Jutla's medical license based on allegations that Dr. Jutla is not safe to practice medicine with reasonable skill and safety. Dr. Jutla requested a show cause hearing, which is scheduled for August 18. The show cause panel will issue an order and may overturn, uphold, or amend the summary suspension. A hearing on the merits of the Statement of Charges has not been scheduled.\*

\*Within forty-five days of a determination by the panel to sustain the summary suspension or place restrictions on the license, the license holder may request a full hearing on the statement of charges on the merits of the disciplining authority's decision to suspend or restrict the license. A full hearing must be provided within forty-five days of receipt of the request for a hearing, unless stipulated otherwise. WAC 246-11-340.

**Orders Resulting from SOCs:**

*In re Martin Klos, MD*, Case No. M2022-54. Final Order of Default (Failure to Respond).\*\* On May 24, 2022, the Commission served a SOC and an Ex Parte Order of Summary Suspension which summarily suspended Dr. Klos' medical license. The summary suspension was based on a Stipulated Order with the Oregon Medical Board in which Dr. Klos surrendered his Oregon medical license and his Drug Enforcement Agency (DEA) registration while under investigation for substandard prescribing practices and practice below the standard of care. Dr. Klos did not file a response to the SOC within the time allowed. This matter came before a Health Law Judge (HLJ) in August 2022. The HLJ concluded sufficient grounds exist to take disciplinary action and ordered that Dr. Klos' medical license be indefinitely suspended.\*\*\*

*In re Joseph A. Sutton, PA*, Case No. M2021-1004. Final Order (Waiver of Hearing).\*\* On February 9, 2022, the Commission filed a SOC and Ex Parte Motion for Summary Action. On February 14, 2022, the Commission served an Ex Parte Order of Summary Action, summarily suspending Mr. Sutton's physician assistant license based on allegations related to sexual misconduct, abuse of a patient, practice below the standard of care, and unauthorized use and disclosure of protected health information. Mr. Sutton waived his opportunity for settlement and a hearing, and the matter came before a panel of Commissioners for a final determination. The July 6, 2022, Final Order concluded Mr. Sutton engaged in unprofessional conduct and permanently revoked Mr. Sutton's physician assistant license. On July 16, 2022, Mr. Sutton filed a request for reconsideration. Disposition of the Petition for Reconsideration will be in the form of a written order denying the petition, granting the petition and modifying the final order, or granting the petition and setting the matter for further proceedings.

## Rick Glein, Director of Legal Services continued

*In re Katherine G. Skelly, PA, Case No. M2020-834. Final Order (Waiver of Hearing).*\*\* On April 13, 2022, the Commission filed a SOC and Ex Parte Motion for Summary Action. On April 19, 2022, the Commission served an Ex Parte Order of Summary Suspension, summarily suspending Ms. Skelly's physician assistant license based on allegations of being unable to practice with reasonable safety due to a mental or physical condition. On May 9, 2022, Ms. Skelly filed an Answer to the SOC, along with her statement, and waived a hearing or settlement. The June 30, 2022, Final Order concluded Ms. Skelly is unable to practice with reasonable skill and safety and indefinitely suspended her physician assistant license.\*\*\*

*In re Richard Edgerly, MD, Case No. M2022-46. Agreed Order.* In January 2022, the Commission issued a SOC which alleged Dr. Edgerly failed to meet the standard of care related to the care and treatment of a COVID-19 positive patient with significant health conditions when prescribing ivermectin. On July 15, 2022, the Commission approved an Agreed Order which restricts Dr. Edgerly from prescribing ivermectin for non-FDA-approved indications to patients and prescribing medication or providing care to patients without first establishing a physician-patient relationship by seeing the patient either in-person or via real-time video, taking the patient's history, and examining the patient before deciding on a course of treatment and prescribing medication to that patient. Additionally, Dr. Edgerly agreed to complete a CME covering the subject of prevention, treatment, and management of COVID-19; review the CDC and UpToDate websites for current COVID-19 guidelines; and write a paper describing what he learned and how he will apply it to his practice. Dr. Edgerly must submit biannual personal reports and permit annual compliance audits. The Agreed Order also requires a personal appearance and payment of a \$5,000 fine.

\*\*Either party may file a petition for reconsideration within ten days of service of the order. RCW 34.05.461(3); 34.05.470. A petition for judicial review must be filed and served within 30 days after service of the order. If a petition for reconsideration is filed, the 30-day period does not start until the petition is resolved. RCW 34.05.542; 34.05.470(3).

\*\*\*A person whose license has been suspended under chapter 18.130 RCW may petition the disciplining authority for reinstatement. RCW 18.130.150.

### **Virtual Hearings:**

*In re Richard Heitsch, MD, Case No. 2021-545.* On August 11, 2021, the Commission filed a SOC alleging Dr. Heitsch and the Oregon Medical Board entered into a Stipulated Order ordering Dr. Heitsch to complete a course on medical documentation and prohibiting Dr. Heitsch, or any person employed by him, from treating any patient with hyperbaric oxygen therapy or performing hyperbaric oxygen therapy for any patient. In March 2022, the Health Law Judge granted the Commission's Motion for Partial Summary Judgment, finding that there is no genuine dispute as to any material fact and limited the issue at hearing to sanctions only. The Commission held a virtual hearing on July 29, 2022. A Final Order is expected to be issued by end of October 2022.\*

*In re Scott C. Miller, PA, Case No. 2021-272.* On October 8, 2021, the Commission filed an Ex Parte Motion for Summary Action and SOC. On October 14, 2021, the Commission served an Ex Parte Order of Summary Action, summarily suspending Mr. Miller's physician assistant



## Rick Glein, Director of Legal Services continued

license based on allegations of substandard care of COVID-19 patients; interfering with the care of hospitalized COVID-19 patients; engaging in a hostile and threatening public campaign against both hospitals and individual physicians regarding COVID-19 treatment; and lying on California's Physician Assistant Board. Mr. Miller requested a show cause hearing which was held November 17, 2021. The show cause panel issued an order on December 17, 2021, his initial licensing application by denying that he was under investigation by the State of ordering that the Ex Parte Order of Summary Action shall remain in effect pending a full adjudication of the allegations. The Commission held a virtual hearing August 8-12, 2022, regarding the merits of the case. A Final Order is expected to be issued by mid-November 2022.\*

\*The HLJ has 90 days after the conclusion of the hearing to issue a decision. RCW 34.05.461.

### **Item of Interest:**

On August 8, 2022, Rick met virtually with Dr. Chris Bundy, Washington Physician Health Program (WPHP), for their quarterly meeting to discuss processes which lead to a productive relationship between WMC and WPHP and offer joint feedback in our ongoing mission of patient safety and enhancing the integrity of the profession through discipline and education.

## Mike Farrell, Policy Development Manager

I am involved in planning for the FSMB Board Attorney Workshop, and moderating a panel on handling COVID-related cases. Staff attorney Trisha Wolf will be on the panel and discuss several WMC cases.

## Freda Pace, Director of Investigations

- ❖ Welcome, Jenelle Houser, to the Investigations Unit! She joined investigations on August 1<sup>st</sup> as a Health Care Investigator 1 (in-training). We are super excited to have her join the team.
- ❖ Reviewing Commissioner Member Notification (RCM Notification) process:  
As a reminder, the RCM Notification process allows you and the assigned investigator an opportunity to collaborate together in building the foundation for a thorough investigation. Please make sure to monitor your WMC email inbox regularly and respond timely to request for feedback which will help with a judicious investigation for both the respondent(s) and complainant(s).
- ❖ **CMT Sign-up for 2022**  
Our CMT sign up slots are filling up – so thank you for your continued participation. However, we still have several vacant slots beginning in October through the end of the year. We need your help, support, and participation to complete this very important book of business.

## Freda Pace, Director of Investigations continued

If you sign up for a CMT slot and you have a last-minute schedule conflict, at your earliest opportunity, please notify Chris Waterman via email: [chris.waterman@wmc.wa.gov](mailto:chris.waterman@wmc.wa.gov). This courtesy cancellation notification will allow Chris the opportunity to fill any last-minute vacancy needs.

Here are some notable statistics from our Complaint Intake Case Manager...

	July 2021		July 2022	
New Cases Reviewed	119		111	
Cases Authorized	47	39.5%	35	31.5%
Cases Closed	72	60.5%	76	68.5%

There were only eight more cases reviewed by CMT in 2021 than 2022.

We are authorizing approximately eight percent fewer cases than last year (at this time).

## Jimi Bush, Director of Quality and Engagement

### Outreach

If you have a topic suggestion for our informal series "coffee with the commission" - please [let Jimi](#) know. We are looking to put together a coffee with the commission that discusses the discrimination policy. This CwC will be led by Mahi Zeru. If you are interested in participating, please [let Jimi know](#) and she will reach out to coordinate a time.

We are also working on having our Lunch and Learns on a monthly basis – not just during commission meetings and having them accredited for Category 1 CME. Additional Specialty CME webinars are in progress and will have an update at the next Q&E report.

### Performance

The full Fiscal Year 2022 Performance Report can be found [here](#). If you have any questions or concerns regarding this report, please contact WMC's Performance Manager, [Sarah Chenvert](#). Highlights are below

# WMC Performance Report

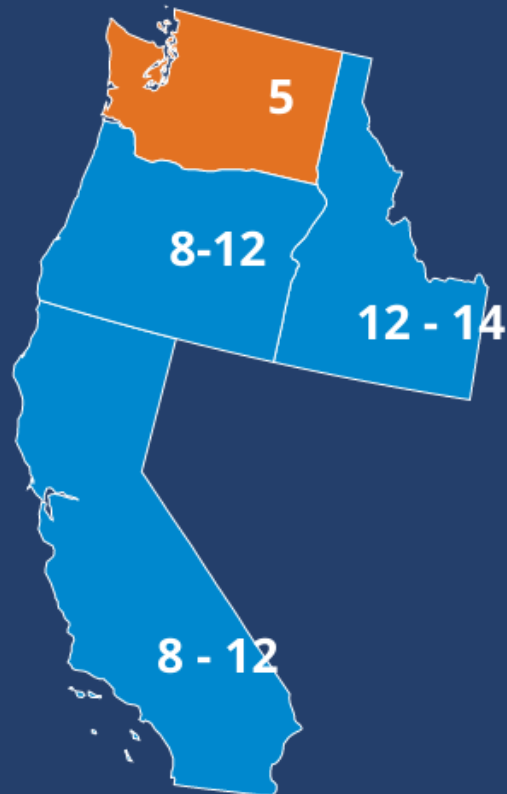
July 2021 - June 2022



## KPIs At A Glance



## Week to Issue a Credential: WA vs. Neighboring States



## FY22 Overall Performance



## Marisa Courtney, Licensing Manager

Total licenses issued from 07/06/2022-08/16/2022= 593

Credential Type	Total Workflow Count
Physician And Surgeon Clinical Experience License	2
Physician And Surgeon Fellowship License	0
Physician And Surgeon Institution License	0
Credential Type	Total Workflow Count
Physician And Surgeon License	416
Credential Type	Total Workflow Count
Physician and Surgeon License Interstate Medical Licensure Compact	70
Physician And Surgeon Residency License	17
Physician And Surgeon Teaching Research License	1
Physician And Surgeon Temporary Permit	14
Physician Assistant Interim Permit	0
Physician Assistant License	71
Physician Assistant Temporary Permit	.3
<b>Totals:</b>	<b>593</b>

Information on Renewals: July Renewals- 78.19% online renewals

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	42	42
MD	892	259	1151
MDIN	2	0	2
MDRE	148	7	155
MDTR	4	4	8
PA	173	28	201
	<b>78.19%</b>	<b>21.81%</b>	<b>100.00%</b>

## Panel A Personal Appearance Agenda

Friday, August 26<sup>th</sup>, 2022

Panel Members:	Sarah Lyle, MD, Panel Chair	Mabel Bongmba, MD	Jimmy Chung, MD	Arlene Dorrough, PA-C
	Anjali D'Souza, MD	Harlan Gallinger, MD	Elisha Mvundura, MD	Robert Pullen, Public Member
	Scott Rodgers, Public Member	Richard Wohns, MD	Yanling Yu, PhD, Public Member	
	Janet Barrall, MD, Pro-Tem	Alan Brown, MD, Pro-Tem	Mary Curtis, MD, Pro-Tem	Charlie Browne, MD
	Robert Golden, MD	Charlotte Lewis, MD, Pro-Tem		

Compliance Officer: Anthony Elders

<b>10:45 a.m.</b>	<b>Charles C. Sung, MD</b> Attorney: Robert Schulz	M2017-514 (2016-5807 et al.) RCM: Richard Wohns, MD SA: Kelly Elder
<b>11:30 a.m.</b>	<b>Anthony E. Harris, MD</b> Attorney: Deanna R. Bui; Scott M. O'Halloran	M2020-711 (2019-18383) RCM: Richard Wohns, MD SA: Trisha Wolf
<b>Lunch Break</b>		
<b>1:30 p.m.</b>	<b>Nathaniel L. Whitney, MD</b> Attorney: <i>Robert F. Sestero, Jr.</i>	M2019-1122 (2019-4847) RCM: Richard Wohns, MD SA: Gordon Wright

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## Panel B

### Personal Appearance Agenda

Friday, August 26<sup>th</sup>, 2022

Panel  
Members:

Chair: Terry Murphy, MD	Michael Bailey, Public Member	Christine Blake, Public Member	Toni Borlas, Public Member
Po-Shen Chang, MD	Diana Currie, MD	Karen Domino, MD	April Jaeger, MD
Ed Lopez, PA-C	Claire Trescott, MD		
Theresa Schimmels, PA-C, Pro Tem	Daniel Flugstad, MD, Pro Tem	Bruce Hopkins, MD, Pro Tem	John Maldon, Public Member, Pro-Tem
Alden Roberts, MD, Pro Tem			

Compliance  
Officer:

Mike Kramer

<b>10:45 a.m.</b>	<b>Jeffrey L. Smith, MD</b> Attorney: Pro Se	M2018-195 (2017-5694) RCM: Karen Domino, MD SA: Gordon Wright
<b>11:30 a.m.</b>	<b>Stephen P. Markus, MD</b> Attorney: Douglas Yoshida	M2018-94 (2019-10700 et al.) RCM: Claire Trescott, MD SA: Rick Glein
<b>LUNCH BREAK</b>		
<b>1:30 p.m.</b>	<b>Ian B. Lawson, MD</b> Attorney: Pro Se	M2020-403 (2019-14747) RCM: Karen Domino, MD John Maldon, Public Member SA: Rick Glein
<b>2:15 p.m.</b>	<b>Joseph W. Regimbal, MD</b> Attorney: Jennifer Veal	M2020-209 (2019-8978) RCM: Karen Domino, MD SA: Colleen Balatbat

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