

WASHINGTON
**Medical
Commission**

Licensing. Accountability. Leadership.



Regular Meeting
January 12-13, 2023



2023 Meeting Schedule



WASHINGTON
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Licensing. Accountability. Leadership.

Dates	Location	Meeting Type
January 12-13	Virtual options available for open sessions Capitol Event Center (ESD 113) 6005 Tyee Drive SW, Tumwater, WA	Regular Meeting
March 2-3	Virtual options available for open session Capitol Event Center (ESD 113) 6005 Tyee Drive SW, Tumwater, WA	Regular Meeting
April 13-14	Virtual options available for open sessions Capitol Event Center (ESD 113) 6005 Tyee Drive SW, Tumwater, WA	Regular Meeting
May 25-26	Virtual	Regular Meeting
July 13-14	Virtual options available for open sessions Capitol Event Center (ESD 113) 6005 Tyee Drive SW, Tumwater, WA	Regular Meeting
August 24-25	Virtual options available for open sessions Capitol Event Center (ESD 113) 6005 Tyee Drive SW, Tumwater, WA	Regular Meeting
October 5-6	Tumwater, WA	Tentative: Case Reviews Commissioner Retreat
November 16-17	Virtual options available for open sessions Capitol Event Center (ESD 113) 6005 Tyee Drive SW, Tumwater, WA	Regular Meeting

Association Meetings		
Association	Date(s)	Location
Federation of State Medical Boards (FSMB) Annual Conf.	May 4-6, 2023	Minneapolis, MN
WAPA Spring Conference	TBA	TBA
WSMA Annual Meeting	September 23-24, 2023	Bellevue, WA
WAPA Fall Conference	TBA	TBA

Other Meetings		
Program	Date(s)	Location
Council on Licensure, Enforcement & Regulation (CLEAR) Winter Symposium	January 11, 2023	Savannah, GA
CLEAR Annual Conference	September 27-30, 2023	Salt Lake City, UT
FSMB Board Attorneys Workshop	TBA	TBA

2024 Meeting Schedule



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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	TBA
November 21-22	TBD	Regular Meeting

FORMAL HEARING SCHEDULE



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Hearing	Respondent	Case No.	Location
January 2023			
19-Jan through 20-Jan	Jutla, Rajninder, MD	M2022-438	Virtual
February 2023			
6-Feb	Thomas, Paul, MD	M2021-378	TBD
17-Feb	Alhafez, Fadim, MD	M2021-656	TBD
27-Feb through 1-Mar	Shibley, Eric R., MD	M2018-443	TBD
March 2023			
16-Mar through 17-Mar	Thompson, Robert, MD	M2021-553	TBD
April 2023			
3-Apr through 7-Apr	Wilkinson, Richard, MD	M2022-196	TBD
28-Apr	Lucke, John, MD	M2021-908	TBD
May 2023			
24-May through 26-May	Eggleston, Richard, MD	M2022-204	TBD

Commission Meeting Agenda

January 12-13, 2023



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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 January 12, 2023 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 January 13, 2023 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.

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.

Capital Event Center (ESD 113), 6005 Tye Drive SW, Tumwater, WA 98512

Time Thursday – January 12, 2023

Closed Sessions

8:00 am Case Reviews – Panel A Pacific
8:00 am Case Reviews – Panel B Grays Harbor

Open Session

12:30 pm Lunch & Learn Thurston

To attend virtually, please **register** at: <https://attendee.gotowebinar.com/register/3074363582394748503>
After registering, you will receive an email containing a link that is unique to you to join the webinar.

High Reliability Organizations

Jimmy Chung, MD, WMC Chair

Closed Sessions

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

Open Session

4:00 pm Policy Committee Meeting Grays Harbor

To attend virtually, **register** at: <https://attendee.gotowebinar.com/register/7856476102150684247>
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)
Proposed Interpretive Statement: Physician Assistants Performing Disability Evaluations <i>Review of proposed interpretive statement.</i>	Mike Farrell	16-19
Interpretive Statement: Physician Assistants Ordering Patient Restraint and Seclusion <i>Routine review, discussion, and possible revisions to interpretive statement.</i>	Mike Farrell	20-22
Report: High Reliability Organizations Workgroup	Mike Farrell	NA
Policy Request <i>Review policy request from Mitchell Cohen, MD</i>	Mike Farrell	23-24

Time	Friday – January 13, 2023		
Open Session			
8:00 am	Business Meeting	Thurston	

To attend virtually, **register** for this meeting at: <https://attendee.gotowebinar.com/rt/8377137738856115034>

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.

4.1 Minutes – Approval of the November 18, 2022 Business Meeting minutes. Action Pages 8-12

4.2 Agenda – Approval of the January 13, 2023 Business Meeting agenda. Pages 5-7

5.0 Old Business

5.1 Committee/Workgroup Reports

The Chair will call for reports from the Commission's committees and workgroups. Written reports begin on page 13

See page 14 for a list of committees and workgroups.

Update

5.2 Rulemaking Activities

Rules Progress Report provided on page 15.

Update

6.0 Policy Committee Report

Christine Blake, Public Member, Chair, will report on items discussed at the Policy Committee meeting held on January 12, 2023. See the Policy Committee agenda on page 1 of this agenda for the list of items to be presented.

Report/Action
Begins on
page 16

7.0 Member Reports

The Chair will call for reports from Commission members.

8.0 Staff Member Reports

The Chair will call for further reports from staff.

Written
reports on
pages 25-32

9.0 AAG Report

Heather Carter, AAG, may provide a report.

10.0 Adjournment of Business Meeting

Open Sessions

9:45 am Personal Appearances – Panel A

Page 33

Pacific

January 12-13, 2023

Agenda Page 2 of 3

Closed Session

Noon to 1:00 pm

High Reliability Organizations Workgroup Meeting

Grays Harbor

Business Meeting Minutes

November 18, 2022



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Virtual Meeting via GoToWebinar – Link to recording: [https://youtu.be/ 8VVcSI5V8](https://youtu.be/8VVcSI5V8)

Commission Members

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

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

WMC Staff

Taylor Bacharach-Nixon, Administrative Assistant
Colleen Balatbat, Staff Attorney
Amelia Boyd, Program Manager
Kayla Bryson, Executive Assistant
Jimi Bush, Director of Quality & Engagement
Adam Calica, Chief Investigator
Marisa Courtney, Licensing Supervisor
Melanie de Leon, Executive Director

Mike Hively, Director of Operations & Informatics
Ken Imes, Information Liaison
Kyle Karinen, Staff Attorney

Pam Kohlmeier, MD, JD, Attorney
Fatima Mirza, Program Case Manager
Micah Matthews, Deputy Executive Director
Trisha Wolf, Staff Attorney

Kelly Elder, Staff Attorney
Mike Farrell, Policy Development Manager

Others in Attendance

Heather Carter, Assistant Attorney General

1.0 Call to Order

In the absence of Jimmy Chung, MD, Chair, Karen Domino, MD, Chair Elect, called the meeting of the Washington Medical Commission (WMC) to order at 8:00 a.m. on November 18, 2022.

2.0 Public Comment

Cyndi Hoenhous, Co-Chair, Washington Patients in Intractable Pain, provided comments regarding NarxCare and the Prescription Monitoring Program.

Rose Bigham, Co-Chair, Washington Patients in Intractable Pain, provided comments regarding NarxCare and the Prescription Monitoring Program.

3.0 Chair Report

No Chair report was given.

4.0 Consent Agenda

The Consent Agenda contained the following items for approval:

- 4.1 Minutes from the August 26, 2022 Business Meeting
- 4.2 Agenda for November 18, 2022.

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

5.0 Old Business

5.1 Committee/Workgroup Reports

These reports were provided in writing and included in the meeting packet. There were no additional reports.

5.2 Rulemaking Activities

The rulemaking progress report was provided in the meeting packet. In addition to the written report, Amelia Boyd, Program Manager, presented the following:

- Rules petitions from Thomas M. Bertsch regarding opioid prescribing. Ms. Boyd explained the rules petitions process and stated the Commissioners have 60 days from the date the petition was received to respond to the petitioner. Then, Micah Matthews, Deputy Executive Director, provided background on the WMC's opioid prescribing rules. Heather Carter, Assistant Attorney General, added that the Legislature required in statute that the WMC create rules regarding opioid prescribing.

- Petition 1, received October 19, 2022 – request to repeal “all Washington state laws regarding chronic pain patients opioid prescribing, pill counts, drug screens, including the repeal of the requirements of entering chronic pain patients medical and any other data into any prescriptiuvon (sic) drug monitoring program.” Additionally, the petition requests the repeal of chapter 70.225 RCW (Prescription Monitoring Program), chapter 246-470 WAC (Prescription Monitoring Program), and WAC 246-919-851 (Exclusions).

Motion: The Chair entertained a motion to deny the petition. The motion was seconded and approved unanimously.

- Petition 2, received October 25, 2022 – request to repeal WAC 246-919-850 through WAC 246-919-985 (Opioid Prescribing—General Provisions).

Motion: The Chair entertained a motion to deny the petition. The motion was seconded and approved unanimously.

- Petition 3, received October 31, 2022 – request to amend WAC 246-919-801 (Exclusions) to add “(6) The treatment of chronic pain patients who are 65 years of age, or older, who have been previously prescribed opioid medications at any time in their medical history.”

Motion: The Chair entertained a motion to deny the petition. The motion was seconded and approved unanimously.

- Request to rescind approval to initiate rulemaking regarding medical records. Ms. Boyd explained that since the Commissioners approved rulemaking regarding medical records, the subject has been analyzed by staff and, at this time, there is no need for rulemaking on this subject.

Motion: The Chair entertained a motion to rescind the approval to initiate rulemaking regarding medical records. The motion was seconded and approved unanimously.

- Request to rescind the following interpretive statements:
 - Establishing Approval Criteria for Defining Appropriate Medical Practices for International Medical Graduate (IMG) Nomination, INS2022-02.
 - Requiring the Filing of a Practice Agreement Before Beginning to Practice Under an IMG Limited License, INS2021-01.

Ms. Boyd explained that the WMC recently completed rulemaking regarding IMGs, which will become effective on November 25, 2022. As part of that rulemaking, both interpretive statements were incorporated into rule. Therefore, both interpretive statements are no longer needed.

- Exempting Patients in Nursing Homes and Long-Term Acute Care Hospitals from the Opioid Prescribing Rules, INS2019-03.

Ms. Boyd explained that the WMC recently completed rulemaking regarding patient exclusions to the opioid prescribing rules, which will become effective on November 25, 2022. As part of that rulemaking, this interpretive statement was incorporated into rule and, therefore, this interpretive statement is no longer needed.

Motion: The Chair entertained a motion to rescind these three interpretive statements. The motion was seconded and approved unanimously.

- Request to initiate rulemaking regarding [SB 5229](#) – Concerning health equity continuing education for health care professionals.

Ms. Boyd explained that this bill directed the Department of Health (DOH) to create model rule language for all health professions by January 1, 2023. The bill also directs the rulemaking authority for each health profession to adopt rules based on the DOH's model rule language by January 1, 2024. Ms. Boyd asked that the Commissioners approve initiating rulemaking on this subject for both allopathic physicians and physician assistants.

Motion: The Chair entertained a motion to initiate rulemaking on this subject. The motion was seconded and approved unanimously.

5.3 Open Public Meetings Act

Heather Carter, Assistant Attorney General, provided training and information regarding the Open Public Meetings Act, [chapter 42.30 RCW](#).

6.o Policy Committee Report

Christine Blake, Public Member, Policy Committee Chair, reported on the items discussed at the Policy Committee meeting held on November 17, 2022:

DOH Document: Medical Marijuana Authorization Guidelines

Ms. Blake stated the Committee suggested some minor changes, which have been provided to Mike Farrell, Policy Development Manager, to pass on to the DOH. The Committee recommended approving the document with the minor edits to be sent on to the DOH.

Guidance Document: Reentry to Practice for Suspended Licenses

Ms. Blake stated that this document is being presented as part of the WMC's established four-year review schedule. She presented some edits that were suggested by the Committee. She stated the Committee recommended approving the document with the edits as presented.

Guidance Document: Reentry to Practice

This document was presented as part of the WMC's established four-year review schedule. Ms. Blake asked Mr. Farrell to present this document. Mr. Farrell explained the background of the document and noted some edits which were suggested by the Committee. Ms. Blake stated the Committee recommended approving the document with the edits as presented.

Proposed Policy: Clinical Experience Assessment (IMG)

Ms. Blake asked Micah Matthews, Deputy Executive Director, to report on this document. Mr. Matthews stated the Committee did make some edits to the proposed policy document. He went on to say that this proposed policy establishes a Clinical Experience Assessment. He provided some background on the document. He stated that he is requesting the Commissioners approve this document to go through DOH Secretary review. The Committee did recommend approval of the revised document to go through DOH Secretary review.

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

7.0 Member Reports

Yanling Yu, PhD, Public Member, presented information on the newly created [National Action Plan to Advance Patient Safety](#).

8.0 Staff Reports

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

Mr. Matthews spoke about the public comment regarding NarxCare stating the WMC has addressed Artificial Intelligence machine learning use in their [Telemedicine Policy](#). He also reported that based off of the new [Centers for Disease Control and Prevention's Clinical Practice Guideline for Prescribing Opioids for Pain](#), the WMC is having an expert compare them to WMC's opioid prescribing rules to see if there are any gaps or conflicts. If there are any actions the expert recommends, a subcommittee will be convened on this issue. Finally, Mr. Matthews introduced a new member of his team, Taylor Bacharach-Nixon, Administrative Assistant.

9.0 AAG Report

Heather Carter, AAG, reported that she recently attended the Federation of State Medical Board's Board Attorney Workshop. She gave a shoutout to Mr. Farrell, who is on the planning committee for the workshop, as it had excellent presentations.

10.0 Adjournment

The Chair Elect called the meeting adjourned at 9:10 am.

Submitted by

Amelia Boyd, Program Manager

Karen Domino, MD, Chair Elect
Washington Medical Commission

Approved January...

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.

Committee/Workgroup Reports: January 2023

High Reliability Organizations Workgroup – Chair: Dr. Chung
Staff: Mike Farrell

The workgroup, now called the High Reliability workgroup, last met in August and presented its work to the policy committee. The workgroup will schedule a meeting soon.

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

No updates to report.

Committees & Workgroups



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Executive Committee

Chair: Dr. Chung
Chair Elect: Dr. Domino
Vice Chair: Dr. Murphy
Policy Chair: Christine Blake, PM
Immediate Past Chair: John Maldon, PM
Melanie de Leon
Micah Matthews
Heather Carter, AAG

Policy Committee

Christine Blake, PM, Chair (B)
Dr. Domino (B)
Dr. Trescott (B)
Scott Rodgers, PM (A)
Ed Lopez, PA-C (B)
Heather Carter, AAG
Melanie de Leon
Mike Farrell
Amelia Boyd

Newsletter Editorial Board

Dr. Currie
Dr. Chung
Dr. Wohns
Jimi Bush, Managing Editor
Micah Matthews

Legislative Subcommittee

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

Healthcare Disparities Workgroup

Dr. Currie, Chair
Dr. Browne
Dr. Jaeger
Christine Blake, PM
Melanie de Leon

Panel L

Dr. Chung, Chair
Christine Blake, PM
Dr. Browne, Pro Tem
Dr. Chung
Arlene Dorrough, PA-C
Dr. Lyle
Dr. Wohns
John Maldon, PM, Pro Tem
Dr. Roberts, Pro Tem
Dr. Trescott
Dr. Barrett, Medical Consultant
Marisa Courtney, Licensing Supervisor
Pam Kohlmeier, MD, JD, Staff Attorney
Micah Matthews

Finance Workgroup

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

High Reliability Workgroup

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

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
Collaborative Drug Therapy Agreements (CDTA)	CR-101 filed	7/22/2020	Workshops	TBD				Complete	TBD	TBD
SB 5229 - Health Equity CE	Initiate rulemaking approved	11/18/2022	File CR-101	February 2023				February 2023	TBD	TBD

Interpretive Statement



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Title:	Physician Assistants Performing Disability Evaluations	INS2023-01
References:	Chapter 18.71A RCW , Chapter 246-918 WAC , Chapter 388-449 WAC , 20 CFR § 404.1502	
Contact:	Washington Medical Commission	
Phone:	(360) 236-2750	E-mail: medical.commission@wmc.wa.gov
Supersedes:	None	
Effective Date:		
Approved By:		

The Washington Medical Commission (Commission) interprets [Chapter 18.71A RCW](#), [Chapter 246-918 WAC](#), [Chapter 388-449 WAC](#), and [20 CFR § 404.1502](#) as a authorizing physician assistant to conduct a disability evaluation to determine whether a person is disabled so long as the physician assistant is competent to perform the evaluation based on education, training, and experience and the evaluation is consistent with the practice agreement.

[RCW 18.71A.010](#)(4) provides:

“Physician Assistant” means a person who is licensed by the commission to practice medicine according to a practice agreement with one or more participating physicians, with at least one of the physicians working in a supervisory capacity, and who is academically and clinically prepared to provide health care services and perform diagnostic, therapeutic, preventative, and health maintenance services.

[RCW 18.71A.020](#)(2) provides:

(2)(a) The commission shall adopt rules governing the extent to which:

...

(b) Such rules shall provide:

- (i) That the practice of a physician assistant shall be limited to the performance of those services for which he or she is trained; and
- (ii) That each physician assistant shall practice medicine only under the terms of one or more practice agreements, each signed by one or more supervising physicians licensed in this state. A practice agreement may be signed electronically using a method for electronic signatures approved by the commission. Supervision shall not be construed to necessarily require the personal presence of the supervising physician or physicians at the place where services are rendered.

[RCW 18.71A.030](#) provides:

- (1) A physician assistant may practice medicine in this state to the extent permitted by the practice agreement. A physician assistant shall be subject to discipline under chapter 18.130 RCW.
- (2) Physician assistants may provide services that they are competent to perform based on their education, training, and experience and that are consistent with their practice agreement. The supervising physician and the physician assistant shall determine which procedures may be performed and the supervision under which the procedure is performed. Physician assistants may practice in any area of medicine or surgery as long as the practice is not beyond the supervising physician's own scope of expertise and clinical practice and the practice agreement.
- (3) A physician assistant delivering general anesthesia or intrathecal anesthesia pursuant to a practice agreement with a physician shall show evidence of adequate education and training in the delivery of the type of anesthesia being delivered on his or her practice agreement.

[RCW 18.71A.050](#) provides:

...

The supervising physician and physician assistant shall each retain professional and personal responsibility for any act which constitutes the practice of medicine as defined in RCW 18.71.011 or the practice of osteopathic medicine and surgery as defined in RCW 18.57.001 when performed by the physician assistant.

[RCW 18.71A.090](#) provides:

- (1) A physician assistant may sign and attest to any certificates, cards, forms, or other required documentation that the physician assistant's supervising physician or physician group may sign, provided that it is within the physician assistant's scope of practice and is consistent with the terms of the physician assistant's practice agreement as required by this chapter.
- (2) Notwithstanding any federal law, rule, or medical staff bylaw provision to the contrary, a physician is not required to countersign orders written in a patient's clinical record or an official form by a physician assistant with whom the physician has a practice agreement.

[RCW 18.71A.120](#) provides:

- (1) Prior to commencing practice, a physician assistant licensed in Washington state must enter into a practice agreement with a physician or group of physicians, at least one of whom must be working in a supervisory capacity.
- ...
- (2) A practice agreement must include all of the following:
 - (a) The duties and responsibilities of the physician assistant, the supervising physician, and alternate physicians. The practice agreement must describe supervision requirements for specified procedures or areas of practice. The practice agreement may only include acts, tasks, or functions that the physician assistant and supervising

physician or alternate physicians are qualified to perform by education, training, or experience and that are within the scope of expertise and clinical practice of both the physician assistant and the supervising physician or alternate physicians, unless otherwise authorized by law, rule, or the commission;

(b) A process between the physician assistant and supervising physician or alternate physicians for communication, availability, and decision making when providing medical treatment to a patient or in the event of an acute health care crisis not previously covered by the practice agreement, such as a flu pandemic or other unforeseen emergency. Communications may occur in person, electronically, by telephone, or by an alternate method;

(c) If there is only one physician party to the practice agreement, a protocol for designating an alternate physician for consultation in situations in which the physician is not available;

....

[WAC 246-918-005](#)(6) provides:

"Physician assistant" means a person who is licensed under [Chapter 18.71A RCW](#) by the commission to practice medicine to a limited extent only under the supervision of a physician or osteopathic physician.

[WAC 246-918-005](#)(7) provides:

(7) "Practice agreement" means a mutually agreed upon plan, as detailed in WAC 246-918-055, between a supervising physician and physician assistant, which describes the manner and extent to which the physician assistant will practice and be supervised.

[WAC 246-918-5\(8\)](#) provides:

(8) "Supervising physician" means any physician or osteopathic physician identified in a practice agreement as providing primary clinical and administrative oversight for a physician assistant.

[WAC 388-449-0010](#) provides:

(1) To determine whether a medically determinable impairment exists, we consider medical evidence from "acceptable medical sources." "Acceptable medical sources" include the following:

(a) For a physical impairment, a health professional licensed in Washington state or where the examination was performed:

...

(v) Physician assistant (PA) for impairments within their licensed scope of practice;

....

[20 CFR § 404.1502](#) provides:

As used in the subpart—

(a) Acceptable medical source means a medical source who is a:

...

(8) Licensed Physician Assistant for impairments within his or her licensed scope of practice (only with respect to claims filed (see § 404.614) on or after March 27, 2017).

Under Washington law, a physician assistant may practice in any area of medicine and perform any service so long as the practice is not beyond the supervising physician's own scope of expertise and clinical practice and the practice agreement. The practice agreement is a plan between the supervising physician and the physician assistant describing the manner and extent to which the physician assistant will practice and the extent to which the physician will supervise the physician assistant's practice. Supervision means providing clinical and administrative oversight to the physician assistant, but does not require the presence of the physician where the care is rendered.

The Commission interprets [Chapter 18.71A RCW](#), [Chapter 246-918 WAC](#), [Chapter 388-449 WAC](#), and [20 CFR § 404.1502](#) as authorizing a physician assistant to conduct a disability evaluation to determine whether a person is disabled for the purposes of receiving social security benefits, so long as the physician assistant is competent to perform the evaluation based on education, training, and experience and the evaluation is consistent with the practice agreement. While a physician assistant works under a practice agreement, for the purposes of clinical decision-making, including the conducting of a disability evaluation, a physician assistant is an autonomous practitioner. Conducting a disability evaluation does not need to be specified in a practice agreement.

Interpretive Statement



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Title:	Physician Assistants Ordering Patient Restraint and Seclusion	MD2015-02-IS
References:	RCW 18.71A.010 (1), RCW 18.71A.030 , WAC 246-918-005 (3), WAC 246-918-055 (4), WAC 246-918-005 (7)	
Contact:	Washington Medical Commission	
Phone:	(360) 236-2750	E-mail: medical.commission@wmc.wa.gov
Supersedes:	MD2015-02-IS, adopted October 1, 2015; MD2015-02-IS revised August 29, 2019	
Effective Date:		
Approved By:		

The Washington Medical Commission (Commission) interprets [Chapter 18.71A RCW](#) and rules in [Chapter 246-918 WAC](#) as authorizing physician assistants to order patient restraint and seclusion provided the commission-approved delegation agreement does not specifically prohibit this activity and the activity is within the supervising physician's scope of practice.

The Commission has been asked whether existing statutes and rules provide a basis for physician assistants to order patient restraint and seclusion in a hospital setting. As a result, the commission conducted an extensive review of the physician assistant scope of practice referenced in statute and standards.

[RCW 18.71A.010](#)(~~14~~) provides:

"Physician Assistant" means a person who is licensed by the commission to practice medicine ~~to a limited extent only under the supervision of a physician as defined in chapter 18.71 RCW and who is academically and clinically prepared to provide health care services and perform diagnostic, therapeutic, preventative and health maintenance services according to a practice agreement with one or more participating physicians, with at least one of the physicians working in a supervisory capacity, and who is academically and clinically prepared to provide health care services and perform diagnostic, therapeutic, preventative, and health maintenance services.~~

[RCW 18.71A.030](#) provides:

~~(1) A physician assistant may practice medicine in this state only with the approval of the delegation agreement by the commission and only to the extent permitted by the commission. A physician assistant who has received a license but who has not received commission approval of the delegation agreement under RCW 18.71A.040 may not practice. A physician assistant shall be subject to discipline under chapter 18.130 RCW.~~
~~(2) Physician assistants may provide services that they are competent to perform based on their education, training, and experience and that are consistent with their~~

commission approved delegation agreement. The supervising physician and the physician assistant shall determine which procedures may be performed and the degree of supervision under which the procedure is performed. Physician assistants may practice in any area of medicine or surgery as long as the practice is not beyond the supervising physician's own scope of expertise and practice.

(1) A physician assistant may practice medicine in this state to the extent permitted by the practice agreement. A physician assistant shall be subject to discipline under chapter 18.130 RCW.

(2) Physician assistants may provide services that they are competent to perform based on their education, training, and experience and that are consistent with their practice agreement. The supervising physician and the physician assistant shall determine which procedures may be performed and the supervision under which the procedure is performed. Physician assistants may practice in any area of medicine or surgery as long as the practice is not beyond the supervising physician's own scope of expertise and clinical practice and the practice agreement.

(3) A physician assistant delivering general anesthesia or intrathecal anesthesia pursuant to a practice agreement with a physician shall show evidence of adequate education and training in the delivery of the type of anesthesia being delivered on his or her practice agreement.

WAC 246-918-005(37) provides:

"Delegation agreement" means a mutually agreed upon plan, as detailed in WAC 246-918-055, between a sponsoring physician and physician assistant, which describes the manner and extent to which the physician assistant will practice and be supervised.

(7) "Practice agreement" means a mutually agreed upon plan, as detailed in WAC 246-918-055, between a supervising physician and physician assistant, which describes the manner and extent to which the physician assistant will practice and be supervised.

WAC 246-918-055(4) provides:

The physician assistant's scope of practice may not exceed the scope of practice of the supervising physician.

WAC 246-918-005(76) provides:

"Physician assistant" means a person who is licensed under Chapter 18.71A RCW by the commission to practice medicine to a limited extent only under the supervision of a physician or osteopathic physician as defined in Chapter 18.71 RCW.

In 1999, the Centers for Medicare and Medicaid Services (CMS) adopted interim final rules setting forth the Patients' Rights Conditions of Participation requirements, including describing the conditions under which a provider could order restraint and seclusion of patients in hospitals. That rule stated that an order for restraint or seclusion must be made by a physician or other licensed independent practitioner permitted by law to order a restraint.

In 2007, CMS issued a final regulation clarifying that patient restraint or seclusion may be ordered by a physician or other licensed independent practitioner who is responsible for the

care of the patient and authorized to order restraint or seclusion by hospital policy in accordance with state law.ⁱ In response to comments on the rule, CMS stated that the rule was not meant to interfere with state law that permits physician assistants to order patient restraint and seclusion.ⁱⁱ

42 CFR Part 482, Page 71394, states, in part:

The introduction of an alternative practitioner who could order interventions, assess patients, and renew orders was an attempt to accommodate existing State laws that acknowledge the role of non-physicians in patient care and treatment. We originally used the term "LIP" [licensed independent practitioner] to describe these practitioners to be consistent with existing JCAHO standards. For the purposes of this rule, a LIP is any individual permitted by State law and hospital policy to order restraints and seclusion for patients independently, within the scope of the individual's license and consistent with the individually granted clinical privileges. This provision is not to be construed to limit the authority of a physician to delegate tasks to other qualified healthcare personnel, that is, physician assistants and advanced practice nurses, to the extent recognized under State law or a State's regulatory mechanism, and hospital policy. It is not our intent to interfere with State laws governing the role of physician assistants, advanced practice registered nurses, or other groups that in some States have been authorized to order restraint and seclusion or, more broadly, medical interventions or treatments.

The Commission, therefore, interprets [RCW 18.71A.010\(a4\)](#), [RCW 18.71A.030](#), [WAC 246-918-005\(37\)](#), and [WAC 246-918-005\(76\)](#), and ~~[WAC 246-918-055\(4\)](#)~~ to allow a physician assistant in the state of Washington the ability to order patient restraint and seclusion, provided the Commission-approved delegation agreement does not specifically prohibit this activity, and the activity is within the supervising physician's scope of practice.

ⁱ 42 CFR § 482.13(e)(5). [In the September 30, 2019, federal register, CMS changed the term "licensed independent practitioner" to "licensed practitioner", removing the word "independent."](#)

ⁱⁱ Department of Health and Human Services. Centers for Medicare & Medicaid Services. Federal Register Volume 71, Number 236 (Friday December 8, 2006), 42 CFR Part 482, Page 71394. <http://www.gpo.gov/fdsys/pkg/FR-2006-12-08/html/06-9559.htm> Accessed April 3, 2015.

Boyd, Amelia (WMC)

From: WMC Medical Rules
Sent: Thursday, December 1, 2022 11:39 AM
To: Farrell, Michael (WMC)
Subject: FW: Policy Change Request



Importance: High

Hello Mike,

Should this request below come to you?



WASHINGTON
Medical
Commission
Licensing. Accountability. Leadership.

Amelia Boyd, BAS
Program Manager
[Washington Medical Commission](#)
Mobile: (360) 918-6336
 

Were you satisfied with the service you received today? [Yes](#) or [No](#)

From: WMC Medical Licensing <Medical.Licensing@wmc.wa.gov>
Sent: Monday, November 28, 2022 11:32 AM
To: WMC Medical Rules <Medical.Rules@wmc.wa.gov>
Subject: Policy Change Request
Importance: High

Good morning,

Here is an email sent to the incorrect department. Have a great day!

Formstack Submission For: [wmc-contact-us](#)

Submitted at 11/27/22 1:59 PM

Select a topic:

Other: Policy Request

Comment or question:

Dear Commission,

I would like to request that the medical commission consider a policy requiring that organizations adequately inform patients regarding the level of training for providers and midlevels they see. For example, when ARNPs and PAs see patients, many organizations do not emphasize the fact they are seeing a midlevel and many patients think they are seeing physicians. In many cases, patients are shocked to

learn they have not been seeing a physician. This is a real problem, serious misinformation, and does the patient a great disservice. In my field of gastroenterology, many organizations do not make a distinction between a trained gastroenterologist performing a colonoscopy and a general surgeon, who does not have gastroenterology training or nearly the same level of skill, performing colonoscopy. Patients here again think the two physicians are equivalent. I am sure that there are many other examples.

Please see that Dr. Terry Murphy, a previous partner, also sees this request.

Thank you,

Mitchell L. Cohen, MD, AGAF, FACG
Prosser Memorial Health

Are you sending feedback about a problem with one of our webpages?:

No

URL of webpage:

Is your question regarding an ongoing case?:

No

Case number:

Name:

Mitchell Cohen

Email Address:

mcohen@prosserhealth.org

Phone Number:

(206) 235-8660

Your license number:

Email copy of form to customer:

Email me a copy of this submitted form

Sincerely,

Staff Reports: January 13, 2023

Melanie de Leon, Executive Director

Within the next 9-12 months, DOH will be moving staff around in the two buildings located on the Tumwater campus. WMC staff will continue to work from home as they are now, but the physical location for the WMC office space will change to the 3rd floor of Town Center 2 (TC2), which is one floor higher than we are on now. Our new office space will accommodate staff who prefer to work on the campus and space for any staff member to drop in to work in the building as they desire. There will be areas for collaborative work meetings and space for solitary work needs. Current schedules indicate that this move will be completed prior to the start of 2024.

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.

Budget

The WMC approved budget decision package submitted to the Governor's office was included in the Governor's budget package announced in December. The next steps are to get the request included in the House and Senate budget for inclusion in the eventual final passed budget.

Legislative Session

The 2023 legislative session starts January 9, 2023. This is a long session and will last until April. The legislative team has already started analyzing bills that were pre-filed in December. We anticipate a large focus on reproductive rights, behavioral health issues, and all the pent-up policy initiatives that were held back during the pandemic.

Audit

I have received an update from the contracted auditor, TAP International. They have completed the bulk of the audit for WMC and have preliminary recommendations that will undergo external review before being shared. There will then be a technical review phase, a follow up review, and finally a publication to the Joint Legislative Audit Committee. While this timeline is slightly delayed, this was mostly due to the difficulty of getting information that could be analyzed from our database. I anticipate the final report will be published by mid-February that will be largely positive for the WMC and contain meaningful recommendations.

Micah Matthews, Deputy Executive Director continued

Joint Operating Agreement

The agreement appears to be 85% finalized between the WMC and DOH. We are working out details around transfer of public disclosure duties and related responsibilities. I hope to submit a final document for Chair/Secretary signature within 45 days.

Other

I will be at the CLEAR mid-year meeting during the January WMC meeting and as such will not participate to my usual extent. Please email or text me if there is a need in the interim.

Amelia Boyd, Program Manager

Recruitment

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

- Urology
- Radiology
- Neurosurgery
- General surgeon
- Psychiatry

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.

We began our recruitment for the vacancies we will have on July 1, 2023. We are recruiting for the following positions:

- One physician representing Congressional District 2 – Dr. Lyle’s position – eligible for reappointment
- One physician representing Congressional District 4 – Dr. Murphy’s position – eligible for reappointment
- One physician representing Congressional District 10 – Dr. Wohns’ position – eligible for reappointment
- One Physician-at-Large – Dr. Currie’s position – eligible for reappointment
- Two Public Members
 - Michael Bailey – eligible for reappointment
 - Scott Rodgers – eligible for reappointment

All the above Commissioners have been notified that their first term is ending June 30, 2023, are eligible for reappointment, and they must submit a new application to be considered for reappointment. The application deadline is March 24, 2023. The [recruitment notice](#) is available on our website.

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

Operations & Informatics completed three active compulsory records requests. There are currently no active requests pending. Staff continue to digitally archive paper-based physician assistant applications. Disposition tickets for seven boxes equating to roughly 500 applications of paper-based records were approved for destruction and were destroyed in addition too, ten boxes of paper-based case records relating to the WMC's eleven-year review.

Unit Accomplishments Include:

Digital Archiving

- 173 Complaints closed BT – folder is current
- 510 Active MD licensing applications
- 754 Active PA licensing applications
- Approximately 1,910 demographic census forms

Data Requests/Changes

- Approximately 820 open/closed inquiries (individual requests may contain requests)
- Approximately 395 address changes

Demographics

- Entered approximately 2,094 census forms into the IRLS database and conducted quality checks
- Conducts 413 secondary census contacts via email
- Revised quarterly report to display age/sex in a population pyramid

Ops & Info is conducting a Redundant, Obsolete and Transitory or "ROT" records audit of all case related records from 2017-2022. Currently, 2,475 cases have been reviewed for 17'-20'. Cases identified containing ROT will be provided to the appropriate unit leadership. Lastly, the end of year I.T. Asset Inventories are complete. Results have been reported to the appropriate DOH I.T. personal.

Morgan Barrett, MD, Medical Consultant, Director of Compliance

- In 2022, there were 145 Respondents in the Compliance Program.
- Only 6 were non-compliant.
- 36 were released from compliance monitoring.
- 711 non-routine applications were reviewed, 52 of which were referred to Panel L.

George Heye, MD, Medical Consultant			
2022 Commissioner Case Data			
Commissioners			
Jim Anderson, PA-C	6	Ed Lopez, PA-C	11
Michael Bailey, Public Member	3	Sarah Lyle, MD	29
Christine Blake, Public Member	21	John Maldon, Public Member	15
Toni Borlas, Public Member	5	Terry Murphy, MD	25
Charlie Browne, MD	12	Elisha Mvundura, MD	7
Po-Shen Chang, MD	11	Robert Pullen, Public Member	2
Jimmy Chung, MD	38	Alden Roberts, MD	21
Diana Currie, MD	20	Scott Rodgers, Public Member	13
Karen Domino, MD	28	Robert Small, MD	13
Arlene Dorrough, PA-C	20	Claire Trescott, MD	29
Anjali D'Souza, MD	16	Richard Wohns, MD	12
Harlan Gallinger, MD	30	Yanling Yu, PhD, Public Member	6
April Jaeger, MD	36	Total	429
Pro Tem Commissioners			
Janet Barrall, MD	5	Robin Hines, MD	4
Alan Brown, MD	4	Charlotte Lewis, MD	2
Mary Curtis, MD	21	Theresa Schimmels, PA-C	9
Daniel Flugstad, MD	6	Gregory Terman, MD	13
Robert Golden, MD	7	Total	71

Rick Glein, Director of Legal Services
<p>Legal Staff Updates:</p> <p>The Legal Unit has completed interviews for the Hearings Examiner 3 (Staff Attorney) position. There were a number of qualified applicants, and we will be extending an offer to an exceptional candidate. We hope to have our new team member on board by February 1.</p> <p>Summary Actions:</p> <p><i>In re Steven L. Pugh, MD</i>, Case No. M2022-611. On December 22, 2022, the Commission served an Ex Parte Order of Summary Suspension which ordered Dr. Pugh's medical license be suspended pending further disciplinary proceedings. The Statement of Charges (SOC) alleges Dr. Pugh is unable to practice with reasonable skill and safety due to a mental or physical condition. As of the writing of this staff report, Dr. Pugh has not filed an Answer to the SOC.*</p> <p><i>In re Farhaad R. Riyaz, MD</i>, Case No. M2022-716. On December 23, 2022, the Commission suspended Dr. Riyaz' medical license pending further disciplinary proceedings. The SOC includes allegations that the Virginia Department of Health Professions issued an Order of Mandatory Suspension on March 18, 2022, suspending Dr. Riyaz' license to practice as a physician and surgeon in that jurisdiction. The underlying conduct for the Virginia Order is substantially equivalent to unprofessional conduct in Washington state under RCW 18.130.180(1). The SOC further alleges Dr. Riyaz pled guilty on March 22, 2022, to one count</p>

Rick Glein, Director of Legal Services continued

of felony mail fraud in the state of Virginia. As of the writing of this staff report, Dr. Riyaz has not filed an Answer to the SOC.*

* The license holder must file a request for hearing with the disciplining authority within twenty days after being served the statement of charges. RCW 18.130.090

Orders Resulting from SOC's:

*In re Jonathan Haas, MD, Case No. M2022-622. Final Order of Default (Failure to Respond).***
On October 13, 2022, the Commission served an SOC alleging Dr. Haas entered into an August 2018 Stipulation to Practice Under Conditions which required Dr. Haas to undergo monitoring by the Washington Physicians Health Program (WPHP) due to an impairing health condition. The SOC further alleged Dr. Haas ceased participating in treatment for his health condition and ceased communicating with WPHP. In June 2022, WPHP informed the Commission it is not able to endorse Dr. Haas' ability to practice medicine with reasonable skill and safety to patients. Dr. Haas did not file a response to the SOC within the time allowed. This matter came before a Health Law Judge (HLJ) in December 2022. The HLJ concluded sufficient grounds exist to take disciplinary action and ordered that Dr. Haas' medical license be indefinitely suspended.***

In re Timothy O'Dea, MD, Case No. M2022-821. Agreed Order. In October 2022, the Commission served a SOC alleging Dr. O'Dea has a health condition that impairs his ability to practice as a physician and surgeon with reasonable skill and safety. In November 2022, the Commission approved an Agreed Order in which Dr. O'Dea voluntarily surrendered his medical license. Additionally, Dr. O'Dea shall not charge, receive or share any fee or distribution of dividends for professional services rendered by himself or others while Dr. O'Dea is barred from engaging in the practice of medicine. Further, if Dr. O'Dea is a shareholder in any professional service corporation organized to engage in the practice of medicine, Dr. O'Dea shall divest all financial interest in the professional services corporation within 90 days. If Dr. O'Dea is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within 90 days.

**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.

Items of Interest:

In December, Rick met with Melanee Auldrege, DOH's Public Disclosure Manager, and Evan Gaffney, Director of Enterprise Risk Management, to discuss current issues of mutual interest and collaborative best practices to meet common goals.

Rick coordinated the quarterly meeting between the Legal Unit, Investigations Unit, and WMC's Assistant Attorneys General in December, as outlined in the Commission's strategic

Rick Glein, Director of Legal Services continued

plan. There were productive discussions about processes, procedures, and suggestions for improvement.

On December 12, Larry Berg received the Washington Bar Association's Frank Homan Lifetime Achievement award. Mike Farrell moderated. About 35 of Larry's colleagues from WMC and DOH gathered to toast and tell tall tales about Larry. Larry retired from WMC in October 2021.

Mike Farrell, Policy Development Manager

Nothing to report that hasn't been reported elsewhere.

Freda Pace, Director of Investigations

Reviewing Commissioner Member (RCM) Notification Process

As a reminder, the RCM Notification process allows you (the RCM) and the assigned investigator an opportunity to collaborate in building the foundation for a thorough investigation. Please make sure to monitor your WMC email inbox regularly and respond timely to request for specific feedback which will help with a speedy and thorough investigation.

CMT Sign-up for 2023

Our CMT sign up slots for 2023 is ready and awaiting your name! Please take some time to check out the CMT calendar to find a vacant slot – there are plenty. We appreciate your continued participation in this very important process. We could not be able to do this work without you and your support!

Remember, if you sign up for a CMT slot and you have a last-minute scheduling conflict, at your earliest opportunity, please promptly notify Chris Waterman (chris.waterman@wmc.wa.gov). This courtesy cancellation notice will allow Chris the opportunity to fill any last-minute vacancy needs.

To close out 2022 with a few numbers, here is a visual representation of our CMT statistics over the last few years:

Year	Cases Reviewed	Authorized		Closed	
2022	1684	451	26.78%	1233	73.22%
2021	1819	596	32.77%	1222	67.18%
2020	1461	395	27.04%	1066	72.96%

Statistics provided by Christ Waterman, Case Manager

Jimi Bush, Director of Quality and Engagement

Performance

Sarah is collating our 2022 annual data for our 'year in review' report. If there is any specific information that you would like to see included, please [reach out to Jimi](#) ASAP.

Business Practices and Productivity

Anjali has been working tirelessly to document all our processes for risk mitigation and optimize them for working from home and hybrid structures. We are now moving to the next phase in our LEAN culture by creating continuous improvement projects where we take a deeper dive into the process and associated data and use LEAN tools to optimize the process (if needed). If there is a process that you are involved in and would like the Q&E team to take a closer look at its potential, please [let Jimi know](#).

Outreach

I am working on obtaining CME (and possibly CLE) for our lunch and learns. I will have more information on this possibility when the schedule is finalized. If there is a topic that would be of interest to you or you think the commission would benefit from, please [let me know](#). Any topics and speaker suggestions are welcomed, and I can work to either turn it into a CME webinar, a lunch and learn or a coffee with the commission.

If you would like to write an article for the next newsletter, please let me know. We have a lot of new faces and voices on the Commission and I would love to have some fresh perspectives for our next newsletter. You can contact Jimi for more information. The next newsletter deadline is March 1st.

Marisa Courtney, Licensing Manager

Total licenses issued from 11/09/2022-12/31/2022= 406

Credential Type	Total Workflow Count
Physician And Surgeon Clinical Experience License	0
Physician And Surgeon Fellowship License	0
Physician And Surgeon Institution License	0
Credential Type	Total Workflow Count
Physician And Surgeon License	192

Marisa Courtney, Licensing Manager continued	
Credential Type	Total Workflow Count
Physician and Surgeon License Interstate Medical Licensure Compact	124
Physician And Surgeon Residency License	3
Physician And Surgeon Teaching Research License	0
Physician And Surgeon Temporary Permit	6
Physician Assistant Interim Permit	2
Physician Assistant License	79
Physician Assistant Temporary Permit	0
Totals:	406

Information on Renewals: November Renewals- 74.41% online renewals

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	59	59
MD	931	293	1224
MDIN	0	1	1
MDTR	0	1	1
PA	180	28	208
	74.41%	25.59%	100.00%

Information on Renewals: December Renewals- 72.95% online renewals

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	54	54
MD	873	284	1157
MDRE	2	0	2
MDTR	4	5	9
PA	170	46	216
	72.95%	27.05%	100.00%



Panel A Personal Appearance Agenda

Friday, January 13, 2023

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

9:45 a.m.	Jos A. Cove, MD Attorney: Levi S. Larson	M2020-212 (2019-5226) RCM: Richard Wohns, MD SA: Kyle Karinen
10:30 a.m.	David B. Khatami, MD Attorney: Scott Beimer	M2021-538 (2020-15536) RCM: Richard Wohns, MD SA: Kelly Elder
11:15 a.m.	Jessica A. Feinman, MD Attorney: Pro Se	M2018-471 (2018-1850) RCMS: Mabel Bongmba, MD SA: Joel Defazio

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Panel B

Personal Appearance Agenda

Friday, January 13, 2023

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	Alden Roberts, MD, Pro-Tem	John Maldon, Public Member, Pro-Tem

Compliance
Officer:

Mike Kramer

9:45 a.m.	Ashlee J. Weimar, MD-Virtual Appearance Attorney: Christopher J. Mertens	M2021-179 (2020-10149) RCM: April Jaeger, MD SA: Rick Glein
10:30 a.m.	William V. Healey, III, MD Attorney: David J. Corey	M2021-531(2021-1227) RCM: Diana Currie, MD SA: Colleen Balatbat
11:15 a.m.	Kieran F. Melody, MD-Virtual Appearance Attorney: Patrick C. Sheldon	M2021-897 (2021-8733) RCM: Alden Roberts, MD SA: Mike Farrell

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