

WASHINGTON
**Medical
Commission**

Licensing. Accountability. Leadership.



Regular Meeting
January 13-14, 2022
1st Revised



2022 Meeting Schedule



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

Dates	Location	Meeting Type
January 13-14	Virtual Meeting	Regular Meeting
March 3-4	TENTATIVE Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
April 14-15	TENTATIVE Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
May 26-27	Virtual Meeting	Regular Meeting
July 14-15	TENTATIVE Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
August 25-26	TENTATIVE Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
October 6-8	TBD	Educational Conference
November 17-18	TENTATIVE Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting

2023 Meeting Schedule



WASHINGTON
Medical
Commission
Licensing. Accountability. Leadership.

Dates	Location	Meeting Type
January 12-13	TBD	Regular Meeting
March 2-3	TBD	Regular Meeting
April 13-14	TBD	Regular Meeting
May 25-26	TBD	Regular Meeting
July 6-7	TBD	Regular Meeting
August 24-25	TBD	Regular Meeting
October 5-7	TBD	Educational Conference
November 16-17	TBD	Regular Meeting

2024 Meeting Schedule



WASHINGTON
Medical
Commission
Licensing. Accountability. Leadership.

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

FORMAL HEARING SCHEDULE



WASHINGTON
Medical
Commission
Licensing. Accountability. Leadership.

Hearing	Respondent	Specialty	Case No.	Counsel	AAG	Staff Atty	PANEL	Presiding Officer	Location	Panel Composition (as of 1/4/22)
4-Jan										
2022 January <i>Commission meeting 1/13/2022</i>										
NO HEARINGS SCHEDULED THIS MONTH										
2022 February <i>NO COMMISSION MEETING THIS MONTH</i>										
2-4 Feb	LEE, Gerald W., MD	BC - Internal Medicine	M2019-825	Bertha Fitzer	Defreyn	Karinen	A	Herington	TBD	
9-11 Feb	MOVVA, Rajesh, MD	BC - Cardiovascular Disease	M2021-45	David J. Corey	Brewer	DeFazio	B	Herington	TBD	
2022 March <i>Commission meeting 3/3/2022</i>										
2-Mar	ENOH, Victor, MD	Non-BC Internal Medicine	M2021-348 M2021-450	Pro Se	Defreyn	Karinen	L	Herington	TBD	
18-Mar	JUTLA, Rajninder K., MD	BC- Anesthesiology & Pain Medicine	M2021-178	Pro Se	Brewer	Glein	A	Kuntz	TBD	
25-Mar	TSEN, Andrew C., MD	BC- General Surgery and Thoracic & Cardiac Surgery	M2021-536	Donna Lee	Little	Karinen	A	Kuntz	TBD	
30-31 Mar	AFLATOONI, Alfred, MD	BC- Family Medicine	M2018-467	Patrick A. Trudell George Kargianis	Brewer	Wolf	A	Herington	TBD	
2022 April <i>Commission meeting 4/14/2022</i>										
7-8 Apr	DIJULIO, Marc A., MD	BC - Emergency Medicine	M2019-994	Timothy E. Allen	Brewer	Karinen	A	Herington	TBD	
19-Apr	LUKACS, Jozsef, MD	BC- Diagnostic Radiology	M2020-1028	Connie McKelvey	Pfluger	Wolf	A	Kuntz	TBD	
2022 May <i>Commission meeting 5/26/2022</i>										
12-13 May	FRANSEN, Brad R., MD	BC - Family Medicine	M2021-274	Philip J. VanDerhoef	Pfluger	DeFazio	A	Blye	TBD	
20-May	HEITSCH, Richard C., MD	Non-BC Public Health and Gen. Preventative Medicine	M2021-545	Pro Se	Defreyn	Farrell	A	Blye	TBD	

Commission Meeting Agenda

January 13-14, 2022 – 1st Revised



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

In response to the COVID-19 public health emergency, and to promote social distancing, the Medical Commission will not provide a physical location for these meetings. Virtual public meetings, without a physical meeting space, will be held instead. The access links can be found below.

Thursday – January 13, 2022

Closed Sessions

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

Noon to 12:30 pm **Lunch Break**

Closed Sessions

12:30 pm Case Reviews – Panel A
12:30 pm Case Reviews – Panel B

4:00 pm **Policy Committee Meeting**

Please **register** for this meeting at:

<https://attendee.gotowebinar.com/rt/1386993656715185931>

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 Policy: Discrimination in Health Care <i>Discussion of proposed policy.</i>	Mike Farrell	23-26
Proposed Guideline: Termination of the Practitioner-Patient Relationship <i>Discussion of proposed guideline.</i>	Mike Farrell	27-28
Policy: Self-Treatment or Treatment of Immediate Family Members <i>Discussion and policy and possible revisions.</i>	Mike Farrell	29-30
Procedure: Use of Notice of Correction <i>Discussion and procedure and possible revisions.</i>	Mike Farrell	31-32

Friday – January 14, 2022

Open Session

8:00 am – 9:30 am **Business Meeting**

Please **register** for this meeting at:

<https://attendee.gotowebinar.com/rt/1218354961293478155>

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 Housekeeping
- 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 19, 2021 Business Meeting minutes. Pages 9-13

4.2 Agenda – Approval of the January 14, 2022 Business Meeting agenda.

5.0 New Business

5.1 **Resolutions for April 2022 Federation of State Medical Boards Meeting** Action

Discussion and possible action on the following items:

- The National Medical Practice Registry Pages 14-15
- Permitting Out-of-State Practitioners to Provide Continuity of Care in Limited Situations Pages 16-17

6.0 Old Business

6.1 **Committee/Workgroup Reports** Update

The Chair will call for reports from the Commission's committees and workgroups. Written reports begin on page 14.

See page 15 for a list of committees and workgroups.

6.2 **Rulemaking Activities** Action/Update

Rules Progress Report provided on page 17. Sunrise Reviews report provided on page 18.

7.0 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.***

8.0 Policy Committee Report

Dr. Karen Domino, Chair, will report on items discussed at the Policy Committee meeting held on January 13, 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 23

9.0 Member Reports

The Chair will call for reports from Commission members.

10.0 Staff Member Reports

The Chair will call for further reports from staff. Pages 33-41

11.0 AAG Report

Heather Carter, AAG, may provide a report.

12.0 Adjournment of Business Meeting

Open Sessions

9:45 am	Personal Appearances – Panel A Please join this meeting from your computer, tablet or smartphone: https://global.gotomeeting.com/join/792815789	Page 42
9:45 am	Personal Appearances – Panel B Please join this meeting from your computer, tablet or smartphone: https://global.gotomeeting.com/join/345525861	Page 43

Closed Session

Noon to 1:00 pm Lunch Break

Open Sessions

1:15 pm	Personal Appearances – Panel A Please join this meeting from your computer, tablet or smartphone: https://global.gotomeeting.com/join/792815789	Page 42
1:15 pm	Personal Appearances – Panel B Please join this meeting from your computer, tablet or smartphone: https://global.gotomeeting.com/join/345525861	Page 43

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 (Commission) meetings. This agenda is subject to change. The Policy Committee Meeting will begin at 4:00 pm on January 13, 2022 until all agenda items are complete. The Commission will take public comment at the Policy Committee Meeting. The Business Meeting will begin at 8:00 am on January 14, 2022 until all agenda items are complete. The Commission 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.

Business Meeting Minutes

November 19, 2021



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

Virtual Meeting via GoToWebinar – Link to recording: <https://youtu.be/gGePII7voro>

Commission Members

James E. Anderson, PA-C
Christine Blake, Public Member – Absent
Toni Borlas, Public Member
Charlie Browne, MD
Jimmy Chung, MD, 2nd Vice Chair
Diana Currie, MD
Arlene Dorrough, PA-C
Anjali D'Souza – Absent
Karen Domino, MD – Absent
Harlan Gallinger, MD – Absent

April Jaeger, MD
Sarah Lyle, MD
John Maldon, Public Member, Chair
Terry Murphy, MD – Absent
Alden Roberts, MD
Scott Rodgers, JD, Public Member
Robert Small, MD
Claire Trescott, MD, 1st Vice Chair
Richard Wohns, MD
Yanling Yu, PhD, Public Member

Commission Staff

Colleen Balatbat, Staff Attorney
Morgan Barrett, MD, Director of Compliance
Jennifer Batey, Legal Support Staff Manager
Amelia Boyd, Program Manager
Kayla Bryson, Executive Assistant
Sarah Chenvert, Performance Manager
Melanie de Leon, Executive Director
Anthony Elders, Compliance Officer
Michael Farrell, Policy Development Manager
Gina Fino, MD, Investigator
Ryan Furbush, Paralegal

Rick Glein, Director of Legal Services
George Heye, MD, Medical Consultant
Mike Hively, Director of Operations & Informatics
Jenelle Houser, Legal Assistant
Kyle Karinen, Staff Attorney
Shelley Kilmer-Ready, Legal Assistant
Micah Matthews, Deputy Executive Director
Lynne Miller, Paralegal
Trisha Wolf, Staff Attorney
Mahlet Zeru, Equity & Social Justice Manager

Others in Attendance

Chris Bundy, MD, Executive Medical Director,
Washington Physician's Health Program
Heather Cantrell, Policy Analyst, Department of
Health

Heather Carter, Assistant Attorney General
Joel DeFazio, Department of Health
Theresa Schimmels, PA-C, Pro Tem Commissioner
Gregory Terman, MD, Pro Tem Commissioner

1.0 Call to Order

John Maldon, Public Member, Chair, called the meeting of the Washington Medical Commission (Commission) to order at 8:00 a.m. on November 19, 2021.

2.0 Housekeeping

Amelia Boyd, Program Manager, gave an overview of how the meeting would proceed.

3.0 Chair Report

The Chair introduced Arlene Dorrough as a new Physician Assistant member of the Commission.

Arlene Dorrough provided a brief statement on what brought them to the WMC.

The Chair thanked the two outgoing Commissioners, Charlotte Lewis, MD and Theresa Schimmels, PA-C for contributions to the WMC over their terms.

The Chair went on to report that Staff Attorney Larry Berg retired from the WMC recently. The Chair thanked Larry Berg for their 16+ years of service to the Commission. Staff Attorney Arielle Page Landstrom recently left the WMC to pursue a position at the Office of the Insurance Commissioner.

The Chair recognized Mike Hively as having been promoted to the Director of Operations and Informatics.

The Chair recognized Melanie de Leon, Executive Director as having completed 20 years in service to the State of Washington as a state employee.

The Chair reminded the Commissioners that the Commissioner Retreat will be on December 9, 2021 from 9 am to 4 pm at the DoubleTree Suites in Southcenter. All attendees have been notified.

4.0 Consent Agenda

The Consent Agenda contained the following items for approval:

4.1 Minutes from the August 20, 2021 Business Meeting.

4.2 Agenda for November 19, 2021.

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

5.0 New Business

5.1 Meeting Dates for 2024

Amelia Boyd stated the proposed meeting dates for the year 2024 were included in the packet. John Maldon called for questions or concerns about the proposed dates.

Motion: The Chair entertained a motion to approve the proposed 2024 meeting dates. The motion was seconded and approved unanimously.

6.0 Old Business

6.1 Committee/Workgroup Reports

These reports were provided in writing and included in the meeting packet.

In addition to the written reports, Melanie de Leon reported the Health Disparities Workgroup were holding a meeting on November 19, 2021.

Jimi Bush, Director of Quality and Engagement, reported that the final meeting for the Health Equity Advisory Committee was held recently. The group will be disbanded at the end of the year and their mission has been accomplished. This committee will merge with the Health Disparities Workgroup.

6.2 Rulemaking Activities

The rulemaking progress report was provided in the meeting packet. In addition to the

written report, Amelia Boyd stated two rulemaking items need a vote:

- Senate Bill 6551 Regarding International Medical Graduates – the draft language has been completed and available in the packet. The request is to initiate the next step in the rulemaking process, which is the CR-102.

Motion: The Chair entertained a motion to approve initiating the CR-102 process. The motion was seconded and approved unanimously.

- Clinical Support Program – Amelia Boyd reported that the current draft language, which was included in the packet, is outside of the scope of the CR-101 which was approved by the Commission. The request is to rescind the CR-101 and put a hold on this rulemaking subject.

Motion: The Chair entertained a motion to approve rescinding the CR-102. The motion was seconded and approved unanimously.

6.3 WMC 2021-2023 Strategic Plan

Melanie de Leon presented the updated draft 2021-2023 Strategic Plan and asked the Commission to approve the document.

Motion: The Chair entertained a motion to approve the proposed 2021-2023 Strategic Plan. The motion was seconded and approved unanimously.

7.0 Public Comment

No public comment was provided.

8.0 Policy Committee Report

Dr. Karen Domino, Policy Committee Chair, was absent. In Dr. Domino's absence, John Maldon reported on the items discussed at the Policy Committee meeting held on November 18, 2021:

Proposed Policy: Establishing Approval Criteria for Defining Appropriate Medical Practices for IMG Nomination

John Maldon asked Mike Farrell, Policy Development Manager to present this item. Mike Farrell stated that this document had been reviewed at the August 20, 2021 Business Meeting and some changes had been made since. The policy was drafted to address a statute that the Legislature passed that creates a pathway for International Medical Graduates (IMG) who didn't get a residency match to practice under supervision with a limited license. The statute has two issues that this draft policy and the following draft interpretive statement are attempting to address. The first is what is an appropriate medical practice. Mike Farrell presented the changes. Micah Matthews, Deputy Executive Director, added that this document applies to the Medical Doctor Clinical Experience, or MDCE, license that was created as part of the legislation that was effective as of October 2021. The WMC has issued the first MDCE license.

Motion: The Chair entertained a motion to approve this document for Secretary review. The motion was approved unanimously.

Proposed Interpretive Statement: Requiring the Filing of a Practice Agreement Before Beginning to Practice Under an IMG Limited License

See the previous item. Mike Farrell stated the second issue that this document is attempting to resolve is the timeframes for when a practice agreement needs to be filed with the WMC. The statute does not address this issue.

Motion: The Chair entertained a motion to approve this document for Secretary review. The motion was approved unanimously.

Licensing Application Questions

This document had been seen at the August 20, 2021 Business meeting. Micah Matthews presented the revisions that were suggested by the members of the Policy Committee.

Motion: The Chair entertained a motion to approve this document as amended. The motion was approved unanimously.

Policy – Telemedicine

John Maldon reported this document had been previously approved for Secretary review, which has now been completed. There were some suggested edits, which Mike Farrell presented. Mike Farrell explained that the WMC has a policy and a guideline regarding Telemedicine. This document combined those and revised information as necessary. As such, with the approval of this document, the previous policy and the guideline will need to be rescinded.

Motion: The Chair entertained a motion to approve the document as amended as well as rescind the previous policy and guideline. The motion was approved unanimously.

Proposed Policy: Discrimination in Healthcare

John Maldon asked that the Commissioners send their comments about this document to Mike Farrell and it will be brought back to a future meeting.

Midwives Legend Drugs and Devices Consult Draft

John Maldon asked that Commissioners provide comments, if any, to Mike Farrell.

9.0 Member Reports

Jim Anderson, PA-C, spoke about an article from [National Public Radio](#) (NPR) regarding COVID misinformation. The panel had a brief discussion about the article.

10.0 Staff Reports

Rick Glein, Director of Legal Services, introduced a new Staff Attorney, Kelly Elder.

11.0 AAG Report

Heather Carter, AAG, had nothing to report.

12.0 Adjournment

The Chair called the meeting adjourned at 9:21 am.

Submitted by

Amelia Boyd, Program Manager

John Maldon, Public Member, Chair
Washington Medical Commission

Approved November 19, 2021

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.

DRAFT

Resolution 22-x

**Federation of State Medical Boards
House of Delegates Meeting
April 30, 2022**

Subject: The National Medical Practice Registry

Introduced by: Washington Medical Commission

Approved:

Whereas, State medical boards serve an important role in protecting the citizens of their states by ensuring that physicians and physician assistants are qualified and competent;

Whereas, State medical boards are expected by the public, the profession, and policy makers to be leaders in responding to issues relating to access to care and workforce flexibility;

Whereas, Due to the COVID-19 pandemic, and temporary changes on the state and federal level, the use and acceptance of telemedicine to practice across state lines is rapidly increasing;

Whereas, State medical boards are justifiably seen as an impediment to the full utilization of telemedicine because the traditional state-based licensure model does not permit full license portability;

Whereas, State medical boards have attempted to address the portability issue by developing the Interstate Medical Licensing Compact, which has enabled expedited licensure in participating states, but has not resulted in full license portability;

Whereas, Federal efforts are underway to develop solutions to address the license portability issue which may result in dramatic changes to the current state-based licensure model that poses a risk to patient safety and practitioner accountability;

Whereas, State medical boards must come up with a and lead adoption of a solution that permits true license portability while maintaining their role to protect their citizens by ensuring their physicians and physician

assistants are qualified and competent, and ensuring funding for operations;

Whereas, A regional and provincial practice registry is a model that has been successfully used in many international jurisdictions, including Canada, Australia and the United Kingdom;

Whereas, A national medical practice registry that permits a physician or physician assistant licensed in their home state and who meets certain qualifications, to practice in any state, is a solution that is in the public interest and should be explored; and

Whereas, A national medical practice registry will require federal legislation by the U. S. Congress and participation by all jurisdictions to be a viable solution to portability.

Therefore, be it hereby

Resolved: The Federation of State Medical Boards will convene a workgroup to explore developing federal legislation to create a National Medical Practice Registry through a public-private partnership that would permit physicians and physician assistants licensed in their home states who meet specified criteria to practice medicine in every other state.

Be it further

Resolved: The development of a National Medical Practice Registry will incorporate a centralized point of information for public access to verify licenses and file complaints regardless of jurisdiction.

Be it further

Resolved: The development of a National Medical Practice Registry assumes governance by representatives of state medical boards who are responsible for developing standards for entry and removal from the registry.

Resolution 22-x

**Federation of State Medical Boards
House of Delegates Meeting
April 30 2022**

Subject: Permitting Out-of-State Practitioners to Provide Continuity of Care in Limited Situations

Introduced by: Washington Medical Commission

Approved:

Whereas, State medical boards are responsible for protecting the citizens of their states by ensuring that physicians are qualified and competent; and

Whereas, State medical boards determine, within the context of their enabling statutes, under what circumstances a license is required for a physician to treat a patient in their states; and

Whereas, Many states have license reciprocity and/or the Interstate Medical License Compact which establishes reliance on sister state licensing processes; and

Whereas, Due to rapid changes in telemedicine technology, the practice of medicine is occurring more frequently across state lines; and

Whereas, Telemedicine is a tool that has the potential to increase access, lower costs, and improve the quality of healthcare; and

Whereas, The historic practice of medicine has prioritized the continuity of care delivery to established patients over recognition of jurisdictional boundaries; and

Whereas, Continuity of care is an essential element in consistently delivering high quality health care; and

Whereas, Physicians can promote continuity of care by using telemedicine to provide follow-up care to established patients who travel outside the physician's state of licensure. For example, a physician at a major academic medical center who treats a patient who then returns home,

can maintain a connection with the patient by providing follow-up care, including having access to timely and accurate data from the patient.

Whereas, Permitting physicians who are duly licensed in another jurisdiction to provide follow-up care to established patients, and to engage in peer-to-peer consultations, will result in better outcomes and lower costs; and

Therefore, be it hereby

Resolved: The Federation of State Medical Boards will encourage state medical boards to interpret their licensing laws, or work to change their licensing laws if necessary, to permit physicians duly licensed in another jurisdiction to provide infrequent and episodic continuity of care by providing follow-up care to established patients or a peer-to-peer consultation without the need to obtain a license in the state in which the patient is located at the time of the interaction.

Be it further

Resolved: That the Federation of State Medical Boards will update its model policy on appropriate use of telemedicine to include various common continuity of care scenarios with specific emphasis on border state circumstances and how they are integral to maintaining continuity of care for established patients.

Committee/Workgroup Reports: January 2022

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

The committee needs to meet to discuss recent developments and to set a plan for 2022.

**Annual Educational Conference Workgroup – Chair: Toni Borlas
Staff: Jimi Bush**

With Ms. Schimmels and Ms. Borlas leaving the commission – Dr. Domino will be the sole member of the workgroup. If you are interested in becoming part of the conference planning workgroup, [please let Jimi know](#). The time commitment is minimal – you mainly serve as an advisory committee for themes and speakers.

We will continue to evaluate the ability to hold an in-person conference in the coming weeks.

**Commissioner Education Workgroup – Chair: None at this time
Staff: Melanie de Leon**

Working on a schedule of topics for 2022 meetings.

**Osteopathic Manipulative Therapy Workgroup – Chair: None at this time
Staff: Micah Matthews**

No activity since 2020. Executive Committee needs to discuss recommendation to continue or disband.

**Health Equity Advisory Committee – Chair: Dr. Jaeger
Staff: Jimi Bush**

The work for this committee has concluded. We will continue to accept written comments available on our website.

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

The workgroup met on November 19th to discuss purpose and next steps. The workgroup is focusing on maternal mortality for women of color. Staff are researching community resources and how we could provide a map of where those resources are located to both providers and patient groups as neither group may know of these resources.

Committees & Workgroups



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

Executive Committee

John Maldon, Public Member, Chair
Dr. Trescott, 1st Vice Chair
Dr. Chung, 2nd Vice Chair
Dr. Domino, Policy Committee Chair
Dr. Roberts, Immediate Past Chair
Melanie de Leon
Micah Matthews
Heather Carter, AAG

Policy Committee

Dr. Domino, Chair (B)
Dr. Roberts (B)
Christine Blake, Public Member (B)
Jim Anderson, PA-C (A)
John Maldon, Public Member (B)
Scott Rodgers, Public Member (A)
Dr. Trescott (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. Roberts, Chair
John Maldon, Public Member
Dr. Terman, Pro Tem Commissioner
Christine Blake, Public Member
Dr. Wohns
Melanie de Leon
Micah Matthews

Panel L

John Maldon, Public Member, Chair
Dr. Browne
Dr. Roberts
Christine Blake, Public Member
Dr. Chung
Arlene Dorrough, PA-C
Dr. Trescott
Dr. Barrett, Medical Consultant
Marisa Courtney, Licensing Supervisor
Rick Glein, Director of Legal Services
Kyle Karinen, Supervising Staff Attorney
Micah Matthews

Finance Workgroup

Dr. Roberts, Immediate Past Chair, Workgroup Chair
John Maldon, Current Chair
Dr. Trescott, 1st Vice Chair
Dr. Chung, 2nd Vice Chair
Melanie de Leon
Micah Matthews
Jimi Bush

Annual Educational Conference Workgroup

Toni Borlas, Chair
Theresa Schimmels, PA-C
Dr. Domino
Jimi Bush, Organizer

Commissioner Education Workgroup

Dr. Domino
Dr. Chung
Dr. Roberts
Toni Borlas, Public Member
Scott Rodgers, Public Member
Dr. Terman, Pro Tem Commissioner
Melanie de Leon
Amelia Boyd
Jimi Bush

Committees & Workgroups



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

Reduction of Medical Errors Workgroup

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

Osteopathic Manipulative Therapy Workgroup

Dr. Roberts
Dr. Currie
John Maldon, Public Member
Micah Matthews
Michael Farrell
Amelia Boyd
Heather Carter, AAG

Health Equity Workgroup

Dr. Jaeger, Co-Chair
Dr. Roberts, Co-Chair
Yanling Yu, Public Member
Micah Matthews
Jimi Bush
Anjali Bhatt

Healthcare Disparities Workgroup

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

Collaborative Drug Therapy Agreements Rulemaking Committee

Dr. Roberts, Chair
Dr. Chung
Dr. Small
John Maldon, Public Member
Tim Lynch, PQAC Commissioner
Teri Ferreira, PQAC Commissioner
Melanie de Leon
Micah Matthews
Kyle Karinen, Staff Attorney
Amelia Boyd
Heather Carter, AAG
Laruen Lyles, Executive Director, PQAC
Christie Strouse, Deputy Director, PQAC
Lindsay Trant, DOH Rules Coordinator

Opioid Prescribing – Patient Exemptions Rulemaking Committee

Dr. Roberts, Chair
Dr. Small
Dr. Terman, Pro Tem Commissioner
James Anderson, PA-C
Melanie de Leon
Mike Farrell
Amelia Boyd
Heather Carter, AAG

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

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
Clinical Support MDs & PAs (formerly Technical Assistance)	Rescind CR-101 approved	11/19/2021	Rescind CR-101	January 2022	Keep Osteo updated.			Complete	NA	NA
Opioid Prescribing - LTAC, SNF patient exemption	CR-102 Approved	7/9/2021	File CR-102	January 2022		10/26/2021		Complete	January 2022	TBD
Collaborative Drug Therapy Agreements (CDTA)	CR-101 filed	7/22/2020	Workshops	TBD				Complete	TBD	TBD
Emergency Licensing Rules	Secretary Review	3/26/2020	File CR-105	TBD	Holding until proclamation is lifted.					
SB 6551 - IMG licensing	CR-102 Approved	11/20/2021	File CR-102	March 2022				Complete	March 2022	TBD

Sunrise Reviews

Review	Status	Comments Due	Hearing Date & Time	Site Link
Proposal to create Anesthesiologist Assistant license	Final report pending	Saturday, October 2, 2021	None scheduled	https://www.doh.wa.gov/AboutUs/ProgramsandServices/HealthSystemsQualityAssurance/SunriseReviews/SunriseReviewsInProgress#heading28466
Midwifery scope of practice	Final report pending	Saturday, October 2, 2021	None scheduled	https://www.doh.wa.gov/AboutUs/ProgramsandServices/HealthSystemsQualityAssurance/SunriseReviews/SunriseReviewsInProgress#heading82989
Optometrist scope of practice	Final report pending	Saturday, October 2, 2021	None scheduled	https://www.doh.wa.gov/AboutUs/ProgramsandServices/HealthSystemsQualityAssurance/SunriseReviews/SunriseReviewsInProgress#heading82990

Policy Statement



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

Title:	Discrimination in Health Care	POL2022-0X
References:		
Contact:	Washington Medical Commission	
Phone:	(360) 236-2750	E-mail: medical.commission@wmc.wa.gov
Effective Date:		
Approved By:	John Maldon, Chair (signature on file)	

Policy

The Washington Medical Commission (WMC) is committed to providing an environment for patients and practitioners free of discrimination, where all are treated with dignity and respect and provided with equal opportunities in the healthcare delivery system.¹ To mitigate the impacts of discrimination and promote a culture of inclusion, the WMC adopts this policy to consistently apply the included framework to reports of discrimination.

Key Terms

Bias: Tendency to favor one group over the other; biases can be favorable or unfavorable and implicit or explicit.

Discrimination: Unfair treatment characterized by implicit and explicit bias, including microaggressions, or indirect or subtle behaviors that reflect negative attitudes or beliefs about a non-majority group. Discrimination in healthcare are differences in the quality of healthcare delivered that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.

Explicit Bias: the attitudes and beliefs we have about a person or group on a conscious level, that is we are aware and accepting of these beliefs, and they are usually expressed in the form of discrimination, hate speech or other overt expressions.

Health disparities: A health difference that is closely linked with social, economic, and environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group or other characteristics historically linked to discrimination or exclusion.

Health inequities: systematic differences in the health status of different population groups. Health differences that are avoidable, unnecessary, and unjust.

Implicit Bias: attitudes that un-consciously alter our perceptions or understanding of our experiences, thereby affecting behavior, interactions and decision-making

¹ <https://wmc.wa.gov/sites/default/files/public/Newsletter/RacismInAllItsForms.pdf>

Microaggression: Brief and commonplace daily verbal/nonverbal behavioral, and environmental indignities whether intentional or unintentional that communicate hostile, derogatory or negative racial/ethnic, gender, sexual orientation, and religious slights and insults

Prejudice: An unfavorable opinion or feeling formed beforehand or without knowledge, thought, or reason. A primary determinant of discriminatory behavior.

Social determinants of health: social determinants of health are the conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Background

Discrimination violates fundamental human rights and impedes access to quality and equitable healthcare.

Discrimination is a social determinant of health which has a major influence on patient outcomes. Discrimination is present across medical specialties, takes many forms and disparately impacts different population groups. Discrimination leads to higher rates of illness and reduced standards of care and disparate outcomes for Black, Indigenous and People of Color as well as sexual and gender minorities.

Discrimination is a stressor with observed physical and mental health effects that adversely impact all populations. Discrimination has been linked to increased stress, depression, high blood pressure, cardiovascular disease, breast cancer, and pre-mature mortality.²

Discrimination can adversely affect health by triggering negative emotional reactions leading to altered physiological reactions and changes in health behaviors such as avoiding medical care.³ There is a positive association between reports of discrimination and adverse cardiovascular outcomes, body mass index (BMI) and incidence of obesity, hypertension and nighttime ambulatory blood pressure, insomnia, engagement in high-risk behaviors and alcohol misuse.⁴ Discrimination in healthcare also alters individual's treatment seeking behavior and affects adherence to medical regimens.⁵

² Williams, D.R., Mohammed, S.A. Discrimination and racial disparities in health: evidence and needed research. *J Behav Med* 32, 20–47 (2009). <https://doi.org/10.1007/s10865-008-9185-0>

³ Aronson, J., Burgess, D., Phelan, S.M. and Juarez, L 2013: Unhealthy Interactions: The Role of Stereotype Threat in Health Disparities *American Journal of Public Health* 103, 50–56, <https://doi.org/10.2105/AJPH.2012.300828>

⁴ Lewis, T. T., Cogburn, C. D., & Williams, D. R. (2015). Self-reported experiences of discrimination and health: scientific advances, ongoing controversies, and emerging issues. *Annual review of clinical psychology*, 11, 407–440. <https://doi.org/10.1146/annurev-clinpsy-032814-112728>

⁵ Hall, W. J., Chapman, M. V., Lee, K. M., Merino, Y. M., Thomas, T. W., Payne, B. K., Eng, E., Day, S. H., & Coyne-Beasley, T. (2015). Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review. *American journal of public health*, 105(12), e60–e76. <https://doi.org/10.2105/AJPH.2015.302903>

Framework

Discrimination violates the standard of care and is unprofessional conduct. This policy prohibits discrimination based on the following grounds, and any combination of these grounds:

- Age
- Race
- Ancestry
- Place of origin
- Ethnic origin
- Citizenship
- Color
- Religion
- Sex (including pregnancy and breastfeeding)
- Sexual orientation
- Gender identity
- Gender expression
- Family status
- Marital status (including married, single, widowed, divorced, separated or living in a conjugal relationship outside of marriage, whether in a same-sex or opposite-sex relationship)
- Disability (including mental, physical, developmental or learning disabilities)
- Criminal Record
- Key third party or relationship with a person identified by one of the above grounds
- Perception that one of the above grounds applies if substantiated

The impacts of systemic discrimination have been studied and documented in the healthcare system. Some examples are differences in pain management and treatment of people of color when compared to whites experiencing the same health conditions as well as racial bias in health algorithms for the purpose of guiding health decisions and admission to care management programs.⁶

WMC Action

The WMC will scrutinize any complaint that a practitioner has engaged in discriminatory behavior towards a patient. To ensure that these complaints are handled with the care they deserve, the WMC is requiring that all of its members receive training in identifying discriminatory behavior in health care practitioners and understanding its impact on the delivery of care. The WMC will also require its investigators and its attorneys to receive this training.

When the WMC receives a complaint alleging that a practitioner has engaged in discriminatory behavior, the WMC will evaluate the complaint in light of this policy and take appropriate action. The appropriate action will depend on the severity of the conduct. The WMC defines

⁶ Obermeyer Z, Powers B, Vogeli C, Mullainathan S. Dissecting racial bias in an algorithm used to manage the health of populations. *Science*. 2019 Oct 25;366(6464):447-453. doi: 10.1126/science.aax2342. PMID: 31649194.

three levels of incidence, in increasing severity, and the appropriate action to resolve the complaint, as follows:

Level One

This is behavior deemed to be unintentionally discriminatory and may be remediated with education and guidance. The WMC may resolve such a case by recommending that the practitioner take a course intended to educate and guide the practitioner to make behavioral changes so that all patients receive the respectful care that they deserve.

Level Two

This involves behavior that involves something more than merely unintentional acts of discrimination. This may involve conduct taken with reckless disregard for the dignity of the patient, or repeated acts of discrimination. This can also include discriminatory behavior that occurs after a respondent received guidance as described in level one. Remediation may include formal sanctions such as requiring the practitioner to complete appropriate education, issue letters of apology to patients and others affected by the behavior, and other actions necessary to protect the public.

Level Three

This involves deliberate discriminatory behavior. This may also involve behavior that occurs after the WMC has imposed sanctions on a practitioner for allegations of a similar nature. In these cases, the WMC may choose to issue a formal Statement of Charges and take formal disciplinary action. Potential sanctions may include a term of probation, a restriction on practice, a required mental or physical examination, appropriate education, letters of apology, and other sanctions necessary to protect the public. If the WMC determines that the practitioner cannot be rehabilitated, it may choose to revoke the practitioner's license to practice medicine.

Termination of the Practitioner-Patient Relationship

Introduction

A practitioner-patient relationship is established when the practitioner agrees to advise, diagnose or treat a patient and the patient agrees that the practitioner will advise, diagnose or treat the patient. Once a practitioner-patient relationship has been established, a practitioner is ethically and legally obligated to provide services until the relationship is terminated.

A practitioner may decide to terminate the relationship for a number of reasons, including dismissing patients who are violent or verbally abusive, non-compliance with a treatment plan, fail to show up at appointments, or use the relationship to feed a drug addiction. Regardless of the reason, the WMC recommends that practitioners take appropriate steps to properly terminate the practitioner-patient relationship.

Guideline

To properly terminate the practitioner-patient relationship, the practitioner should provide notice to the patient that the practitioner-patient relationship has been terminated. The notice should include the following elements:

1. A statement that the practitioner-patient relationship is terminated;
2. Except where the patient has displayed disruptive or threatening behavior toward the practitioner, office staff or other patients, a statement that the practitioner will continue to provide emergency treatment and access to services for a reasonable time, such as 30 days from the date of the notice, to allow the patient to secure care from another practitioner; and
3. An offer to transfer records to a new practitioner upon the patient's signed authorization to do so.

There is no legal reason for a practitioner to provide a reason for the termination of the relationship, but the practitioner may choose to do so depending on the circumstances. The practitioner should consider providing the patient with the names of other practitioners, with their consent, or provide physician referral resources.

The notice should be sent in one of the following ways:

1. A letter sent via certified mail, return receipt requested, to the last address for the patient on record, with a copy of the letter, the certified return receipt, and the mail delivery receipt maintained in the patient record; or
2. An electronic message sent via a HIPAA compliant electronic medical record system or HIPAA compliant electronic health record system that provides a means of electronic communication

between the health care entity and the patient, is capable of sending the patient a notification that a message has been received and is in the patient’s portal, and is capable of notifying the sender that a message has not been viewed or has been viewed. If the electronic message is not viewed within ten days, the practitioner should send a letter as recommended, above.

Following these recommendations will help a practitioner meet the ethical and legal obligations to a patient, and help avoid a complaint to the WMC that a practitioner abandoned a patient.

Number:

Date of Adoption:

Reaffirmed / Updated:

Supersedes:

DRAFT

Policy

Title:	Self-Treatment or Treatment of Immediate Family Members	MD2013-03
References:	American Medical Association Code of Ethics, E-8.19 Self-Treatment of Immediate Family Members	
Contact:	Washington Medical Commission	
Phone:	(360) 236-2750	E-mail: medical.commission@wmc.wa.gov
Effective Date:	February 22, 2013, Reaffirmed as written May 19, 2017	
Supersedes:	MD2008-02	
Approved By:		

The Washington Medical Commission (commission) believes that practitioners generally should not treat themselves or members of their immediate families.¹ Professional objectivity may be compromised when an immediate family member or the practitioner is the patient; the practitioner's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered.

Practitioners may fail to probe sensitive areas when taking the medical history or may fail to perform intimate parts of the physical examination. Similarly, patients may feel uncomfortable disclosing sensitive information or undergoing an intimate examination when the practitioner is an immediate family member. This discomfort is particularly the case when the patient is a minor child, and sensitive or intimate care should especially be avoided for such patients.

When treating themselves or immediate family members, practitioners may be inclined to treat problems that are beyond their expertise or training. If tensions develop in a practitioner's professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the practitioner.

Concerns regarding patient autonomy and informed consent are also relevant when physicians attempt to treat members of their immediate family. Family members may be reluctant to state their preference for another practitioner or decline a recommendation for fear of offending the practitioner. In particular, minor children will generally not feel free to refuse care from their

¹ This policy is taken largely from the American Medical Association [Code of Ethics Opinion 1.2.1](#).

parents. Likewise, practitioner may feel obligated to provide care to immediate family members even if they feel uncomfortable providing care.

Practitioners who work in a facility should not try to access the records of their own treatment or the treatment of family members in that facility.

It would not always be inappropriate to undertake self-treatment or treatment of immediate family members. In emergency settings or isolated settings where there is no other qualified practitioner available, practitioners should not hesitate to treat themselves or family members until another practitioner becomes available. In addition, while practitioners should not serve as a primary or regular care provider for immediate family members, there are situations in which routine care is acceptable for short-term, minor problems. Documentation of these encounters should be included in the patient's medical records.

Practitioners should be aware that [RCW 18.130.180](#)(6) prohibits a practitioner from prescribing controlled substances to him or herself. The Commission strongly discourages prescribing controlled substances to family members.

State of Washington
Medical Quality Assurance Commission

Policy

Title:	Use of Notice of Correction	MD2009-02
References:	N/A	
Contact:	Michael Farrell, JD, Policy Development Manager	
Phone:	(509) 329-2186	E-mail: michael.farrell@doh.wa.gov
Effective Date:	January 16, 2009; Reaffirmed February 12, 2016	
Approved By:	W. Michelle Terry, MD, FAAP, Chair (signature on file)	

Background

The Medical Quality Assurance Commission is committed to protecting the health and safety of the citizens of Washington. This commitment is furthered by assisting physicians and physician assistants who make an effort to comply with statutes and rules enforced by the Commission. The “notice of correction,” found in [RCW 43.05.100](#), is a mechanism for facilitating greater understanding of the statutes and agency rules and achieving compliance.

Under [RCW 43.05.100](#)(1), the Commission may issue a notice of correction when it becomes aware of conditions that are not in compliance with applicable statutes and agency rules. A notice of correction shall include a description of the conditions that are not in compliance, a reference to the specific statute or rule at issue, a date by which compliance is required, a notice of the means to obtain assistance from the Commission, and notice of how to request an extension of the deadline for compliance.

It is also a goal of the Commission to be consistent in how it addresses cases that are similar in nature. In furtherance of that goal, the Commission adopts the following procedure regarding the use of the notice of correction.

Policy

The Commission will decide whether to issue a notice of correction on a case-by-case basis. However, in order to achieve consistency in the disposition of cases, a case appropriate for notice of correction will have the following characteristics:

1. The statute or rule violation does not constitute unprofessional conduct under the Uniform Disciplinary Act, [RCW 18.130.180](#).¹

¹ RCW 18.130.180(7) and (11) are not included in this limitation. These provisions address violations of healthcare related laws or rules, and can theoretically be applied all cases in which a notice of correction is otherwise appropriate.

2. The violation did not result in patient harm, and has a low risk of patient harm.
3. The violation was a single occurrence or a small number of occurrences.
4. The licensee does not have a significant disciplinary history.
5. The licensee does not dispute the violation.
6. The violation is likely to be remedied by providing notice to the licensee.

The following are examples of cases in which a notice of correction may be used:

1. A violation of [RCW 69.41.010\(13\)](#) and [RCW 69.41.120](#), which requires that a prescription for medication be legible, in that it is hand printed, typewritten, or electronically generated.
2. A violation of [Chapter 70.122 RCW](#) and [WAC 246-978-020](#), which require attending physicians prescribing medication under [Chapter 70.122 RCW](#) to provide specified documentation to the Department of Health within thirty days of three separate triggering events.
3. Failure to complete continuing medical education requirements.
4. Practice on an expired credential for a moderate period of time (less than 60 days).
5. Minor record keeping or reporting problems.
6. Name tag violations by physician assistants.

Staff Reports: January 2022

Melanie de Leon, Executive Director

A brief recap of last year:

- Issued 4370 new licenses (MD or PA)
- Completed 486 investigations
- Issued 66 STIDs
- Reviewed over 1500 complaints

Staff will not be able to transition back to the Tumwater offices until after February 3rd due to the new Covid variants – that date may change as well.

Legislative session starts soon – it will be virtual again this year. Micah is our point of contact, and he may be reaching out to you for input on pending bills. It is very fast paced so please respond quickly to his requests if possible.

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.

HR

Becca King, Admin Assistant, relocated to MS and resigned her position effective 12/31/21. We are working to reallocate the position and recruit her replacement. Kayla Bryson will be covering her duties such as travel and payroll until a new staffer is hired.

Pamela Kolhmeier, MD, JD, started as a staff attorney on 1/3/22. She will be focusing on Panel L and Licensing work initially before taking on work with Mike Hively and records issues in Ops.

Legislative Session

Session started 1/10/22. This year is a short session that lasts 60 days so it should conclude mid-March. Session this year is will likely be hybrid virtual meaning committees will be virtual while floor action will be in person. We intended to keep our agenda minimal, but we are already seeing some bills of interest and a couple that have direct impacts.

As a refresher, our legislative program consists of Stephanie Mason and me. Please be patient with response times for both of us during these months as monitoring and engagement of legislative issues is our top priority.

When we take positions on bills we are guided by existing statute and WMC rules, policies, and guidelines. If nothing exists from WMC that directly addresses the content of the bill, we

Micah Matthews, Deputy Executive Director, continued

will consult our Legislative Committee, which consists of Dr. Roberts, Chair Maldon, Dr. Terman, Ms. Blake, and Dr. Wohns.

Bills of impact and interest that have been pre-filed:

- SB 5618: Balanced billing. This bill will align the state and federal statute on balanced billing protections. Minimal potential impact.
- HB 1592: Easing licensing and employment restrictions on military spouses. Moderate potential impact.
- HB 1654: Updates to the WPHP statute for modernization and clarity. Minimal potential impact.
- Request legislation from the Washington State Patrol to add RAPback subscription services to their fingerprinting program. This could benefit the WMC and many other organizations that require fingerprinting of licensees.

SB 5605: Creating the profession of Anesthesiologist Assistants under the regulatory authority of the WMC. Significant potential impact.

Amelia Boyd, Program Manager

Recruitment

We have a vacancy for a Public Member and the recommendations for that position have been sent to the Governor's office.

We are also seeking a Psychiatrist to serve as a Pro Tem Member. 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.

On June 30, 2022 we will have the following vacancies:

- Congressional District 3 – Alden Roberts, MD – not eligible for reappointment
- Congressional District 5 – April Jaeger, MD – eligible for reappointment
- Congressional District 9 – Robert Small, MD – not eligible for reappointment
- Physician-at-Large – Charlie Browne, MD – not eligible for reappointment
- Physician Assistant – James Anderson, PA-C – not eligible for reappointment
- Public Member – Toni Borlas – not eligible for reappointment
- Public Member – John Maldon – not eligible for reappointment
- Public Member – Yanling Yu, PhD – not eligible for reappointment

The application deadline for these positions is March 25, 2022. More information about this recruitment, including a link to the application, can be found on [our website](#).

Mike Hively, Director of Operations and Informatics

Subpoena for Records:

The Operations and Informatics team finalized a large Grand Jury subpoena from the U.S. Attorney's Office. Additionally, we're actively recruiting for a non-perm Forms and Records Analyst 3 and a Management Analyst 4.

Unit Accomplishments Include:

- Reviewed approximately 32,010 pages of requested files.
- Performed over 3,000 redactions.
- Withheld 9,240 pages.
- Released approximately 22,770 pages of records.
- Provided data on 680 open closed requests.

Digital Archiving:

- 1,603 census forms.
- 199 cases closed below threshold.

Demographics:

Staff continue to enter census data and conduct daily quality checks on entries to ensure accuracy completing:

- Approximately 1,603 census entries.
- Emailing 468 secondary contacts.
- Updated 600 licensee addresses.

Additionally, WMC staff member Nick Morris created the quarterly MD/PA census report on January 3, 2022 and updated the demographic survey's end date to ensure we're able to continue collecting data through 12/31/2022.

Morgan Barrett, MD, Medical Consultant

There are currently 158 Respondents in compliance with a Stipulation to Informal Disposition or Order and 4 that are non-compliant.

The following is Compliance data for 2021:

- 76 personal appearances were conducted.
- 14 practice reviews were completed.
- 8 Respondents were ordered to undergo a Clinical Competency Assessment.

George Heye, MD, Medical Consultant		
Assigned Reviewing Commission Member Cases for 2021		
Commissioners		Pro Tem Commissioners
Jim Anderson, PA – 16	Sarah Lyle, MD – 17	Janet Barrall, MD – 5
Christine Blake, PM – 17	John Maldon, PM – 39	Alan Brown, MD – 13
Toni Borlas, PM – 11	Terry Murphy, MD – 46	William Brueggemann, MD – 1
Charlie Browne, MD – 22	Scott Rodgers, PM – 11	Mary Curtis, MD – 15
Jimmy Chung, MD – 33	Alden Roberts, MD – 54	Daniel Flugstad, MD – 12
Diana Currie, MD – 27	Theresa Schimmels, PA – 43	Robert Golden, MD – 6
Karen Domino, MD – 32	Robert Small, MD – 34	Gregory Terman, MD – 33
Harlan Gallinger, MD – 17	Claire Trescott, MD – 37	PM = Public Member
April Jaeger, MD – 59	Richard Wohns, MD – 19	
Charlotte Lewis, MD – 13	Yanling Yu, PhD, PM – 14	

Rick Glein, Director of Legal Services
<p>Summary Suspension:</p> <p><i>In re Irene Kimura, MD</i>, Case No. M2020-930. On November 5, 2021, the Commission filed an Ex Parte Motion for Summary Action and Statement of Charges (SOC). The SOC alleges substandard prescribing to patients with known substance abuse issues as contributing factors in two patient deaths from accidental overdoses. On November 12, 2021, the Commission served an Ex Parte Order of Summary Action – Restriction which summarily restricts Dr. Kimura from prescribing controlled substances pending further action. Dr. Kimura filed an Answer requesting a show case hearing. That request was denied by the Health Law Judge as not timely. A hearing on the merits of the SOC has not yet been scheduled.</p> <p>Orders Resulting from SOC:</p> <p><i>In re Trent J. Russell, PA</i>, Case No. M2020-687. Agreed Order. On October 15, 2020, the Commission summarily suspended the physician assistant license of Mr. Russell. The SOC alleges the Oregon Medical Board entered a Default Final Order and revoked Mr. Russell's license to practice as a physician assistant, finding that Mr. Russell failed to comply with the terms of Washington Physician Health Program (WPHP) and Oregon Health Professionals' Services Program monitoring agreements and engaged in dishonest conduct by attempting to provide a false urine sample for drug testing. On November 18, 2021, the Commission accepted an Agreed Order which reinstated Mr. Russell's Washington state physician assistant license and requires Mr. Russell to maintain satisfactory compliance with his WPHP monitoring agreement; obtain the Commission's approval of his supervising physician and submit all new or revised practice agreements; ensure that his supervising physician submits quarterly reports; submit his own personal reports to the Commission; provide a copy of the Agreed Order to his current and future health care employers and supervising physician; pay</p>

Rick Glein, Director of Legal Services, continued

a fine of \$1,000 and appear personally before the Commission. Mr. Russell may petition to terminate the Agreed Order after completion of the required conditions and after WPHP releases him from the program with an endorsement that he is safe to practice without further monitoring.

In re Jeong H. Kim, MD, Case No. M2019-699. Final Order.* Dr. Kim is board certified in internal medicine. On June 25, 2020, the Commission filed a SOC alleging unprofessional conduct, sexual misconduct, and abuse of a patient. A virtual hearing was held October 11-13, 2021, regarding the merits of the SOC. A Final Order was issued on December 7, 2021, which places Dr. Kim on probation for at least five years. While on probation, Dr. Kim must complete a multi-disciplinary evaluation and the Professional/Problem Based Ethics Course (PROBE) program through the Center for Personalized Educational for Physicians. Dr. Kim is restricted from treating any patients identifying as female until approved to do so by the multi-disciplinary evaluation. Dr. Kim must provide a disclosure of the Final Order to any patient scheduled for an appointment. Dr. Kim shall not engage in solo practice, instruct students, or teach. Dr. Kim is permanently prohibited from conducting pelvic and breast exams on any patients identifying as female. Dr. Kim shall pay a fine of \$25,000 and personally appear before the Commission.

In re George Jackson, MD, Case No. M2019-365. Final Order. Dr. Jackson is board certified in psychiatry. On January 4, 2021, the Commission filed a SOC alleging unprofessional conduct and abuse of a patient. A virtual hearing was held July 21-23, 2021, regarding the merits of the SOC. A Final Order was issued on December 17, 2021, dismissing all allegations.

*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).

Virtual Hearings:

In re Scott C. Miller, PA, Case No. M2021-272. Show Cause Hearing. 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 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 his initial licensing application by denying that he was under investigation by the State of 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, ordering that the Ex Parte Order of Summary Action shall remain in effect pending a full adjudication of the allegations. A hearing on the merits of the Statement of Charges has not yet been scheduled.**

Rick Glein, Director of Legal Services, continued

****Within forty-five days of the show cause hearing panel's determination to sustain the summary suspension or place restrictions on the license, the license holder may request a full hearing 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. RCW 18.130.135(5).**

Items of Interest:

Kyle Karinen, Supervising Staff Attorney; Mike Farrell, Policy Development Manager; and I were pleased to attend and give presentations at the Commissioner's Retreat on December 9. Hopefully most of the attendee's questions were answered, but if not, please feel free to reach out.

On December 10, I, along with Joel DeFazio, Staff Attorney, and Mr. Farrell attended a Trauma-Informed Sexual Assault training put on by retired police chief Tom Tremblay. All agreed the training was excellent and we will be able to apply the learnings to our work.

Mike Farrell, Policy Development Manager

Nothing to report outside of the items on the policy committee agenda and the rules process.

Freda Pace, Director of Investigations

CMT Sign-up for 2022

Currently, we have (22) public member slots available and several clinical slots available. If you sign up for a CMT slot and you realize later that a scheduling conflict exists, requiring you to remove your name, please immediate notify Chris Waterman via email:

chris.waterman@wmc.wa.gov.

2021 CMT Review Statistics

First Quarter

Cases Reviewed	Authorized	Closed	RFR Reviewed	Authorized#	Closed
404	135	268	8	1	7

Authorized new cases: 33.42% Closed: 66.34%

Second Quarter

Cases Reviewed	Authorized	Closed	RFR Reviewed	Authorized#	Closed
431	121	310	25	5	20

Authorized new cases: 28.07% Closed: 71.93%

Freda Pace, Director of Investigations, continued

Third Quarter

Cases Reviewed	Authorized	Closed	RFR Reviewed	Authorized#	Closed
482	163	319	17	6	11

Authorized new cases: 33.82% Closed: 66.18%

Fourth Quarter

Cases Reviewed	Authorized	Closed	RFR Reviewed	Authorized#	Closed
502	177	325	11	2	9

Authorized new cases: 35.26% Closed 64.74%

Year in Review

Cases Reviewed	Authorized	Closed	RFR Reviewed	Authorized#	Closed
1819	596 32.77%	1222 67.18%	61	14 22.95%	47 77.05%

not included as authorized new cases

Jimi Bush, Director of Quality and Engagement

Engagement:

Last year we put together a list of topics to hold a webinar series that is focused on patients and their needs. With the new year - I will be moving forward with scheduling times for these webinars to take place. Some of the topics we discussed holding are:

- How the WMC can help you.
- How to talk to your doctor about your healthcare needs as an LGBTQ individual.
- Healthcare 101
- Doctor-Patient Communication: A Review

If you would like to participate as a speaker in any of these topics, please let Jimi know so that I can accommodate your needs and schedule. If you have other suggestions for a webinar, please do not hesitate to reach out.

Process Improvement:

Anjali Bhatt will be returning from maternity leave on January 10th. At that time, we will begin work on implementing the goals of the [2021-2023 strategic plan](#).

Jimi Bush, Director of Quality and Engagement. continued

2021 Annual Performance:

Please see below for the 2021 annual performance metrics.

Performance Measure	2020	2021
Applications Received.	3,475	3,677
Credentials Issued.	3,303	4,431
Average time to issue a credential (days).	96	68
Percentage of Credentials issued within 14 days of receiving all materials.	91.52%	99.3%
Percent of cases in which the intake and assessment steps are completed within 21 days.	99.7%	98.3%
Complaints received.	1,485	1,830
Investigations authorized.	356	593
Percent of cases in which the investigation step is completed within 170 days.	81.9%	83.1%
Average percentage of investigations that exceed 170 days	6.9%	4.5%
Percent of cases in which the case disposition step is completed within 140 days.	74.8%	82.2%
Average percentage of cases in case disposition that exceed 140 days.	39.7%	20.2%
Percent of cases completed within 360 days.	94.2%	94.1%
Reconsideration Requests Received.	28	59
Reconsideration Requests Authorized	3	11
Number of STIDS completed	42	66
Number of Final Orders completed	4	9

Marisa Courtney, Licensing Manager

Total licenses issued from 11/01/2021- 12/31/2021= 484

Credential Type	Total Workflow Count
Physician And Surgeon Clinical Experience License	4
Physician And Surgeon Fellowship License	0
Physician And Surgeon Institution License	0
Credential Type	Total Workflow Count
Physician And Surgeon License	264
Credential Type	Total Workflow Count
Physician and Surgeon License Interstate Medical Licensure Compact	72
Physician And Surgeon Residency License	3
Physician And Surgeon Teaching Research License	1

Physician And Surgeon Temporary Permit	42
Physician Assistant Interim Permit	1
Physician Assistant License	85
Physician Assistant Temporary Permit	12
Totals:	1833

Information on Renewals: October Renewals- 76.13% online renewals

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	26	26
MD	872	253	1125
MDRE	1	1	2
MDTR	2	1	3
PA	149	40	189
	73.47%	26.53%	100.00%

Information on Renewals: November Renewals- 76.15% online renewals

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	24	24
MD	920	271	1191
MDRE	1	0	1
MDTR	2	1	3
PA	151	39	190
	76.15%	23.85%	100.00%

Panel A Personal Appearance Agenda

Friday, January 14, 2022

In response to the COVID-19 public health emergency, and to promote social distancing, the Medical Commission will not provide a physical location for these meetings. Virtual public meetings, without a physical meeting space, will be held instead.

Please join this meeting from your computer, tablet or smartphone:

<https://global.gotomeeting.com/join/792815789>

Panel Members: Jimmy Chung, MD, Panel Chair Scott Rodgers, Public Member
James Anderson, PA-C Robert Small, MD
Charlie Browne, MD Richard Wohns, MD
Anjali D'Souza, MD Sarah Lyle, MD
Yanling Yu, PhD, Public Member Harlan Gallinger, MD

Compliance Officer: Anthony Elders

9:45 a.m.	Crane, Samuel C., MD Attorneys: Pro Se	M2019-85 (2019-8076) RCM: James Anderson, PA-C SA: Joel DeFazio
10:30 a.m.	Ennis, Gregory M., MD Attorney: Jennifer M. Veal	M2017-654 (2016-2963) RCM: James Anderson, PA-C SA: Kelly Elder
11:15 a.m.	Lonac, Jennifer L., PA-C Attorneys: Levi S. Larson, Jane J. Liu	M2019-828 (2016-5807 et al.) RCM: James Anderson, PA-C SA: Joel DeFazio
Lunch Break		
1:15 p.m.	Verma, Vishal, MD Attorney: Pro Se	M2020-703 (2019-9842) RCM: Charlie Browne, MD SA: Joel DeFazio
2:00 p.m.	Song, Bonnie H. Attorney: Carol Sue Janes	M2018-200 (2017-14892) RCM: Charlotte Lewis, MD SA: Colleen Balatbat

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.

Panel B Personal Appearance Agenda

Friday, January 14, 2022

In response to the COVID-19 public health emergency, and to promote social distancing, the Medical Commission will not provide a physical location for these meetings. Virtual public meetings, without a physical meeting space, will be held instead.

Please join my meeting from your computer, tablet or smartphone:

<https://global.gotomeeting.com/join/345525861>

Panel Members: April Jaeger, MD, Panel Chair
Toni Borlas, Public Member
Diana Currie, MD
Karen Domino, MD
Christine Blake, Public Member
John Maldon, Public Member

Terry Murphy, MD
Alden Roberts, MD
Arlene Dorrough, PA-C
Claire Trescott, MD
Mary Curtis, MD

Compliance Officer: Mike Kramer

9:45 a.m.	Edstrom, Kenneth M., MD Attorney: Bertha Fitzer	M2018-579 (2018-13470 et al.) RCMS: John Maldon, Theresa Schimmels, PA-C, Charlie Browne, MD SA: Trisha Wolf
10:30 a.m.	Olson, Alicia N., MD Attorney: Pro Se	M2020-836 (2020-8774) RCM: Christine Blake, Public Member SA: Trisha Wolf
11:15 a.m.	Grant, Brenda K., MD Attorney: Pro Se	M2019-698 (2019-1358) RCM: Gregory Terman, MD SA: Gordon Wright
LUNCH BREAK		
1:15 p.m.	Bauer, William M., MD Attorney: Jennifer M. Smitrovich	M2017-1115 (2016-5369) RCM: Terry Murphy, MD SA: Kyle Karinen
2:00 p.m.	Slack, Donald L., MD Attorney: Christopher H. Anderson	M2019-502 (2018-15607 12655) RCM: Theresa Schimmels, PA-C SA: Mike Farrell

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.