WASHINGTON

Medical Commission

Licensing. Accountability. Leadership.

Regular Meeting & Rules Hearing

August 21-22, 2025

Meeting Agenda
August 21-22, 2025

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

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 WMC will accept public comments 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 doh.information@doh.wa.gov.

These meetings will be hybrid. Participants can attend either in person or virtually.
In-person location: DOH TC2, 111 Israel Rd SE, Tumwater, WA
Virtual via Teams: Meeting and registration links can be found below.

Time	Thursday – August 21, 2025		Room
Open Sessions			
Personal Appearances			
8:30 am	Panel A – Meeting Link: 8/21/2025 Panel A	Page 16	166
8:30 am	Panel B – Meeting Link: 8/21/2025 Panel B	Page 17	167
Closed Sessions			
Case Disposition			
9:15 am	Panel A		166
9:45 am	Panel B		167
Noon	Lunch Break		153
Case Disposition			
12:30 pm	Panel A		166
12:30 pm	Panel B		167

Time	Friday – August 22, 2025	
Closed Session		
8:15 am – 9:15 am	High Reliability Organizations (HiRO) Workgroup	236
Open Session		
	Rules Hearing	
9:30 am	**Establishing the Use of Nitrous Oxide in Office-Based Surgical Settings**	**166/167**

To attend virtually, please register for this meeting at: WMC Rules Hearing

Hearing Notice

Agenda	Presented By:	Page(s)
Housekeeping	Amelia Boyd	

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Agenda continued	Presented By:	Page(s)
• Call for questions regarding the rule or hearing process • Call for testimony from the public and interested parties regarding proposed language • Call for written comments • Commissioners discuss comments and proposed language • Vote	Karen Domino, MD	
Hearing closed by Presiding Officer		
CR-102, Proposed Rules, document	CR-102	Pages 18-22

Break The Chair will announce the designated time to reconvene.

Open Session **166/167**

Business Meeting

To attend virtually, please **register** for this meeting at: WMC Business Meeting

1.0 Chair Calls the Meeting to Order

2.0 Public Comment

The public will have the opportunity to provide comments. If you wish to speak, please use the Raise Hand function, and you will be called upon. Keep your comments brief, and when the Chair opens the floor, state your name and, if applicable, the organization you represent. If you would prefer to submit written comments, send them to amelia.boyd@wmc.wa.gov by **August 18, 2025**. ***Please do not use this public comment period to address disciplinary cases or issues that the WMC is currently covering in its rulemaking or policy efforts. If you wish to comment on rules currently under development, to ensure your comments are considered as part of rulemaking, visit our "Rules in Progress" page and select the specific rule from the "Current Rules in Progress" table. We also welcome you to attend and comment at our rulemaking workshops and hearings. The schedule for these meetings can be found on our "Rules in Progress page. For feedback on WMC policies, guidelines, or interpretive statements, you may email medical.policy@wmc.wa.gov or provide verbal comments at one of the upcoming Policy: Interested Parties or Policy Committee meetings. You can find the schedule for these meetings on the Policy Meetings page.***

Disclaimer: The WMC accepts written comment into the record as a normal course of the Business Meeting. On a case-by-case basis, the WMC will, at its sole discretion, grant a request to verbally read a comment into the record. Comments containing profanity, discriminatory language, ad hominem attacks on Commissioners or staff, threats of violence, or discussion of active cases or litigation before or involving the WMC will not be read. The comment will still be included in the packet for consideration and awareness.

2.1 The Chair will call for comments from the public.

3.0 Chair Report

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4.0 Consent Agenda

Items listed here are considered routine agency matters and are 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. **Action**

4.1 Agenda – Approval of the August 22, 2025, Business Meeting agenda. Pages 2-6

4.2 Minutes – Approval of the May 9, 2025, Business Meeting minutes. Pages 23-28

5.0 New Business

5.1 **DOH letter regarding the 2025 FIFA World Cup events in Seattle** **Informational**
Kyle Karinen, Executive Director, will present this letter for discussion. Pages 29-30

5.2 **Commissioner Retreat 2026** **Action**
The following dates are proposed to hold the Commissioner Retreat in 2026:

- Thursday, March 11
- Thursday, April 30
- Thursday, June 11
- Thursday, July 30
- Thursday, September 17
- Thursday, October 22

Refer to pages 31-34 of this packet to see how these proposed dates align with our approved 2026 schedule.

6.0 Old Business

6.1 **Committee/Workgroup Reports** Update
The written reports are on page 37. The Chair will call for additional reports. See pages 35-36 for a list of committees and workgroups.

6.2 **Rulemaking Activities** Report
Rules Progress Report provided on page 38.

6.2.1 The Preproposal Statement of Inquiry, or CR-101, for chapter 246-919 WAC MD Physicians – WAC 246-919-010 through WAC 246-919-520 and WAC 246-919-602 through WAC 246-919-700 was filed on May 22, 2025, as WSR #25-12-014. Update & Request

Amelia Boyd, Program Manager, will request volunteers from the Commission to serve as panelists for this rulemaking effort. At least three Commissioners are needed to participate in the upcoming workshops, the first of which is scheduled for September 25, 2025.

6.2.2 **Rescind Rulemaking Approval** **Action**
On October 20, 2023, the Commissioners approved initiating rulemaking to add a definition of "qualified physician" to the physician chapter 246-919 WAC. This action was related to the expansion of the optometrist scope of practice. Since then, you have adopted an Interpretive Statement titled *"Qualified Physician" Under Optometry Law* (INS2025-01). We strive to incorporate existing interpretive statements into our rules whenever Interpretive Statement on pages 39-40

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possible, and many sections of the physician chapter are currently open for revision. We request that Commissioners rescind their prior approval to initiate separate rulemaking on this subject, as we plan to incorporate the interpretive statement into the broader physician chapter rulemaking effort.

	Delegation of Signature Authority for Credentialing, Disciplinary and Rulemaking	**Action** Pages 41-43
6.3	With the recent election of a new Chair, this document has been updated. Commissioners are asked to review and consider it for adoption.	
6.4	**Lists & Labels Request** The Commission will discuss the request received for lists and labels, and possible approval or denial of this request. Approval or denial of this application is based on whether the requestor meets the requirements of a "professional association" or an "educational organization" as noted on the application (RCW 42.56.070(9)).	
6.4.1	Contemporary Psychodynamic Institute	Pages 44-58

7.0 Policy Committee Report

Christine Blake, Public Member, Chair, will report on items discussed at the Policy Committee meeting held on July 24, 2025. The agenda was as follows: Report/Action

7.1	**Guidance Document: A Collaborative Approach to Reducing Medical Error and Enhancing Patient Safety (GUI2014-02)** This document was reviewed as part of its scheduled four-year review process. The Committee recommended deferring this document for additional work based on comments received.	Deferred
7.2	**Guidance Document: Medical Professionalism** This document was reviewed as part of its scheduled four-year review process. The Committee recommended approving this document with the noted amendments.	Pages 59-63
7.3	**Procedure: Interactive and Transparent Development of Evidence-based Policies and Guidelines (PRO2018-02)** This document was reviewed as part of its scheduled four-year review process. The Committee recommended approving this document with the noted amendments.	Pages 64-66

8.0 Member Reports

The Chair will call for reports from Commission members.

9.0 Staff Member Reports

The Chair will call for further reports from staff. Written reports on pages 67-78

10.0 AAG Report

Heather Carter, AAG, may provide a report.

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11.0 Fiscal Year 2025 Performance Measures — Update

Mr. Karinen will present this item.

12.0 Adjournment of Business Meeting

Informational

Hearing Schedule	Page 7
2025 Meeting Schedule	Pages 8-11
2026 Meeting Schedule	Pages 12-15

Correspondence

FDA letter regarding cagrilintide	Pages 79-80

Open Session — Room(s)

Noon Lunch & Learn — **166/167**

Register to attend this virtual meeting here: https://tinyurl.com/mpv4cbd7

Washington Physicians Health Program Annual Report

Chris Bundy, MD, Executive Medical Director, will present the 2024 WPHP Annual Report, highlighting the program's impact, participant outcomes, and continued collaboration with the WMC to support clinician health and patient safety through non-punitive, recovery-focused approaches.

FORMAL HEARING SCHEDULE

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

DISCLAIMER: THE BELOW HEARING SCHEDULE IS SUBJECT TO CHANGE.

Hearing Date	Respondent	Case No.	Location
August 2025			
NO HEARINGS SCHEDULED THIS MONTH			
September 2025			
NO HEARINGS SCHEDULED THIS MONTH			
October 2025			
October 10	Bunin, Alan, MD	M2024-631	TBD
October 10	Kane, Sean, MD	M2022-835	TBD
October 13-17	Siler, Thomas, T., MD	M2022-366	TBD
October 21-23	Hammel, James F., MD	M2023-493	Hybrid
October 22-24	Steneker, Sjardo, MD	M2024-204	TBD
November 2025			
November 14	Spolar, Trenton J., MD	M2024-1007	TBD
December 2025			
December 3-5	Mulholland, Mark, MD	M2024-199	TBD
December 12	Janson, Vida, MD	M2024-1003	TBD

Information on how to observe a hearing can be obtained from the Adjudicative Clerk Office, (206) 391-5193.

2025 Meeting Schedule

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

January

S	M	T	W	T	F	S
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1	New Years Day	Holiday – Offices Closed	
2	Policy Committee	4 pm	Virtual
9	Personal Appearances	8:30 am	Virtual
9	Case Disposition	10:45 am	Virtual
10	Committees/Workgroups	8:30 am	Virtual
10	Business	9:30 am	Virtual
10	Lunch & Learn	Noon	Virtual
20	Martin Luther King Day	Holiday – Offices Closed	
30	Policy: Interested Parties	10 am	Virtual

February

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17	President's Day	Holiday – Offices Closed	
27	Policy Committee	4 pm	Virtual

March

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13	Personal Appearances	8:30 am	Hybrid Capital Event Center (ESD 113) 6005 Tyee Drive SW, Tumwater
13	Case Disposition	10:45 am	
14	Committees/Workgroups	8:30 am	
14	Business	9:30 am	
14	Lunch & Learn	Noon	
27	Policy: Interested Parties	10 am	Virtual

2025 Meeting Schedule

WASHINGTON Medical Commission
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April

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18	SMART Training	8:30 am	Hilton Seattle Airport 17620 Intl. Blvd.

May

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1	Policy Committee	4 pm	Virtual
8	Personal Appearances	8:30 am	Hybrid Capital Event Center (ESD 113) 6005 Tyee Drive SW, Tumwater
8	Case Disposition	10:45 am	
9	Committees/Workgroups	8:30 am	
9	Business	9:30 am	
9	Lunch & Learn	Noon	
26	Memorial Day	Holiday – Offices Closed	

June

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19	Juneteenth	Holiday – Offices Closed	
26	Policy: Interested Parties	10 am	Virtual

July

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4	Independence Day	Holiday – Offices Closed	
10	Personal Appearances	8:30 am	Virtual
10	Case Disposition	10:45 am	Virtual
24	Policy Committee	4 pm	Virtual

2025 Meeting Schedule

WASHINGTON Medical Commission
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August

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21	Personal Appearances	8:30 am	Hybrid DOH TC2 Rm 166/167 111 Israel Rd SE Tumwater
21	Case Disposition	10:45 am	
22	Committees/Workgroups	8:30 am	
22	Business	9:30 am	
22	Lunch & Learn	Noon	

September

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1	Labor Day	Holiday – Offices Closed	
25	Policy: Interested Parties	10 am	Virtual

October

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2	Personal Appearances	8:30 am	Virtual
2	Case Disposition	10:45 am	Virtual
30	Policy Committee	4 pm	Virtual

2025 Meeting Schedule

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

November

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11	Veterans Day	Holiday – Offices Closed	
20	Personal Appearances	8:30 am	Hybrid DOH TC2 Rm 166/167 111 Israel Rd SE Tumwater
20	Case Disposition	10:30 am	
21	Committees/Workgroups	8:30 am	
21	Business	9:30 am	
21	Lunch & Learn	Noon	
27	Thanksgiving Day	Holiday – Offices Closed	
28	Native American Heritage Day	Holiday – Offices Closed	

December

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4	Policy: Interested Parties	10 am	Virtual
25	Christmas	Holiday – Offices Closed	

Association Meetings

Association	Date(s)	Location
Washington Academy of Physician Assistants (WAPA) & Oregon Society of Physician Associates (OSPA) Joint Spring Conference	March 9-11, 2025	Portland, OR
Washington State Medical Association (WSMA) Annual Meeting	September 20-21, 2025	Bellevue, WA
WAPA Fall Conference	October 14-17, 2025	Tulalip, WA

Other Meetings

Entity	Date(s)	Location
Council on Licensure, Enforcement and Regulation (CLEAR) Winter Symposium	January 15, 2025	Savannah, GA
Federation of State Medical Boards (FSMB) Annual Conference	April 25-26, 2025	Seattle, WA
FSMB International Conference	September 3-6, 2025	Dublin, Ireland
CLEAR Annual Conference	September 15-18, 2025	Chicago, IL
FSMB Board Attorneys Workshop	November 6-7, 2025	Philadelphia, PA

2026 Meeting Schedule

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

January

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1	New Years Day	Holiday – Offices Closed	
8	Policy Committee	4 pm	Virtual
15	Personal Appearances	8:30 am	Virtual
15	Case Disposition	10:45 am	Virtual
16	Committees/Workgroups	8:30 am	Virtual
16	Business	9:30 am	Virtual
16	Lunch & Learn	Noon	Virtual
19	Martin Luther King Day	Holiday – Offices Closed	
29	Policy: Interested Parties	10 am	Virtual

February

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16	President's Day	Holiday – Offices Closed	
26	Policy Committee	4 pm	Virtual

March

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12	Personal Appearances	8:30 am	Hybrid Location: TBD
12	Case Disposition	10:45 am	
13	Committees/Workgroups	8:30 am	
13	Business	9:30 am	
13	Lunch & Learn	Noon	
26	Policy: Interested Parties	10 am	Virtual

2026 Meeting Schedule

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

April

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17	SMART Training	8:30 am	In person Location: TBD
23	Policy Committee	4 pm	Virtual

May

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7	Personal Appearances	8:30 am	Hybrid Location: TBD
7	Case Disposition	10:45 am	
8	Committees/Workgroups	8:30 am	
8	Business	9:30 am	
8	Lunch & Learn	Noon	
25	Memorial Day	Holiday – Offices Closed	

June

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19	Juneteenth	Holiday – Offices Closed	
25	Policy: Interested Parties	10 am	Virtual

July

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3	Independence Day (observed)	Holiday – Offices Closed	
9	Personal Appearances	8:30 am	Virtual
9	Case Disposition	10:45 am	Virtual
23	Policy Committee	4 pm	Virtual

2026 Meeting Schedule

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

August

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20	Personal Appearances	8:30 am	Hybrid Location: TBD
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21	Business	9:30 am	
21	Lunch & Learn	Noon	

September

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7	Labor Day	Holiday – Offices Closed	
24	Policy: Interested Parties	10 am	Virtual

October

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8	Personal Appearances	8:30 am	Virtual
8	Case Disposition	10:45 am	Virtual
29	Policy Committee	4 pm	Virtual

2026 Meeting Schedule

WASHINGTON Medical Commission
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November

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19	Case Disposition	10:30 am	
20	Committees/Workgroups	8:30 am	
20	Business	9:30 am	
20	Lunch & Learn	Noon	
26	Thanksgiving Day	Holiday – Offices Closed	
27	Native American Heritage Day	Holiday – Offices Closed	

December

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3	Policy: Interested Parties	10 am	Virtual
25	Christmas	Holiday – Offices Closed	

Association Meetings

Association	Date(s)	Location
Washington Academy of Physician Assistants (WAPA) & Oregon Society of Physician Associates (OSPA) Joint Spring Conference	TBA	TBA
Washington State Medical Association (WSMA) Annual Meeting	TBA	TBA
WAPA Fall Conference	TBA	TBA

Other Meetings

Entity	Date(s)	Location
Council on Licensure, Enforcement and Regulation (CLEAR) Winter Symposium	TBA	TBA
Federation of State Medical Boards (FSMB) Annual Conference	TBA	TBA
FSMB International Conference	TBA	TBA
CLEAR Annual Conference	TBA	TBA
FSMB Board Attorneys Workshop	TBA	TBA

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Panel A
Personal Appearance Agenda

Thursday, August 21, 2025

Meeting Link: Panel A - Personal Appearances

Panel Members:	Harlan Gallinger, MD, Panel Chair	Daniel Cabrera, MD	Jimmy Chung, MD	Arlene Dorrough, PA-C
	Anjali D'Souza, MD	Jamie Koop, Public Member	Sarah Lyle, MD	Elisha Mvundura, MD
	Douglas Pullen, Public Member	Scott Rodgers, Public Member		
	Penny Reck, MD, Pro-Tem	Robert Bernstein, MD, Pro-Tem	Charlie Browne, MD, Pro-Tem	Peter Casterella, MD, Pro-Tem
	Peggy Hutchison, MD, Pro-Tem			

Compliance Officer: Anthony Elders

8:30 a.m.	**Fadi Alhafez, MD** Attorneys: Natalie A. Heineman Nicole T. Morrow	M2021-656 (2021-3434, 2023-106) RCM: Anjali D'Souza, MD SA: Lisa Krynicki

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WASHINGTON Medical Commission
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Panel B

Personal Appearance Agenda

Thursday, August 21, 2025

Meeting Link: Panel B - Personal Appearances

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	Richard Wohns, MD	
	Hal Goldberg, MD, Pro-Tem	John Maldon, Public Member, Pro-Tem		

Compliance Officer: Mike Kramer

8:30 a.m.	**Michael K. Turner, MD** Attorneys: Simon Peter Serrano Karen Osborne Emily Ling	M2022-194 (2022-8893 et al.) RCM: April Jaeger, MD SA: Mike Farrell
9:00 a.m.	**Jeong H. Kim, MD** Attorney: Jennifer Smitrovich	M2019-699 (2018-17462) RCMs: Claire Trescott, MD, John Maldon SA: Sara Kirschenman

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WSR 25-14-080
PROPOSED RULES
DEPARTMENT OF HEALTH
(Washington Medical Commission)
[Filed June 30, 2025, 12:41 p.m.]

Original Notice.

Preproposal statement of inquiry was filed as WSR 24-11-104.

Title of Rule and Other Identifying Information: Office-based surgery rules for allopathic physicians (MD)—Use of nitrous oxide. The Washington medical commission (commission) is proposing new WAC 246-919-603 Use of nitrous oxide in office-based settings; and proposing changes to WAC 246-919-601 Safe and effective analgesia and anesthesia administration in office-based surgical settings.

Hearing Location(s): On August 22, 2025, at 9:30 a.m., virtually via Teams at https://tinyurl.com/bdkpf89c; or in person at Department of Health, Town Center 2, Rooms 166/167, 111 Israel Road S.E., Tumwater, WA 98501.

The public hearing will be hybrid. Participants can attend at the physical location, or virtually by registering at https://tinyurl.com/bdkpf89c.

To join the comission's rules interested parties email list, please visit https://public.govdelivery.com/accounts/WADOH/subscriber/new?topic_id=WADOH_153.

Date of Intended Adoption: August 22, 2025.

Submit Written Comments to: Amelia Boyd, Program Manager, P.O. Box 47866, Olympia, WA 98504-7866, email medical.rules@wmc.wa.gov, https://fortress.wa.gov/doh/policyreview/, beginning the date and time of this filing, by August 15, 2025, 11:59 p.m.

Assistance for Persons with Disabilities: Contact Amelia Boyd, program manager, phone 800-525-0127, TTY 711, email medical.rules@wmc.wa.gov, by August 15, 2025.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: The commission is proposing amendments to WAC 246-919-601 and creating new WAC 246-919-603 to establish the use of nitrous oxide by allopathic physicians in office-based surgical settings.

The proposal clarifies the regulatory status of nitrous oxide in office-based settings and establishes safety standards for its use. WAC 246-919-601 does not specify whether nitrous oxide qualifies as minimal sedation; new WAC 246-919-603 addresses this gap by outlining conditions for exemption. It ensures patient safety through physician training, the presence of a basic life support certified provider, patient monitoring, emergency protocols, and special precautions for pediatric patients. By defining safe use conditions, the rule provides regulatory clarity while allowing controlled use of nitrous oxide by allopathic physicians in office-based settings with minimal risk. WAC 246-919-601 is being amended to reference new WAC 246-919-603.

Reasons Supporting Proposal: This proposal provides regulatory clarity by explicitly defining nitrous oxide's status as minimal sedation, ensuring consistent application of rules. It enhances patient safety through physician training, patient monitoring, emergency protocols, and safeguards like scavenging systems and secure storage. Aligning with medical best practices, it allows controlled use of nitrous oxide, a widely accepted, low-risk sedation option. Clear guidelines improve access to safe, office-based sedation while minimizing risks, particularly for pediatric patients.

Statutory Authority for Adoption: RCW 18.71.017 and 18.130.050.

Statute Being Implemented: RCW 18.71.017.

Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: Washington medical commission, governmental.

Name of Agency Personnel Responsible for Drafting: Amelia Boyd, 111 Israel Road S.E., Tumwater, WA 98501, 360-918-6336; Implementation and Enforcement: Kyle Karinen, 111 Israel Road S.E., Tumwater, WA 98501, 360-236-4810.

A school district fiscal impact statement is not required under RCW 28A.305.135.

A cost-benefit analysis is required under RCW 34.05.328. A preliminary cost-benefit analysis may be obtained by contacting Amelia Boyd, Program Manager, P.O. Box 47866, Olympia, WA 98504-7866, phone 360-918-6336, TTY 711, email medical.rules@wmc.wa.gov.

This rule proposal, or portions of the proposal, is exempt from requirements of the Regulatory Fairness Act because the proposal:

Is exempt under RCW 19.85.025(4).

Explanation of exemptions: The proposed rule regulates an individual's license, not a small business.

Scope of exemption for rule proposal:

Is fully exempt.

June 27, 2025
Kyle S. Karinen
Executive Director

RDS-6157.1

AMENDATORY SECTION (Amending WSR 20-22-003, filed 10/21/20, effective 11/21/20)

WAC 246-919-601 Safe and effective analgesia and anesthesia administration in office-based surgical settings.

(1) Purpose. The purpose of this rule is to promote and establish consistent standards, continuing competency, and to promote patient safety. The commission establishes the following rule for physicians licensed under this chapter who perform surgical procedures and use anesthesia, analgesia or sedation in office-based settings.

(2) Definitions. The following terms used in this subsection apply throughout this section unless the context clearly indicates otherwise:

(a) "Deep sedation" or "analgesia" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

(b) "General anesthesia" means a state of unconsciousness intentionally produced by anesthetic agents, with absence of pain sensation over the entire body, in which the patient is without protective reflexes and is unable to maintain an airway, and cardiovascular function may be impaired. Sedation that unintentionally progresses to the point at which the patient is without protective reflexes and is unable to maintain an airway is not considered general anesthesia.

(c) "Local infiltration" means the process of infusing a local anesthetic agent into the skin and other tissues to allow painless wound irrigation, exploration and repair, and other procedures, including procedures such as retrobulbar or periorbital ocular blocks only when performed by a board eligible or board certified ophthalmologist. It does not include procedures in which local anesthesia is injected into areas of the body other than skin or muscle where significant cardiovascular or respiratory complications may result.

(d) "Major conduction anesthesia" means the administration of a drug or combination of drugs to interrupt nerve impulses without loss of consciousness, such as epidural, caudal, or spinal anesthesia, lumbar or brachial plexus blocks, and intravenous regional anesthesia. Major conduction anesthesia does not include isolated blockade of small peripheral nerves, such as digital nerves.

(e) "Minimal sedation" means a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected. Minimal sedation is limited to oral, intranasal, or intramuscular medications.

(f) "Moderate sedation" or "analgesia" means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

(g) "Office-based surgery" means any surgery or invasive medical procedure requiring analgesia or sedation, including, but not limited to, local infiltration for tumescent liposuction, performed in a location other than a hospital or hospital-associated surgical center licensed under chapter 70.41 RCW, or an ambulatory surgical facility licensed under chapter 70.230 RCW.

(3) Exemptions. This rule does not apply to physicians when:

(a) Performing surgery and medical procedures that require only minimal sedation (anxiolysis), or infiltration of local anesthetic around peripheral nerves. Infiltration around peripheral nerves does not include infiltration of local anesthetic agents in an amount that exceeds the manufacturer's published recommendations.

(b) Using nitrous oxide under the requirements in WAC 246-919-603.

(c) Performing surgery in a hospital or hospital-associated surgical center licensed under chapter 70.41 RCW, or an ambulatory surgical facility licensed under chapter 70.230 RCW.

(((~~c~~)))(d) Performing surgery utilizing or administering general anesthesia. Facilities in which physicians administer general anesthesia or perform procedures in which general anesthesia is a planned event are regulated by rules related to hospital or hospital-associated surgical center licensed under chapter 70.41 RCW, an ambulatory surgical facility licensed under chapter 70.230 RCW, or a dental office under WAC 246-919-602.

(((~~d~~)))(e) Administering deep sedation or general anesthesia to a patient in a dental office under WAC 246-919-602.

(((~~e~~)))(f) Performing oral and maxillofacial surgery, and the physician:

(i) Is licensed both as a physician under chapter 18.71 RCW and as a dentist under chapter 18.32 RCW;

(ii) Complies with dental quality assurance commission regulations;

(iii) Holds a valid:

(A) Moderate sedation permit; or

(B) Moderate sedation with parenteral agents permit; or

(C) General anesthesia and deep sedation permit; and

(iv) Practices within the scope of their specialty.

(4) Application of rule.

This rule applies to physicians practicing independently or in a group setting who perform office-based surgery employing one or more of the following levels of sedation or anesthesia:

(a) Moderate sedation or analgesia; or

(b) Deep sedation or analgesia; or

(c) Major conduction anesthesia.

(5) Accreditation or certification.

(a) A physician who performs a procedure under this rule must ensure that the procedure is performed in a facility that is appropriately equipped and maintained to ensure patient safety through accreditation or certification and in good standing from an accrediting entity approved by the commission.

(b) The commission may approve an accrediting entity that demonstrates to the satisfaction of the commission that it has all of the following:

(i) Standards pertaining to patient care, recordkeeping, equipment, personnel, facilities and other related matters that are in accordance with acceptable and prevailing standards of care as determined by the commission;

(ii) Processes that assure a fair and timely review and decision on any applications for accreditation or renewals thereof;

(iii) Processes that assure a fair and timely review and resolution of any complaints received concerning accredited or certified facilities; and

(iv) Resources sufficient to allow the accrediting entity to fulfill its duties in a timely manner.

(c) A physician may perform procedures under this rule in a facility that is not accredited or certified, provided that the facility has submitted an application for accreditation by a commission-approved accrediting entity, and that the facility is appropriately equipped and maintained to ensure patient safety such that the facility meets the accreditation standards. If the facility is not accredited or certified within one year of the physician's performance of the first procedure under this rule, the physician must cease performing procedures under this rule until the facility is accredited or certified.

(d) If a facility loses its accreditation or certification and is no longer accredited or certified by at least one commission-approved entity, the physician shall immediately cease performing procedures under this rule in that facility.

(6) Competency. When an anesthesiologist or certified registered nurse anesthetist is not present, the physician performing office-based surgery and using a form of sedation defined in subsection (4) of this section must be competent and qualified both to perform the operative procedure and to oversee the administration of intravenous sedation and analgesia.

(7) Qualifications for administration of sedation and analgesia may include:

(a) Completion of a continuing medical education course in conscious sedation;

(b) Relevant training in a residency training program; or

(c) Having privileges for conscious sedation granted by a hospital medical staff.

(8) At least one licensed health care practitioner currently certified in advanced resuscitative techniques appropriate for the patient age group must be present or immediately available with age-size-appropriate resuscitative equipment throughout the procedure and until the patient has met the criteria for discharge from the facility. Certification in advanced resuscitative techniques includes, but is not limited to, advanced cardiac life support (ACLS), pediatric advanced life support (PALS), or advanced pediatric life support (APLS).

(9) Sedation assessment and management.

Sedation is a continuum. Depending on the patient's response to drugs, the drugs administered, and the dose and timing of drug administration, it is possible that a deeper level of sedation will be produced than initially intended.

(a) If an anesthesiologist or certified registered nurse anesthetist is not present, a physician intending to produce a given level of sedation should be able to "rescue" a patient who enters a deeper level of sedation than intended.

(b) If a patient enters into a deeper level of sedation than planned, the physician must return the patient to the lighter level of sedation as quickly as possible, while closely monitoring the patient to ensure the airway is patent, the patient is breathing, and that oxygenation, heart rate and blood pressure are within acceptable values. A physician who returns a patient to a lighter level of sedation in accordance with this subsection (c) does not violate subsection (10) of this section.

(10) Separation of surgical and monitoring functions.

(a) The physician performing the surgical procedure must not administer the intravenous sedation, or monitor the patient.

(b) The licensed health care practitioner, designated by the physician to administer intravenous medications and monitor the patient who is under moderate sedation, may assist the operating physician with minor, interruptible tasks of short duration once the patient's level of sedation and vital signs have been stabilized, provided that adequate monitoring of the patient's condition is maintained. The licensed health care practitioner who administers intravenous medications and monitors a patient under deep sedation or analgesia must not perform or assist in the surgical procedure.

(11) Emergency care and transfer protocols. A physician performing office-based surgery must ensure that in the event of a complication or emergency:

(a) All office personnel are familiar with a written and documented plan to timely and safely transfer patients to an appropriate hospital.

(b) The plan must include arrangements for emergency medical services and appropriate escort of the patient to the hospital.

(12) Medical record. The physician performing office-based surgery must maintain a legible, complete, comprehensive, and accurate medical record for each patient.

(a) The medical record must include all of the following:

(i) Identity of the patient;

(ii) History and physical, diagnosis and plan;

(iii) Appropriate lab, X-ray or other diagnostic reports;

(iv) Appropriate preanesthesia evaluation;

(v) Narrative description of procedure;

(vi) Pathology reports, if relevant;

(vii) Documentation of which, if any, tissues and other specimens have been submitted for histopathologic diagnosis;

(viii) Provision for continuity of postoperative care; and

(ix) Documentation of the outcome and the follow-up plan.

(b) When moderate or deep sedation, or major conduction anesthesia is used, the patient medical record must include a separate anesthesia record that documents:

(i) The type of sedation or anesthesia used;

(ii) Name, dose, and time of administration of drugs;

(iii) Documentation at regular intervals of information obtained from the intraoperative and postoperative monitoring;

(iv) Fluids administered during the procedure;

(v) Patient weight;

(vi) Level of consciousness;

(vii) Estimated blood loss;

(viii) Duration of procedure; and

(ix) Any complication or unusual events related to the procedure or sedation/anesthesia.

NEW SECTION

WAC 246-919-603 Use of nitrous oxide in office-based settings.

(1) The purpose of this rule is to promote and establish consistent standards, continuing competency, and promote patient safety. The commission establishes the following rule for physicians licensed under this chapter who perform surgical procedures and use nitrous oxide in office-based settings.

(2) The use of nitrous oxide is exempt from WAC 246-919-601 requirements if the following conditions are met:

(a) Nitrous oxide is administered at a concentration of 50 percent or less;

(b) Nitrous oxide is used without another inhaled anesthetic, sedative, or opioid drug; and

(c) The following safeguards are in place:

(i) The physician performing the procedure must demonstrate competence by completing a continuing medical education course in nitrous oxide administration;

(ii) At least one healthcare practitioner must be present who is certified in basic life support (BLS);

(iii) The physician must be capable of resuscitating a patient from deeper sedation levels and ensure the patient's vital signs are monitored;

(iv) The physician performing the procedure must not administer nitrous oxide or monitor the patient;

(v) The licensed provider administering the nitrous oxide must be different from the physician performing the procedure;

(vi) The facility must have a documented plan for transferring patients to a hospital in case of complications, including arrangements for emergency medical services and appropriate escort of the patient to the hospital;

(vii) The physician must maintain legible, complete, comprehensive, and accurate medical records including the following:

(A) Identity of the patient;

(B) History and physical, diagnosis and plan;

(C) Appropriate lab, X-ray, or other diagnostic reports;

(D) Documentation of nitrous oxide administered or dispensed; and

(E) Documentation of vital signs during the nitrous oxide sedation, including respiratory rate, oxygen saturation, heart rate, and blood pressure;

(viii) The following equipment must be available and include:

(A) Suction equipment capable of aspirating gastric contents from the mouth and pharynx;

(B) Portable oxygen delivery system including full face masks and a bag-valve-mask combination with appropriate connectors capable of delivery positive pressure, oxygen enriched ventilation to the patient;

(C) Blood pressure cuff or sphygmomanometer of appropriate size; and

(D) Pulse oximeter;

(ix) Nitrous oxide must not be administered to any patient under three years of age. For pediatric patients older than three years, a discussion with the parent or guardian is required to address the specific risks associated with nitrous oxide use in cases where the patient:

(A) Is younger than six years old; or

(B) Has airway abnormalities.

This discussion must include reasoning why the pediatric patient can safely receive nitrous oxide in an outpatient environment and any alternatives.

(x) Excess nitrous oxide must be removed from the procedure room to protect staff via a scavenging system;

(xi) Equipment used for monitoring patients must be calibrated or performance verified according to manufacturer's instructions; and

(xii) Nitrous oxide must be stored securely and accessible only by authorized individuals.

(3) The physician shall ensure they assess patient responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met, except when their prior baseline is below the noted criteria:

(a) Vital signs including blood pressure, pulse rate, and respiratory rate are stable. Vital signs are not required when a pediatric patient is uncooperative or the emotional condition is such that obtaining vital signs is not possible;

(b) The patient is alert and oriented to person, place, and time as appropriate to age and preoperative psychological status;

(c) The patient can talk and respond coherently to verbal questioning as appropriate to age and preoperative psychological status;

(d) The patient can sit up unassisted;

(e) The patient can walk with minimal assistance;

(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

Business Meeting Minutes
May 9, 2025

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Virtual Meeting via Teams Webinar

Link to recording: https://youtu.be/whdKnpE2834?si=LfdfZVhKYLj49C_1

Commission Members

Michael Bailey, Public Member
Christine Blake, Public Member
Toni Borlas, Public Member – Absent
Daniel Cabrera, MD (V)
Po-Shen Chang, MD
Jimmy Chung, MD
Diana Currie, MD (V)
Karen Domino, MD, Chair
Arlene Dorrough, PA-C – Absent
Anjali D'Souza, MD (V)
Harlan Gallinger, MD – Absent
April Jaeger, MD (V)
Jamie Koop, Public Member – Absent
Ed Lopez, PA-C, Officer-at-Large
Sarah Lyle, MD
Terry Murphy, MD, Vice Chair
Elisha Mvundura, MD (V)
Robert Pullen, Public Member – Absent
Scott Rodgers, JD, Public Member – Absent
Claire Trescott, MD (V)
Richard Wohns, MD (V)

WMC Staff in Attendance

Colleen Balatbat, Staff Attorney (V)
Jennifer Batey, Legal Support Staff Manager
Amelia Boyd, Program Manager
Carolynn Bradley, Mgmt Analyst/Contract Mgr (V)
Kayla Bryson, Executive Assistant (V)
Jimi Bush, Director of Quality & Engagement
Carmen Challender, Health Services Consultant
Marisa Courtney, Licensing Manager
Joel DeFazio, Staff Attorney
Anthony Elders, Compliance Officer (V)
Gina Fino, Director of Compliance
Michael Farrell, Supervising Staff Attorney
Rick Glein, Director of Legal Services (V)
Jenelle Houser, Investigator
Ken Imes, Information Liaison
Kyle Karinen, Executive Director
Sara Kirschenman, Staff Attorney (V)
Mike Kramer, Compliance Officer (V)
Lisa Krynicki, Staff Attorney (V)
Stephanie Mason, Public Information Officer & Legislative Liaison
Micah Matthews, Deputy Executive Director
Lynne Miller, Paralegal
Fatima Mirza, Program Case Manager
Freda Pace, Director of Investigations (V)
Stormie Redden, Legal Assistant
Chris Waterman, Complaint Intake Manager (V)
Trisha Wolf, Staff Attorney (V)
Mahi Zeru, Equity & Social Justice Manager

Others in Attendance

Alexa Ankrum (V)
Theresa Bakare (V)
Marlon Basco-Rodillas, Dept. of Health (DOH) (V)
Dee Bender (V)
Troy Bender (V)
Amy Brackenbury (V)
Kelli Camp (V)
Heather Carter, Assistant Attorney General (AAG)
Ai Che (V)
Erik Condon (V)
Melissa Dacumos (V)
Billie Dickinson, Washington State Medical Association (WSMA) (V)
DJ Gonzales (V)
Cyndi Hoenhous, Co-Chair, Washington Patients In Intractable Pain

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Others in Attendance continued

Robert Hsiung (V)
Kayla Kerr (V)
Marsha King (V)
Christine Kohlsaat (V)
Katerina LaMarche, Washington State Hospital Association (V)
Ryan Lilley (V)
Micheal McCarthy (V)
Gail McGaffick (V)
Teddi Mcguire (V)
Nicole Moore, CAA (V)
Senator Ron Muzzall (V)
Hillary Norris, WSMA (V)
Penny Reck, MD, Pro Tem Commissioner
Elizabeth Ross (V)
Andrew Seong (V)
Tami Thompson (DOH) (V)
Susie Tracy (V)
Kevin Van De Wege (V)
Susanna Waldman (V)
Fiona Williams (V)

(V) indicates the participant attended virtually

1.0 Call to Order

Karen Domino, MD, Chair, called the meeting of the Washington Medical Commission (WMC) to order at 10:45 a.m. on May 9, 2025.

2.0 Public Comment

Cindy Hoenhaus, Co-Chair of WashPIP, expressed gratitude for the WMC's amendments to the opioid prescribing rule interpretive statements, stating they align with WashPIP's proposals. She emphasized that morphine equivalent dose (MED) limits and forced tapers are harmful and should only occur for patient health and safety, as outlined in existing rules. She urged that patient care, not provider liability, should guide tapering decisions and requested ongoing representation in opioid policy discussions to ensure appropriate pain care access.

3.0 Chair Report

Dr. Domino delivered her final Chair report with gratitude, saying it had been an honor to serve alongside such dedicated colleagues. She appreciated the diversity of backgrounds on the Commission and how it deepened her understanding of patient safety beyond her own field of anesthesiology and pain medicine.

She highlighted two issues that stood out during her tenure: the opioid epidemic and medical misinformation. Reflecting on the book *Dreamland*, which traces the roots of the opioid crisis, she connected its themes to to challenges she has observed in Washington, as well as in Michigan, where she grew up, and in Pittsburgh, where she previously lived. She also expressed concern over the impact of social media and fragmented news sources in spreading misinformation, especially during the COVID-19 pandemic.

Dr. Domino praised the Commission's emphasis on system-based approaches to medical errors, citing her own experience at Harborview Medical Center as an example. She supported the Communication and Resolution Program process for identifying system flaws and the Practitioner Support Program for helping clinicians improve communication and record-keeping before escalating to disciplinary action.

She also encouraged members to consider participating in the United States Medical Licensing Examination (USMLE) process, where board and commission members can contribute to exam content on ethics, patient safety, and scientific reasoning. She closed by

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thanking everyone for their collegiality and saying the experience had been both meaningful and rewarding.

4.0 Consent Agenda

The Consent Agenda contained the following items for approval:

4.1 Agenda for March 14, 2025

4.2 Minutes from January 10, 2025, Business Meeting

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

5.0 New Business

5.1 Petition for Declaratory Order

Heather Carter, AAG, provided an overview of a request from Dr. Penner for a declaratory order under the Administrative Procedures Act, asking whether conducting independent psychiatric examinations via telemedicine constitutes the practice of medicine in Washington, thereby requiring in-state licensure. The Commission deferred the decision from its last meeting to allow time for public comment, though none were received. Ms. Carter explained that for a declaratory order to be issued, the petitioner must present specific facts, demonstrate legal uncertainty, and show that they are adversely affected. She expressed concern that Dr. Penner's request lacks sufficient detail, such as the type of IME and its purpose, and may not meet the threshold for a binding order. She also noted that enforcement of unlicensed practice is handled by the Department of Health (DOH) Secretary, not the Commission. If the Commission finds the petition insufficient, it must state its reasons in a formal response.

Motion: The Chair called for a motion to deny the petition for a declaratory order. The motion was seconded and passed unanimously.

5.2 Letter from Eli Lilly and Company

Kyle Karinen, Executive Director, presented a letter from Eli Lilly and Company regarding the unauthorized compounding of tirzepatide, the active ingredient in the patented drugs Mounjaro® and Zepbound®. During a recent FDA-declared shortage, compounding of the drug was temporarily allowed. However, the FDA lifted the shortage designation in March, reinstating full patent protections. Eli Lilly is now seeking support from regulatory boards, including the Commission, to help prevent further unauthorized compounding. Mr. Karinen noted that no complaint has been filed and emphasized that compounding enforcement typically falls under the Pharmacy Commission's authority. He recommended that no action be taken unless a specific complaint is received, as the Commission is a complaint-driven body and this matter is largely outside its regulatory scope.

6.0 Old Business

6.1 Committee/Workgroup Reports

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

6.2 Rulemaking Activities

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

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written report, Amelia Boyd, Program Manager, stated the Preproposal Statement of Inquiry, or CR-101, for Opioid Prescribing General Provisions for MDs and PAs, was filed on April 30, 2025. Ms. Boyd requested volunteers to participate in upcoming rulemaking workshops. She explained that a small committee is typically formed for each rule to help coordinate scheduling by having a core group of three or four Commissioners. This makes it easier to align schedules and set up the workshops. She asked that anyone interested in being part of the rulemaking effort email her to express their interest.

6.3 Interpretive Statement: "Qualified Physician" Under Optometry Law

Ms. Boyd presented this document and explained that it had completed its review by the Secretary of the Department of Health and that the proposed changes from that office were included in the meeting packet. She stated that the Commission could either adopt the document as presented or return it for further revisions.

> ***Motion:*** The Chair called for a motion to adopt the document as revised. The motion was seconded and passed unanimously.

6.4 Interpretive Statement: Opioid Prescribing & Monitoring for Allopathic Physicians and Physician Assistants

Ms. Boyd presented this document and explained that it had completed its review by the Secretary of the Department of Health and that the proposed changes from that office were included in the meeting packet. She stated that the Commission could either adopt the document as presented or return it for further revisions.

> ***Motion:*** The Chair called for a motion to adopt the document as revised. The motion was seconded and passed unanimously.

6.5 Interpretive Statement: Opioid Prescribing & Monitoring for Patients

Ms. Boyd presented this document and explained that it had completed its review by the Secretary of the Department of Health and that the proposed changes from that office were included in the meeting packet. She stated that the Commission could either adopt the document as presented or return it for further revisions.

> ***Motion:*** The Chair called for a motion to adopt the document as revised. The motion was seconded and passed unanimously.

6.6 Policy: Visiting Student Learning Opportunity License Exemptions

Ms. Boyd presented this document and explained that it had completed its review by the Secretary of the Department of Health and that the proposed changes from that office were included in the meeting packet. She stated that the Commission could either adopt the document as presented or return it for further revisions.

> ***Motion:*** The Chair called for a motion to adopt the document as revised. The motion was seconded and passed unanimously.

7.0 Policy Committee Report

Christine Blake, Public Member, Policy Committee Chair, reported on the items discussed at the Policy Committee meeting held on May 1, 2025.

7.1 Request for WMC Commissioner Volunteers for Small Workgroup on Medical Marijuana Authorization Guidelines

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Ms. Blake asked Micah Matthews, Deputy Executive Director, to present this request. Mr. Matthews clarified that this request is for Commissioners. He stated that the DOH periodically reviews and revises medical authorization guidelines for cannabis across healthcare boards and commissions. The goal was to update the guidelines based on new research and create a consistent set for approval or adoption by the various boards. He addressed a question about the difference between medical cannabis and recreational marijuana, explaining that medical authorization provides tax exemptions by reducing taxes at the producer, wholesale, and retail levels, making it less expensive for patients.

Commissioners who would like to volunteer for this workgroup should contact Ms. Boyd at amelia.boyd@wmc.wa.gov.

7.2 **Policy: Practitioners Exhibiting Disruptive Behavior (MD2021-01)**

Ms. Blake stated that this document was presented as part of its scheduled four-year review. She stated that the Committee recommended reaffirming the document as written.

> ***Motion:*** The Committee Chair entertained a motion to reaffirm this document. The motion was approved unanimously.

7.3 **Procedure: Interactive and Transparent Development of Evidence-based Policies and Guidelines (PRO2018-02)**

Ms. Blake stated that the Committee recommended deferring this item to a future meeting because a new Policy Manager would be starting soon, and the Committee wanted them to review and suggest revisions to the procedure.

7.4 **Guidance Document: Medical Professionalism**

Ms. Blake stated that this document was presented as part of its scheduled four-year review. She stated that the Committee recommended deferring this document for additional work based on comments received.

7.5 **Proposed: Joint Guidance for Retail Intravenous Therapy Clinics**

Ms. Blake asked Mike Farrell, Supervising Staff Attorney, to present this document. Mr. Farrell explained that four boards and commissions including the WMC, the Washington Board of Nursing, the Board of Osteopathic Medicine and Surgery, and the Pharmacy Quality Assurance Commission, collaborated to address the growing issue of IV hydration clinics and related legal concerns, with a particular focus on absentee medical directors who fail to provide adequate supervision, potentially resulting in pharmacy regulation violations. A workgroup, including WMC Commissioners Dr. Murphy and Dr. Jaeger, developed a draft policy largely based on a joint statement from West Virginia. The four boards and commissions reviewed and provided feedback on the draft. The WMC's Policy Committee incorporated many of these suggestions, aiming to keep the guidance general to assist medical directors and nursing staff in practicing responsibly. Mr. Farrell emphasized that this was an ongoing process and not up for adoption at that time. Rather, he sought feedback to refine the draft before returning it for final approval by the four boards and commissions.

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9.0 Member Reports

No members provided a report.

10.0 Staff Reports

Written reports were included in the meeting packet. No additional reports were provided.

11.0 AAG Report

Ms. Carter had nothing to report.

12.0 Leadership Elections

12.1 Restatement of Nominating Committee Report

Dr. Domino restated the nominations for the following leadership positions:

- Chair – Terry Murphy, MD
- Vice Chair – Ed Lopez, PA-C
- Officer-at-Large – Elisha Mvundura, MD

12.2 Nominations from the Floor

Dr. Domino called for nominations for all positions from the panel of Commissioners. No additional nominations were received.

12.3 Election of Leadership

Dr. Domino stated the slate of candidates was elected by a formal vote.

13.0 Adjournment

The Chair called the meeting adjourned at 11:50 am.

Submitted by

Amelia Boyd, Program Manager

Karen Domino, MD, Chair
Washington Medical Commission

Approved August 22, 2025

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47890 • Olympia, Washington 98504-7890
Tel: 360-236-4030 • TTY Relay: 800-833-6384

April 7, 2025

Dr. Jonathan Drezner, MD
FIFA Venue Medical Officer
Sports Medicine Center at Husky Stadium, UW Medicine
3800 Montlake Blvd NE
UW Box 354060
Seattle, WA 98195-4060
jdrezner@uw.edu

Dr. Katharina Grimm, Medical Lead
Fédération Internationale de Football Association
FIFA-Strasse 20
P.O. Box 8044
Zurich, Switzerland
katharina.grimm@fifa.org

Re: 2025 FIFA World Cup Events in Seattle

Dear Drs. Drezner and Grimm:

The Washington State Department of Health (DOH) received your request for information regarding health care providers with international licenses providing care to players and staff while housed, training, and competing in FIFA Club World Cup 2025 matches in Washington State.

Under the Washington State Law Revised Code of Washington (RCW) 18.71.021, an individual must hold a license issued by Washington State unless an exemption under RCW 18.71.030 applies. Under RCW 18.71.030(1), a Washington State license is not required to furnish medical assistance in cases of emergency requiring immediate attention. Additionally, a Washington State license is not required for the in-person practice of medicine in Washington State by health care practitioners who are licensed by another U.S. state or territory in which they reside, provided that such practitioner does not open an office or appoint a place of meeting patients or receiving calls within Washington State. This latter exemption does not extend to practitioners licensed in other countries.

DOH has discretion under RCW 18.130.190 to take enforcement action to prevent practitioners who do not hold a Washington State license and are not exempt from licensure from providing healthcare services. **DOH will exercise its discretion to allow internationally licensed health care practitioners to provide treatment to players and staff participating in and supporting FIFA Club World Cup 2025 events. Such practitioners will not be required to hold a license from Washington State or another U.S. state or territory.**

DOH wishes you the best for a successful FIFA Club World Cup 2025 event.

If there are any questions, please do not hesitate to contact Melissa Lantz, Director of Operational Readiness and Response within the Executive Office of Resiliency and Health Security at 360-236-4026 or melissa.lantz@doh.wa.gov.

Sincerely,

Jessica Todorovich
Interim Secretary of Health
Washington State Department of Health

cc: Sasha De Leon, Assistant Secretary, HSQA, DOH
Lacy Fehrenbach, Chief, Office of Prevention, Safety & Health, DOH
Kyle Karinen, Executive Director, WMC
Melissa Lantz, Director of Operational Readiness & Response, ORHS, DOH
Judith Morton, Director, Office of Investigative & Legal Services, HSQA, DOH
Kristin Peterson, Chief, Office of Policy, Planning & Evaluation, DOH
Nate Weed, Chief, Office of Resilience & Health Security, DOH

2026 Meeting Schedule

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

January

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

1	New Years Day	Holiday – Offices Closed	
8	Policy Committee	4 pm	Virtual
15	Personal Appearances	8:30 am	Virtual
15	Case Disposition	10:45 am	Virtual
16	Committees/Workgroups	8:30 am	Virtual
16	Business	9:30 am	Virtual
16	Lunch & Learn	Noon	Virtual
19	Martin Luther King Day	Holiday – Offices Closed	
29	Policy: Interested Parties	10 am	Virtual

February

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

16	President's Day	Holiday – Offices Closed	
26	Policy Committee	4 pm	Virtual

March

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

11	Proposed: Commissioner Retreat	8:30 am	In person Location: TBD
12	Personal Appearances	8:30 am	Hybrid Location: TBD
12	Case Disposition	10:45 am	
~~13~~	~~Committees/Workgroups~~	~~8:30 am~~	
~~13~~	~~Business~~	~~9:30 am~~	
~~13~~	~~Lunch & Learn~~	~~Noon~~	
26	Policy: Interested Parties	10 am	Virtual

In this proposal, we would cancel the March 13 meetings.

2026 Meeting Schedule

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

April

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

17	SMART Training	8:30 am	In person Location: TBD
23	Policy Committee	4 pm	Virtual
30	Proposed: Commissioner Retreat	8:30 am	In person Location: TBD

May

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

7	Personal Appearances	8:30 am	Hybrid Location: TBD
7	Case Disposition	10:45 am	
8	Committees/Workgroups	8:30 am	
8	Business	9:30 am	
8	Lunch & Learn	Noon	
25	Memorial Day	Holiday – Offices Closed	

June

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

11	Proposed: Commissioner Retreat	8:30 am	In person Location: TBD
19	Juneteenth	Holiday – Offices Closed	
25	Policy: Interested Parties	10 am	Virtual

July

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

3	Independence Day (observed)	Holiday – Offices Closed	
9	Personal Appearances	8:30 am	Virtual
9	Case Disposition	10:45 am	Virtual
23	Policy Committee	4 pm	Virtual
30	Proposed: Commissioner Retreat	8:30 am	In person Location: TBD

Proposed Commissioner Retreat dates
Other meeting dates have been approved

2026 Meeting Schedule

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

August

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

20	Personal Appearances	8:30 am	Hybrid Location: TBD
20	Case Disposition	10:45 am	
21	Committees/Workgroups	8:30 am	
21	Business	9:30 am	
21	Lunch & Learn	Noon	

September

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

7	Labor Day	Holiday – Offices Closed	
17	Proposed: Commissioner Retreat	8:30 am	In person Location: TBD
24	Policy: Interested Parties	10 am	Virtual

October

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

8	Personal Appearances	8:30 am	Virtual
8	Case Disposition	10:45 am	Virtual
22	Proposed: Commissioner Retreat	8:30 am	In person Location: TBD
29	Policy Committee	4 pm	Virtual

Proposed Commissioner Retreat dates
Other meeting dates have been approved

2026 Meeting Schedule

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

November

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

11	Veterans Day	Holiday – Offices Closed	
19	Personal Appearances	8:30 am	Hybrid Location: TBD
19	Case Disposition	10:30 am	
20	Committees/Workgroups	8:30 am	
20	Business	9:30 am	
20	Lunch & Learn	Noon	
26	Thanksgiving Day	Holiday – Offices Closed	
27	Native American Heritage Day	Holiday – Offices Closed	

December

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

3	Policy: Interested Parties	10 am	Virtual
25	Christmas	Holiday – Offices Closed	

Association Meetings

Association	Date(s)	Location
Washington Academy of Physician Assistants (WAPA) & Oregon Society of Physician Associates (OSPA) Joint Spring Conference	TBA	TBA
Washington State Medical Association (WSMA) Annual Meeting	TBA	TBA
WAPA Fall Conference	TBA	TBA

Other Meetings

Entity	Date(s)	Location
Council on Licensure, Enforcement and Regulation (CLEAR) Winter Symposium	TBA	TBA
Federation of State Medical Boards (FSMB) Annual Conference	TBA	TBA
FSMB International Conference	TBA	TBA
CLEAR Annual Conference	TBA	TBA
FSMB Board Attorneys Workshop	TBA	TBA

Proposed Commissioner Retreat dates
Other meeting dates have been approved

Committees & Workgroups

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Executive Committee
Chair: Dr. Murphy
Vice Chair: Ed Lopez, PA-C
Officer-at-Large: Dr. Mvundura
Policy Chair: Chris Blake, PM
Immediate Past Chair: Dr. Domino
Ex Officio Member: Dr. Gallinger
Kyle Karinen
Micah Matthews
Heather Carter, AAG

Policy Committee
Chris Blake, PM, Chair (B)
Dr. Domino (B)
Ed Lopez, PA-C (B)
Dr. Lyle (A)
Scott Rodgers, PM (A)
Dr. Trescott (B)
Heather Carter, AAG
Kaddijatou Keita, Policy Manager
Fatima Mirza
Kyle Karinen
Micah Matthews
Amelia Boyd

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

Legislative Subcommittee
Chris Blake, PM
Dr. Gallinger
Dr. Jaeger
Dr. D'Souza
Dr. Chang
Scott Rodgers
Micah Matthews
Stephanie Mason

Finance Workgroup
Dr. Murphy, WMC Chair, Workgroup Chair
Mr. Lopez, WMC Vice Chair
Kyle Karinen
Micah Matthews
Jimi Bush

Health Equity Advisory Committee
Dr. Currie, Chair
Dr. Browne
Dr. Jaeger
Chris Blake, PM
Douglas Pullen, PM
Kyle Karinen
Mahi Zeru

Panel L
Dr. Chung, Chair
Chris Blake, PM
Arlene Dorrough, PA-C
Dr. Lyle
Dr. Wohns
Dr. Trescott
Dr. Browne, Pro Tem
John Maldon, PM, Pro Tem
Marisa Courtney,
Micah Matthews

High Reliability Workgroup
Dr. Chung, Chair
Dr. Domino
Chris Blake, PM
Dr. Jaeger
Scott Rodgers, PM
Dr. Chang
Ed Lopez, PA-C
Dr. Lyle
John Maldon, PM, Pro Tem
Kyle Karinen
Micah Matthews
Mike Farrell
Jimi Bush
Amelia Boyd

Updated: August 14, 2025

Committees & Workgroups

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Nominating Committee 2025
Dr. Chung
Arlene Dorrough, PA-C
Dr. Jaeger

IV Hydration Treatment Workgroup
Dr. Murphy, Workgroup Chair
Dr. Jaeger
Kyle Karinen
Freda Pace
Dr. Fino
Mike Farrell
Jimi Bush
Taylor Bachrach-Nixon

Psychedelics in Behavioral Health Treatment Workgroup
Dr. Domino, Workgroup Chair
Kyle Karinen
Rick Glein
Dr. Fino
Mike Farrell
Jimi Bush
Marne Nelson
Taylor Bachrach-Nixon
Ex Officio Member: Dr. Chris Bundy, WPHP

CDTA Workgroup
Dr. Chung
Dr. Lyle
Ed Lopez. PA-C
Kyle Karinen
Micah Matthews
Dr. Fino
Joel DeFazio, Staff Attorney
Amelia Boyd

Chapter 246-919 WAC – MDs
Commissioner – TBA
Commissioner – TBA
Commissioner – TBA
Kyle Karinen
Micah Matthews
Marisa Courtney
Amelia Boyd
Heather Carter, AAG
Marlon Basco-Rodillas, DOH Policy Analyst

Opioid Prescribing General Provisions for MDs and PAs Rules
Dr. Domino, Presiding Officer
Ed Lopez, PA-C
Dr. Chang
Chris Blake, PM
Dr. Trescott
Kyle Karinen
Micah Matthews
Amelia Boyd
Heather Carter, AAG
Marlon Basco-Rodillas, DOH Policy Analyst

Any committee or workgroup engaging with interested parties or gathering public input must conduct open public meetings.

PM = Public Member

WPHP = Washington Physicians Health Program

Updated: August 14, 2025

Committee/Workgroup Reports
August 22, 2025

High Reliability Organizations Workgroup – Chair: Dr. Chung Staff: Mike Farrell
We will meet on Friday, August 22, to discuss revising the Guidance Document on "A Collaborative Approach to Reducing Medical Error and Enhancing Patient Safety."

Healthcare Disparities Workgroup – Chair: Dr. Currie Staff: Kyle Karinen
Nothing to report.

IV Hydration Treatment Workgroup – Chair: Dr. Murphy Staff: Mike Farrell/Jimi Bush
The Commission approved the draft joint statement on IV Hydration at the May business meeting. We are waiting for the review and feedback from the Washington Board of Nursing and the Pharmacy Commission. The Osteopathic Board has approved the draft.

Finance Workgroup – Chair: Dr. Domino Staff: Kyle Karinen
We will meet next week to discuss the close of FY25 and the Commission's fiscal posture.

Psychedelics in Behavioral Health Treatment Workgroup – Chair: Dr. Domino Staff: Kyle Karinen
Dr. Fino continues to research the use of psychedelics in behavioral health treatment and work on a best practices document.

WMC Rules Progress Report						Projected filing dates			
Rule	**Status**	**Date**	**Next step**	**Complete By**	**Notes**	**CR-101**	**CR-102**	**CR-103**	**CR-105**
Collaborative Drug Therapy Agreements (CDTA)	CR-101 filed	7/22/2020	Waiting on the results of the Sunrise Review	NA	PQAC Sunrise Review	Complete	TBD	TBD	NA
OBS - Use of Nitrous Oxide, WAC 246-919-601	CR-102 filed	6/30/2025	Hearing	8/22/2025	Keep BoMS updated.	Complete	TBD	TBD	NA
ESSB 5389 - Define Qualified Physician	CR-101 approved	10/20/2023	The Interpretive Statement has been adopted. Request to rescind this rulemaking and, instead, add the IS language to the MD chapter 246-919 WAC rulemaking.	8/22/2025	Keep BoMS updated.	TBD	TBD	TBD	NA
SB 5184 - Anesthesia Assistants - New Profession	CR-103 filed	6/26/2025	Rules effective	7/27/2025		Complete	Complete	Complete	NA
Opioid prescribing--General Provisions for MDs and PAs	CR-101 filed	4/30/2025	Workshops are in progress	NA	Keep BoMS updated.	Complete	TBD	TBD	NA
chapter 246-919 WAC MD Physicians WAC 246-919-010 through WAC 246-919-520 WAC 246-919-602 through WAC 246-919-700	CR-101 filed	5/22/2025	Workshops are in progress	NA		Complete	TBD	TBD	NA

Updated: 8/14/2025

Interpretive Statement

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

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 doh.information@doh.wa.gov.

Title:	"Qualified Physician" Under Optometry Law
Interpretive Statement Number:	INS2025-01
References:	Chapter 18.53 RCW; Chapter 18.71 RCW
Contact:	Washington Medical Commission
Phone:	(360) 236-2750
Email:	medical.policy@wmc.wa.gov
Effective Date:	May 9, 2025
Supersedes:	N/A
Approved By:	Karen Domino, MD, Chair (signature on file)

The Washington Medical Commission (WMC) interprets the term "qualified physician under chapter 18.71 RCW" in Enrolled Substitute Senate Bill 5389, chapter 400, Laws of 2023, to mean a physician who meets each of the following criteria:

1. Holds a current license to practice as a physician and surgeon with the WMC;
2. Is not currently under an order or a stipulation to informal disposition with the WMC;
3. Holds a current and unrestricted certification from the American Board of Ophthalmology or is eligible to do so; and
4. Has a surgical suite on site or holds privileges at a local hospital.

On May 9, 2023, Governor Inslee signed Enrolled Substitute Senate Bill 5389, chapter 400, Laws of 2023, amending chapter 18.53 RCW, an act regulating the practice of optometry in Washington. This new law expanded the scope of optometry to include certain advanced procedures:

RCW 18.53.010

(2)(a) The practice of optometry may include the following advanced procedures:

(i) Common complication of the lids, lashes, and lacrimal systems;

(ii) Chalazion management, including injection and excision;

(iii) Injections, including intramuscular injections of epinephrine and subconjunctival and subcutaneous injections of medications;

(iv) Management of lid lesions, including intralesional injection of medications;

(v) Preoperative and postoperative care related to these procedures;

(vi) Use of topical and injectable anesthetics; and

(vii) Eyelid surgery, excluding any cosmetic surgery or surgery requiring the use of general anesthesia.

The new law provides that an optometrist cannot perform these advanced procedures until the Board of Optometry has issued a license endorsement. The Board of Optometry will issue the license endorsement after the optometrist meets "the educational, training, and competence criteria" set forth in the new law.

To receive a license endorsement, the optometrist must successfully complete postgraduate courses as designated by the Board of Optometry, successfully complete a national examination for advanced procedures, and

> (iii) Enter into an agreement with a qualified physician licensed under chapter 18.71 RCW or an osteopathic physician licensed under chapter 18.57 RCW for rapid response if complications occur during an advanced procedure.

The new law does not define the term "qualified physician licensed under chapter 18.71 RCW." Since the WMC licenses allopathic physicians under chapter 18.71 RCW, the WMC is putting forth its understanding of the term "qualified physician." It can be a challenge when laws create opportunities for collaboration between separately regulated professions. In putting forth its interpretation of the term, the WMC is undertaking its commitment to fulfill the Legislature's action and is not seeking to regulate another profession. This interpretation is intended to assist physicians who are contemplating entering into an agreement. Being able to respond rapidly to complications from the procedures listed in the new law requires a high level of competence.

Procedure

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Delegation of Signature Authority for Credentialing, Discipline and Rulemaking

I, ~~Karen Domino~~Terry Murphy, MD, Chair of the Washington Medical Commission, acting upon the authorization of the Commission, hereby delegate signature authority to the following staff for the specific documents as indicated:

- Executive Director
- Deputy Executive Director
- Medical Consultant
- Program Manager
- Licensing Supervisor
- Licensing Lead (*routine applications and practice agreements only)*
- Licensing Health Services Consultant (HSC) 2s (*routine applications and practice agreements only)*
- Director of Investigations
- Director of Legal Services

Licensing

1. Approval of routine licensing applications, limited applications, and physician assistant (PA) applicants and practice agreements as authorized under WAC 246-919-310 and WAC 246-918-070. A routine licensing application is an application without a positive answer to a personal data question, an out-of-state action, or other negative information on the applicant.

   **Licensing Supervisor*Licensing Lead * HSC2 (only as noted above) *Executive Director *Deputy Executive Director **

2. Requests for of approval of more than 10C PAs per physician.

   **Medical Consultants * *Licensing Supervisor * Licensing Lead *Executive Director *Deputy Executive Director*

3. Requests for special accommodations to sit for USMLE examination.

   **Licensing Supervisor *Executive Director *Deputy Executive Director **

4. Approval of applications submitted with the following positive answers, but otherwise routine:

   Medical Consultant * *Licensing Supervisor *Licensing Lead*Deputy Executive Director

- Applicant's medical conditions (Medical Consultants*Deputy Executive Director only)Applications with more than one Medical malpractice report (Medical Consultants*Deputy Executive Director only)
- Minor traffic violations, i.e. speeding,
- DUIs more than 5 years prior to application (Medical Consultants*Deputy Executive Director only)
- Minor misdemeanor offenses, i.e. disorderly conduct
- Brief probation during residency or other training but successfully completed the program.
- Hospital privileges suspended regarding medical records issues more than five years prior.
- PAs with open complaints or the proposed supervising physician with open complaints.
- Applicants with closed complaints in other state boards.
- FBI fingerprint hit more than 10 years prior to application, as long as applicant reports the incident and provides supporting documentation (if any) in the application process.
- Leave of absence during medical school but still successfully graduated.
- Petitions to take any USMLE step outside of current attempt or time limits.

7. Notice of Decision on Application and the Determination for a Brief Adjudicative Proceeding (after authorization by Panel L)

**Executive Director *Deputy Executive Director *Licensing Supervisor*

8. Approval of a request for extension to complete continuing medical education requirements up to one year.

**Executive Director *Medical Consultant *Deputy Executive Director*Licensing Supervisor*Licensing Lead*

Discipline

1. Legal Pleadings (issued after authorization by the Commission*)*

**Executive Director *Deputy Executive Director *Director of Legal Services *Medical Consultant *Director of Investigations*

- Statement of Allegations
- Statement of Charges
- Notice of Opportunity for prompt hearing, regularly scheduled hearing, or settlement
- Notice of Opportunity for Settlement and Hearing
- Notice of Correction
- Withdrawal of Statement of Charges, Statement of Allegations, or Notice of Correction
- Summary Action Order

- Subpoena (*Executive Director, Deputy Executive Director, Director of Legal Services and Director of Investigations)*

Rulemaking

1. Documents filed with the Code Reviser's Office *(*issued after authorization by the Commission*)*

**Executive Director *Deputy Executive Director *Program Manager*

- CR-101 – Statement of Inquiry
- CR-102 – Proposed Rule or Expedited Rule
- CR-103 – Rule Making Order
- CR-105 – Expedited Rule

Other

Granting an extension of no more than six months on Respondent completing compliance requirements.

**Medical Consultant *Executive Director *Deputy Executive Director*

This delegation shall remain in effect until revoked, terminated, or modified by the Commission.

Date of Adoption: ~~October 20, 2023~~August 22, 2025

Washington State Department of Health
Health Professions Quality Assurance

Application for Approval to Receive Lists

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

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

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

☐ We are a "professional association" ☒ We are an "educational organization."

Elena Steel	509-207-0542	connect@psychodynamicinstitute.com
Primary Contact Name ⮥	Phone ⮥	Email ⮥

Clarissa Hill, Roy Barsness		https://www.psychodynamicinstitute.com/
Additional Contact Names (Lists are only sent to approved individuals) ⮥		Website URL⮥

Contemporary Psychodynamic Institute	88-2650661
Professional Assoc. or Educational Organization ⮥	Federal Tax ID or Uniform Business ID number ⮥

3121 E Madison St. #208A	Seattle, WA, 98112
Street Address ⮥	City, State, Zip Code ⮥

For educational outreach purposes, including sending informational materials, program announcements, and resources related to academic and professional development for students/professionals aligned with our educational mission.

1. How will the lists be used? ⮥

Licensed and pre-licensed mental health professionals, including psychologists (PhD and PsyD), licensed professional counselors (LPCs), marriage and family therapists (MFTs), clinical social workers (LCSWs), and psychiatrists.

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

Please attach information that demonstrates that you are a "professional association" or an "educational organization" and a sample of your proposed mailing materials.
Attach completed application to your recent list request using the public portal:
https://www.doh.wa.gov/aboutus/publicrecords

Alternate options: Email to: PDRC@DOH.WA.Gov Mail to: PDRC - PO Box 47865 - Olympia WA 98504-7865

[signature]	7-17-25
Signature ⮥	Date ⮥

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

For Official Use Only

Approved: _____ _____
5-year one-time

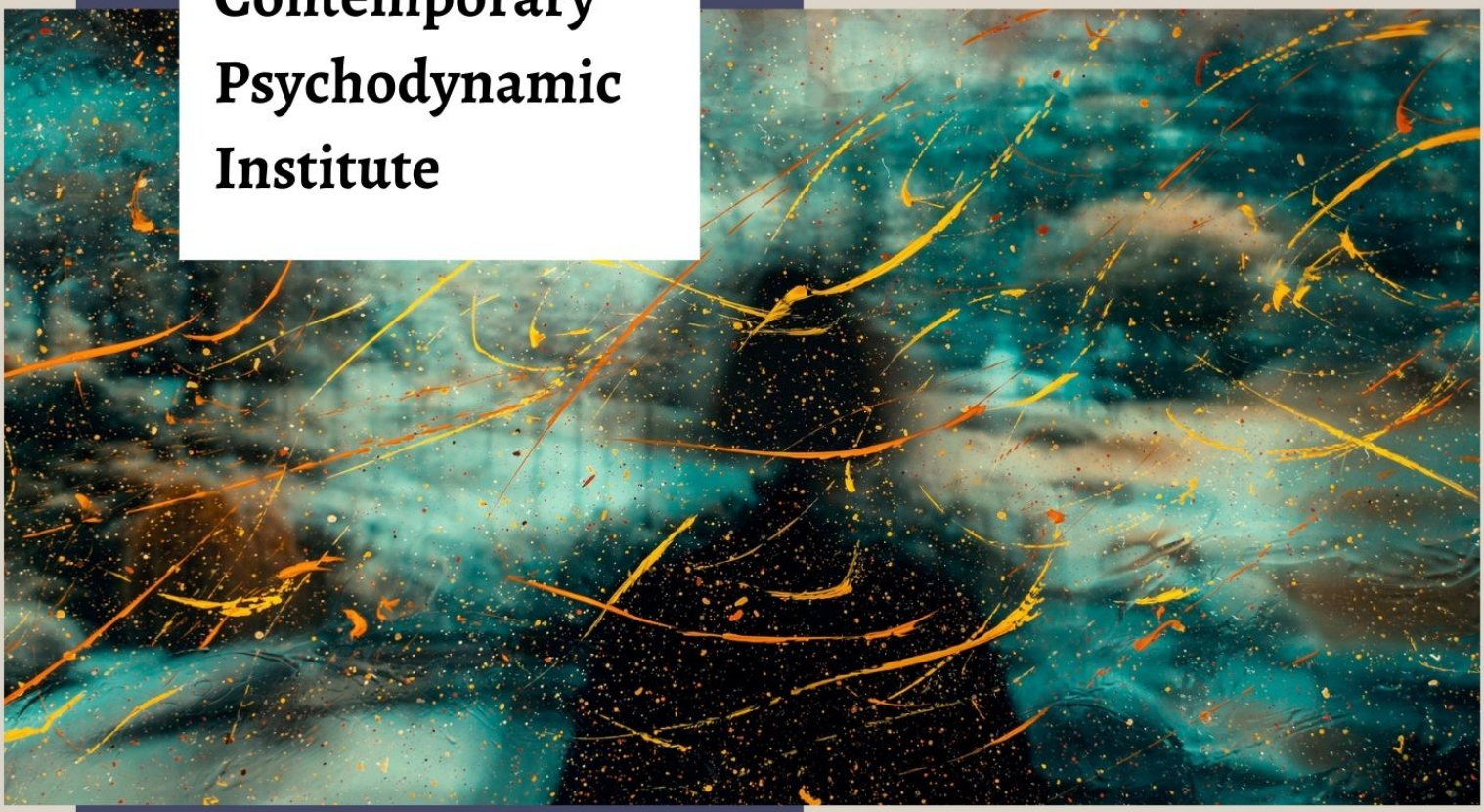
Denied: _____

Authorizing Signature: _____

Printed Name: _____

Title: _____ Date: _____

Contemporary Psychodynamic Institute



Core Competencies in Relational Psychoanalysis with Dr. Roy Barsness

Pulling from the seven core competencies that evolved from his qualitative and quantitative research, this workshop with Dr. Roy Barsness will focus on: therapeutic outcome; therapeutic stance; deep listening/affective attunement; relational dynamics; patterning and linking; conflict; and courageous speech/disciplined spontaneity.

Dr. Roy Barsness

Join Dr. Barsness, Founder and Executive Director of the Contemporary Psychodynamic Institute for an innovative online seminar .

Friday, September 27, 2024

9:30am-12:00pm PST

Earn 2.5 CEUs (optional add-on)

Learn More & Register at:

https://www.psychodynamicinstitute.com/events

Elena Steel (Public Records Request #N010679-070725)

Public Records Request Details

Division:	HSQA|
HSQA - Type of Record(s):	Other/Unknown (Provide description below)|
Is this a list request?:	Yes
Describe the Record(s) Requested:	We are a registered 501(c)(3) nonprofit educational institution requesting current contact information for licensed mental health professionals in Washington State. Specifically, we are seeking names, mailing addresses, license types, and — if available — professional email addresses for outreach related to education, training, and research participation. This request applies to all licensed behavioral health professionals, including but not limited to psychologists, licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs), and licensed clinical social workers (LICSWs). We are not requesting data for any specific region or time period; we would appreciate the most current full dataset available. All data, including email addresses, will be used solely for non-commercial, academic purposes. As a nonprofit organization, we confirm that we will not share, sell, or misuse the information, and that any outreach will be professional, relevant, and fully compliant with all applicable privacy laws and Department of Health policies.
From Date:	
To Date:	

Other Request Information

Preferred Method to Receive Records:	Electronic via Request Center	
Modified Request Description:		Summary of the public record desired that will be visible in the public archive if the request is published.
Internal Status:	List	This status is not visible to the requester.
Extend RCD by:		Select length of extension (Business Days). Selecting 70, 100, and 120 will also update Estimated Completion Date.
Extension Action:		Select 'APPLY EXTENSION' and Save to extend dates.

Special Details

Multi-Divisional Request:	No	Check if this request has records from multiple divisions
High Profile Request:	No	Check if this request is considered a high profile request.
Contains Tribal Records:	No	Check this box if the request contains Tribal records.
Request Complexity:	1	**View Complexity Criteria below...**

Show/Hide Complexity Criteria

Clarifications

Appeal Information

State Reporting Bill

Changed Response Time:	No
Clarification Sought:	No
Installments:	No
Records Provided:	Yes
Scanned Docs:	No
Physical Records Provided:	No
Actual Completion Date:	7/8/2025
Type of Requester:	Other

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

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

Select the boxes below to acknowledge:

I understand that “commercial purposes” means that the person/entity requesting the records intends to use them to facilitate profit-expecting business activity.:	Yes
I understand that the use for commercial purposes of said records may also violate the rights of the individuals named herein and may subject me to liability for such commercial use.:	Yes
I declare that I and/or the entity I represent will not use the requested records for commercial purposes. I also acknowledge it is my affirmative duty to prevent others from using the records for commercial purposes.:	Yes

---

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

1. I am requesting the list of individuals on behalf of:	Organization or Business
Name of organization or business:	Contemporary Psychodynamic Institute
Website address:	https://www.psychodynamicinstitute.com/
Purpose of organization or business:	Education and Professional Community

The organization or business is a professional association or educational organization recognized by the professional licensing or examination board:	No
The request is for a list of applicants for professional licenses and of professional licensees of the subject area of the association or organization:	Yes
2. The purpose in making this request for the list of individuals is:	To conduct educational outreach, provide training opportunities, and facilitate research participation among licensed mental health professionals in Washington State. As a registered 501(c)(3) nonprofit educational institution, we seek to support professional development and advance mental health education through non-commercial, academic use of this data. All information will be handled with strict adherence to privacy laws and Department of Health policies.
3. I or the organization/business intend to generate revenue or financial benefit from using the list of individuals:	No
4. I or the organization/business intend to solicit money or financial support from any of the individuals on the list:	No
5. I or the organization/business intend to make individuals on the list aware of business commercial entities, business/financial enterprises or business/financial opportunities:	No
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:	Yes

Internal Fields

5 Day Letter Date**:	7/8/2025
5 Day Letter Sent*:	Yes ***** Please select **Yes** once you have sent the 5 Day letter. ****** If you are not closing this request at the same time the 5 day letter is being sent, you **MUST** update the **Required Completion Date** at the right with an estimated completion date.
Estimated Completion Date:	7/15/2025

Days in Status (Internal - Updated Overnight)

Message History

Date

On 7/15/2025 4:49:12 PM, PHYLLIS BARNEY wrote:

Date

Subject: DOH Public Records Center :: N010679-070725
Body:
Reference # N010679-070725

Dear Elena Steel,

The Department of Health received your public records appeal on 07/14/2025, concerning the decision to temporarily withhold information contained in the requested records for the following:

" We are a registered 501(c)(3) nonprofit educational institution requesting current contact information for licensed mental health professionals in Washington State. Specifically, we are seeking names, mailing addresses, license types, and — if available — professional email addresses for outreach related to education, training, and research participation.

This request applies to all licensed behavioral health professionals, including but not limited to psychologists, licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs), and licensed clinical social workers (LICSWs).

We are not requesting data for any specific region or time period; we would appreciate the most current full dataset available.

All data, including email addresses, will be used solely for non-commercial, academic purposes. As a nonprofit organization, we confirm that we will not share, sell, or misuse the information, and that any outreach will be professional, relevant, and fully compliant with all applicable privacy laws and Department of Health policies."

Your appeal states:

" I am writing to respectfully appeal the determination that our organization is not recognized as an approved educational organization by the Washington State Department of Health.
We provide continuing education for licensed healthcare professionals in Washington and partner with an approved CEU certificate provider to ensure that all participants receive valid, board-recognized continuing education credits. I am including the following documentation to support our appeal:
1. A partnership agreement with our CEU certificate provider, confirming our collaboration in offering approved continuing education programs.
2. An excerpt from our organizational bylaws that outlines our educational mission and primary purpose as a nonprofit training and educational institution.
3. An example of a past CE event we hosted, including a flyer or description of the event which was led by our founder.
4. A sample CEU certificate issued for that event, showing our organization as the hosting provider and our CEU partner as the credentialing body.
These materials demonstrate that our organization meets the criteria of an educational organization as defined by the Department, and we ask that our status be reconsidered accordingly.
Thank you for your time and attention. Please let us know if additional information is needed."

The Department of Health is upholding the program's original decision. I will explain further.

Washington State statute in the Public Records Act, RCW 42.56.070(8), states, "*This chapter shall not be construed as giving authority to any agency, the office of the secretary of the senate, or the office of the chief clerk of the house of representatives to give, sell or provide access to lists of individuals requested for commercial purposes, and agencies, the office of the secretary of the senate, and the office of the chief clerk of the house of representatives shall not do so unless specifically authorized or directed by law:* ***PROVIDED, HOWEVER, That lists of applicants for professional licenses and of professional licensees shall be made available to those professional associations or***

Date

***educational organizations recognized by their professional licensing or examination board, upon payment of a reasonable charge therefor*."**

As previously stated in our communication to you on 7/8/2025, you are not currently an approved professional association or educational organization with the Department of Health. You may apply for approval to receive lists from the applicable licensing board by completing and submitting an "Application for Approval to Receive Lists" form. The form is attached for your convenience and can also be found here or on the customer public records portal under 'See All FAQs' in the left navigation pane. The completed application can be uploaded directly to this request via the online portal or emailed to our office at publicdisclosure@doh.wa.gov. You may also mail the completed form to us at

Department of Health
Public Disclosure Office
PO Box 47808
Tumwater, WA 98501-7808

Once we receive the completed application, it will be submitted to the appropriate licensing board for approval. If approved by the licensing board, the requested contact list(s) can be provided to you.

With this communication, we believe the department has responded to your request fully and appropriately and considers your request for public records complete and the related appeal closed. This is our final response. Department of Health does not intend to further address the request, and the PRA's one-year statute of limitations to seek judicial review has started to run as of the date of the original request closure on 7/8/2025.

The attorney general's office is authorized to review a state agency's *claim of exemption* and provide a written opinion. See RCW 42.56.530. *This only applies to state agencies and a claim of exemption.* See WAC 44-06-160. A requestor may initiate such a review by sending a request for review to:

Public Records Review
Office of the Attorney General
P.O. Box 40100
Olympia, Washington 98504-0100
or by email to publicrecords@atg.wa.gov.

You may contact us within 30 days, 08/07/2025, by responding to this message, by e-mail at publicdisclosure@doh.wa.gov or by postal mail at: Public Records Officer, Washington State Department of Health, P.O. Box 47808, Olympia, WA 98504-7808, if you have any questions.
Sincerely,

PHYLLIS BARNEY
Public Records Officer
Washington State Department of Health
www.doh.wa.gov

Date

On 7/8/2025 9:33:30 AM, LIA MILLER wrote:

Date

Subject: DOH Public Records Center :: N010679-070725
Body:
Reference # N010679-070725

Dear Elena Steel,

The Department of Health received a public records request from you on July 07, 2025. Your request mentioned:

"We are a registered 501(c)(3) nonprofit educational institution requesting current contact information for licensed mental health professionals in Washington State. Specifically, we are seeking names, mailing addresses, license types, and — if available — professional email addresses for outreach related to education, training, and research participation.

This request applies to all licensed behavioral health professionals, including but not limited to psychologists, licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs), and licensed clinical social workers (LICSWs).

We are not requesting data for any specific region or time period; we would appreciate the most current full dataset available.

All data, including email addresses, will be used solely for non-commercial, academic purposes. As a nonprofit organization, we confirm that we will not share, sell, or misuse the information, and that any outreach will be professional, relevant, and fully compliant with all applicable privacy laws and Department of Health policies."

We have uploaded a list of available information to the DOH Public Records Center for your review. Please note we do not track where providers work.

RCW 42.56.070(8) prohibits disclosure of lists of individuals requested for commercial purposes. However, lists of applicants for professional licenses and of professional licensees may be made available to professional associations or educational organizations approved by the applicable licensing board.
List requests are approved by the specific licensing board and approval can take up to three months.

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

You are currently NOT an approved professional association or educational organization with the Washington State Department of Health. Therefore, the requested list cannot be provided to you at this time, and this request is considered closed. This means that the Department of Health will not further address the request, and as of the date of this communication, the PRA' s one-year statute of limitations to seek judicial review starts to run.

Please contact me within 30 days, 8/7/2025 9:10:31 AM, by e-mail at publicdisclosure@doh.wa.gov or by postal mail at: Public Records Officer, Washington State Department of Health, P.O. Box 47808, Olympia, WA 98504-7808, if you have any questions.

If you receive approval from the licensing board you will need to submit a new list request and upload the approval letter.

Under RCW 42.56.520 you may appeal the decision to withhold information contained in the records via a request for review by the Department of Health' s Public Records Officer. When filing an appeal for Public Records, please

Date

include your Public Records Request reference number so the correct request can be reviewed. The request must be submitted in writing by one of the following methods:

1. Send an email request to PRRappeals@doh.wa.gov
   OR
2. Mail your request to:

Public Records Officer
Washington State Department of Health
P.O. Box 47808
Olympia, WA 98504-7808

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

Sincerely,

LIA MILLER
Public Disclosure Office
Washington State Department of Health
www.doh.wa.gov

Date

On 7/7/2025 4:24:55 PM, System Generated Message:
Subject: Public Records Request :: N010679-070725
Body:

Dear Elena Steel:

Thank you for submitting a public records request to the Washington State Department of Health. Your request has been received and is being processed in accordance with the State of Washington Public Records Act, Chapter 42.56 RCW. Your request was received in this office on 7/7/2025 and given the reference number N010679-070725 for tracking purposes. You will receive an official acknowledgement letter within 5 business days from this date.

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

Sincerely,

Washington State Department of Health
Public Records Request
Public Records

To monitor the progress or update this request please log into the DOH Online Public Records Center

Track the issue status and respond at: https://washingtondoh.govqa.us/WEBAPP//_rs/RequestEdit.aspx?rid=160072

On 7/7/2025 4:24:53 PM, Elena Steel wrote:
Request Created on Public Portal

Request Details

Reference No:	N010679-070725
Create Date:	7/7/2025 4:24 PM
Update Date:	7/18/2025 7:49 AM
Completed/Closed:	Yes
Close Date:	7/8/2025 9:02 AM
Status:	Closed - Full Release

Priority:	Low
Assigned Dept:	Health Systems Quality Assurance
Assigned Staff:	LIA MILLER

Customer Name:	Elena Steel
Email Address:	connect@psychodynamicinstitute.com
Phone:	5092070542
Group:	(Not Specified)

Source:	Web

From:	Miller, Lia M (DOH)
To:	Crawford, Lana A (DOH); Boyd, Amelia (WMC); Delgado, Nancy L (DOH)
Subject:	Application for an organization to receive lists
Date:	Monday, July 21, 2025 7:21:51 AM
Attachments:	GovQA - WASHINGTONDOH - Elena Steel.pdf image001.png image002.png Digital Flyer for Past Event.jpg List Request Application (3).pdf

---

Good Morning,

I am attaching an application for an organization to receive lists. Amelia, I am including you, they asked for Psychiatrist, I know I really can't run that list, but when they ask we send a list of MD and let them know we do not have the ability to run a list by specialty. This is a work in progress, though for those that answer that question on their application.

Lia Miller
Forms & Records Analyst 3
Public Disclosure Office
Center for Facilities Risk & Adjudication
Washington State Department of Health
Lia.miller@doh.wa.gov
doh.wa.gov | 360-236-4836

Guidance Document

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Medical Professionalism

Introduction

In 2002, the American Board of Internal Medicine Foundation, the American College of Physicians-American Society of Internal Medicine Foundation, and the European Federation of Internal Medicine developed a Charter on Medical Professionalism, and published it simultaneously in the Annals of Internal Medicine and The Lancet.[1] The Charter on Medical Professionalism is designed to reaffirm the medical profession's commitment to patients and to the health care system by setting forth fundamental and universal principles of medical professionalism.

The Washington Medical Commission (WMC) largely adopts the Charter on Medical Professionalism (Charter), as guidance for Washington physicians and physician assistants in fulfilling their professional responsibilities to their patients and to the public. [2]

Charter on Medical Professionalism

Preamble

Professionalism is the basis of medicine's contract with society. Professionalism demands placing the best interests of patients above those of the practitioner[3], setting and maintaining standards of competence and integrity, and providing scientifically accurate advice to society on matters of health. The principles and responsibilities of medical professionalism must be clearly understood by both the profession and the public. Public trust in practitioners depends on the integrity of both individual practitioners and the profession as a whole.

At present, the medical profession is confronted by an explosion of technology, evolving practice conditions, and heightened regulatory obligations. As a result, practitioners find it increasingly difficult to meet their responsibilities to patients and society. In these circumstances, reaffirming the fundamental and universal principles and values of medical professionalism, which remain ideals to be pursued by all practitioners, becomes all the more important.

The medical profession everywhere is embedded in diverse cultures and national traditions, but its members share the role of healer, which has roots extending back to Hippocrates. Indeed, the medical profession must contend with complicated political, legal, and market forces. Moreover, there are wide variations in medical delivery and practice through which any general principles may be expressed in both complex and subtle

[1] "Medical Professionalism in the New Millennium: A Practitioner Charter." Annals of Internal Medicine, 2002;136(3):243-246, *available at* http://annals.org/aim/article/474090/medical-professionalism-new-millennium-practitioner-charter

[2] This Guidance Document is not identical to the previous Charter on Medical Professionalism. The WMC has edited that previous document in order to conform to state laws and rules. For example, in many places in this document, the WMC has replaced the word "shall" with the word "should," so as not to create mandates outside of the rule-making process.

[3] In this guidance document, the WMC uses the term "practitioner" to refer to both allopathic physicians and physician assistants.

ways. Despite these differences, common themes emerge and form the basis of this Charter in the form of three fundamental principles, and as a set of definitive professional responsibilities.

Fundamental Principles

1. *Principle of primacy of patient welfare*. This principle is based on a dedication to serving the interest of the patient. Altruism contributes to the trust that is central to the practitioner–patient relationship. Market forces, societal pressures, and administrative exigencies must not compromise this principle.
2. *Principle of patient autonomy*. Practitioners should respect patient autonomy. Practitioners should be honest with their patients and empower them to make informed decisions about their treatment. Patients' decisions about their care must be paramount, as long as those decisions are in keeping with ethical principles and do not lead to demands for inappropriate care.
3. *Principle of social justice*. The medical profession should promote justice in the health care system, including the fair distribution of health care resources. Practitioners should work actively to eliminate discrimination in health care, whether based on race, gender, gender identity, sexual orientation, socioeconomic status, ethnicity, religion, or any other social category.

A Set of Professional Responsibilities

Commitment to professional competence. Practitioners should be committed to lifelong learning and to maintaining the medical knowledge and clinical and team skills necessary to deliver quality care. More broadly, the profession as a whole must strive to see that all of its members are competent[4] and must ensure that appropriate mechanisms are available for the profession to accomplish this goal.

Commitment to honesty with patients. Practitioners should ensure that patients are adequately and honestly informed before the patient has consented to treatment, and also after treatment has occurred. This expectation does not mean that patients should be involved in every minute decision about medical care; rather, they must be empowered to decide on their course of therapy. Practitioners should acknowledge that in health care, medical errors that injure patients do sometimes occur. Whenever patients are injured as a consequence of medical care, patients should be informed promptly because failure to do so seriously compromises patient and societal trust. Reporting and analyzing medical mistakes provide opportunities to develop and apply appropriate risk management strategies that should improve patient care, not only for patients who have been injured but also to prevent future harm moving forward.

Commitment to patient confidentiality. Earning the trust and confidence of patients requires that appropriate confidentiality safeguards be applied to prevent disclosure of patient information unless disclosure is legally necessary. This commitment extends to discussions with persons acting on a patient's behalf when obtaining a patient's own consent is not feasible. Fulfilling the commitment to confidentiality is more pressing now than

[4] Professional competence refers to "the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served." Epstein RM, Hundert EM. Defining and assessing professional competence. *JAMA* 2002; 287(2):226-235), *available at* https://jamanetwork.com/journals/jama/article-abstract/194554?casa_token=nY5Pp29vutgAAAAA:fUtkGd2lVdq0e1p1T61lgKV1MYyhQNxUHoO4aEOxeZL21IchaFYoxgdHGC-nwjX0YNQJkhYTK9k6

ever given the increasing availability of genetic information and the widespread use of electronic information systems for compiling patient data. However, practitioners recognize that their commitment to patient confidentiality must occasionally yield to overriding legal requirements that protect public health and safety (for example, when patients endanger themselves or others).

Commitment to maintaining appropriate relations with patients. Given the inherent vulnerability and dependency of patients, certain relationships between practitioners and patients must be avoided. Practitioners should avoid exploiting patients for personal financial gain, or other private purpose. For example, state law prohibits practitioners from engaging in sexual or romantic relationships with current patients. This includes behaviors such as soliciting a date or kissing a patient in a romantic or sexual manner.[5] State law also prohibits romantic or sexual relationships with former patients if the practitioner uses or exploits the trust, knowledge, influence or emotions derived from the professional relationship, or uses or exploits privileged information to meet the practitioner's personal or sexual needs.[6] Practitioners should also abide by any ethical restrictions regarding romantic or sexual relationships with former patients that are applicable to their specialties.[7]

Commitment to improving quality of care. Practitioners should be dedicated to continuous improvement in the quality of health care. This commitment entails not only maintaining clinical competence but also working collaboratively with other professionals to reduce medical error, increase patient safety, minimize overuse of health care resources, and optimize the outcomes of care. Practitioners should actively participate in the development and application of better quality of care measures to assess routinely the performance of all individuals, institutions, and systems responsible for health care delivery. Practitioners, both individually and through their professional associations, should take responsibility for assisting in the creation and implementation of mechanisms designed to encourage continuous improvement in the quality of care.

Commitment to improving access to care. Medical professionalism demands that the objective of all health care systems is the availability of a reasonable and adequate standard of care that is accessible to all patients. Practitioners should individually and collectively strive to reduce barriers to equitable health care. Within each system, the practitioner should help eliminate barriers to access which are often based on education, laws, finances, geography, and social discrimination. A commitment to equity entails the promotion of public health and preventive medicine without concern for the self-interest of the practitioner or the profession.

Commitment to a just distribution of finite resources. While treating individual patients, practitioners should provide health care that is based on the standard of care which considers cost-effective management and limited resources. When medically necessary resources are scarce, such as during a pandemic, practitioners are encouraged to follow guidance from the Washington State Department of Health and local health departments to prioritize the needs of the public when there are not enough resources for all patients. Otherwise, practitioners should be committed to working with other practitioners, hospitals, and payers to develop and implement guidelines focused on the delivery of cost-effective care. While a practitioner, at times, may be tempted to "overtest" and "overtreat" to decrease their risk of medical malpractice claims, the

[5] WAC 246-919-630, 246-918-410. See also RCW 18.130.180(24).
[6] WAC 246-919-630(3). For additional guidance, see the WMC Guidance Document on "Sexual Misconduct and Abuse," GUI2017-03.
[7] For example, the American Psychiatric Association takes the position that sexual activity with a current or former patient is unethical. American Psychiatric Association: The principles of medical ethics (with annotations especially applicable to psychiatry), section 2. Arlington, VA: American Psychiatric Association, 2013. https://www.psychiatry.org/psychiatrists/practice/ethics. Accessed May 7, 2019.

practitioner's professional responsibility involving appropriate resource allocation requires scrupulous avoidance of superfluous tests and procedures. Providing unnecessary services not only exposes patients to avoidable harm and expense but also diminishes the resources available for others.

Commitment to scientific knowledge. Much of medicine's contract with society is based on integrity and the appropriate use of scientific knowledge, technology, and evidence-based medicine. Practitioners should uphold scientific standards, to promote research, and to create new knowledge and ensure its appropriate use. The profession is responsible for the integrity of this knowledge, which is based on scientific evidence, practitioner experience, and effective communication.

Commitment to maintaining trust by managing conflicts of interest. Medical professionals and their organizations have many opportunities to compromise their professional responsibilities by pursuing private gain or personal advantage. Such compromises are especially threatening in the pursuit of personal or organizational interactions with for-profit industries, including pharmaceuticals, laboratory services, medical equipment, and insurance companies. Practitioners should recognize, disclose to the public, and deal with conflicts of interest that arise in the course of their professional duties and activities. Relationships between industry and opinion leaders should be disclosed, especially when the latter determines the criteria for conducting and reporting clinical trials, writing editorials or therapeutic guidelines, or serving as editors of scientific journals.

Commitment to professional responsibilities. As members of a profession, practitioners are expected to work collaboratively to maximize patient care, be respectful of one another, and participate in the processes of self-regulation, including remediation and discipline of members who have failed to meet professional standards. The profession should define and organize the educational and standard-setting process for current and future members. Practitioners have both individual and collective obligations to participate in these processes. These obligations include engaging in internal assessment, offering constructive feedback to peers, and accepting external scrutiny of all aspects of their professional performance. Part of professionalism is being aware of conscious and unconscious bias. ~~and that~~ P~~p~~ractitioners ~~must be sure~~ are obligated to treat all patients with compassion, equity, and respect. ~~Finally,~~ P~~p~~ractitioners also have a professional responsibility to maintain their own health and well-being ~~and to~~ as well as to take appropriate action when a colleague may be impaired. Health issues should be addressed proactively to promote safe, effective, and compassionate care. In the absence of patient harm, concerns for impairment should be addressed through supportive, non-disciplinary pathways such as the Washington Physicians Health Program.

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Summary

The practice of medicine in the modern era faces unprecedented challenges in virtually all cultures within our society. These challenges center on disparities in our health care system, an inability to meet the legitimate needs of patients due to insufficient resources, the increasing dependence on market forces to transform health care systems, and the temptation for practitioners to forsake their traditional commitment to the primacy of patient interests for their own personal gain. To maintain the fidelity of medicine's social contract, the WMC believes that practitioners must reaffirm their active dedication to the principles of professionalism, which entails not only their personal commitment to the welfare of their patients but also collective efforts to

improve our health care system for the welfare of society. The WMC adopts this Charter on Medical Professionalism to encourage such dedication among practitioners and the profession in general, and to assure the public that the WMC upholds ideals of professionalism in the State of Washington.

Number:	GUI2018-01
Date of Adoption:	January 19, 2018
Revised/Reaffirmed:	May 27, 2022
Supersedes:	N/A

Procedure

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Interactive and Transparent Development of Evidence-based Policies

Introduction

The Washington Medical Commission (Commission) develops policies[i] to encourage the medical profession to improve the delivery of medical care and enhance patient safety.[ii] The Commission wishes to better engage the public and the profession by creating an interactive, consistent, and transparent procedure to obtain input to develop evidence-based policies.[iii] This document describes the procedure the Commission uses to develop evidence-based policies.

Procedure

Step One: Determine the need for a policy

Any Commission member, member of the medical profession, organization, or member of the public may ask the Commission's Policy Committee to consider developing a policy in a particular area of medical practice. In general, the Policy Committee will consider developing a policy for an issue that has broad application to practitioners or the public, to respond to an emerging problem, and to fulfill its regulatory charge to protect the public. The Policy Committee may decide that a policy is not necessary, or that the subject is more appropriately addressed by adopting a rule, which has the force of law.

Step Two: Policy Committee

If the decision of the Policy Committee is to develop a policy, the Policy Committee Chair may assign members to a work group to analyze the research and evidence, and to draft the policy. The workgroup will include one or more Commission members and may include subject matter experts on staff. The workgroup may also include subject matter experts outside the Commission.

The Policy Committee also reviews existing policies to ensure that they remain useful and ~~informative, and~~informative and reflect the current state of medical practice and the current view of the Commission.

Step Three: Research and Obtain Evidence

If the Policy Committee decides to develop a policy or guideline, the next step is to research the topic and obtain evidence that will inform the Commission's decision-making. The research may include:

- Reviewing complaints or other patient experiences related to the topic of the proposed policy.
- Conducting a literature review of the latest journal articles and studies.
- Reviewing the positions of appropriate stakeholders.
- Reviewing the positions of other state medical boards and the Federation of State Medical Boards.

- Identifying and researching relevant legal issues, consulting with the Attorney General's Office as needed.

Step Four: Analysis and Drafting

The work group will analyze the research and evidence, relevant law, and draft the policy. For existing policies, the workgroup will review feedback submitted to the Commission via the Commission web site or otherwise. The workgroup will create a first draft of the proposed policy.

Step Five: Policy Committee Review

In a public meeting, the Policy Committee will review the draft policy and proposes revisions. The Policy Committee presents the draft to the full Commission. The Commission provides feedback and then may approve posting the draft policy for public dissemination, including posting the draft on the Commission web site.

Step Six: Solicit Feedback from Public and Profession

Upon approval by the Commission, staff posts the draft policy to the Commission web site and invites members of the public and the profession to post comments on the proposed draft policy. The Commission will notify the public and the profession of the proposed policy by:

- Sending out notice of the draft policy on social media;
- Sending out notice of the draft policy to the Commission listserv;
- Sending the draft policy to stakeholders and interested parties

The Commission accepts comments on the proposed policy for 28 days. The Commission will have discretion to remove comments that do not contribute to a constructive discussion of the relevant issues.

Step Seven: Policy Committee Review of Feedback

In a public meeting, the Policy Committee reviews the feedback and comments from the public and the profession. The Policy Committee considers the extent to which the comments represent the expectations of the profession and are consistent with the Commission's mission to promote patient safety and our vision of advancing the optimal level of medical care for the people of Washington. The draft policy is revised accordingly.

Step Eight: Secretary Review of Policy

The Commission staff sends the proposed policy to the Secretary of the Department of Health for review and comment. Following the Secretary's review, the Policy Committee reviews and discusses the comments from the Secretary in a public meeting. The Policy Committee brings its recommendations to the full Commission. The full Commission reviews the proposed policy in a public meeting and may revise the policy. If the Commission revises the policy, the Commission sends the proposed policy back to the Secretary for review. Once the Commission approves a policy, the policy is filed with the Washington State Code Reviser and it is published in the Washington State Register.

Step Nine: Final Review and Adoption

Once the Policy Committee is satisfied with the proposed policy, it refers the draft to the full Commission with a recommendation to adopt the policy. The full Commission, in a public meeting, discusses the policy

and decides whether to adopt the final version. When the policy is final, the Commission publicizes it through its web site, social media channels, listserv, and newsletter.

Step Ten: Policy Impact review

After the policy is been adopted, in some instances, not all, we can outline how the policies will be monitored and communicated to ensure that it is understood and followed by our licensed practitioners , in providing care to patients.

Emergency Exception

In case of an emergency in which the development of a policy is required in a short time period, one or more of these steps may be waived.

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Date of Adoption: ~~May 19, 2017~~

Date of Revision: ~~August 20,2021~~

[i] RCW 34.05.010(15) defines "policy statement" as "a written description of the current approach of an agency, entitled a policy statement by the agency head or its designee, to implementation of a statute or other provision of law, of a court decision, or of an agency order, including where appropriate the agency's current practice, procedure, or method of action based upon that approach." A policy is advisory only. RCW 34.05.230. Examples of Commission policy statements are "Complainant Opportunity to be Heard Through and Impact Statement," and "Practitioners Exhibiting Disruptive Behavior."

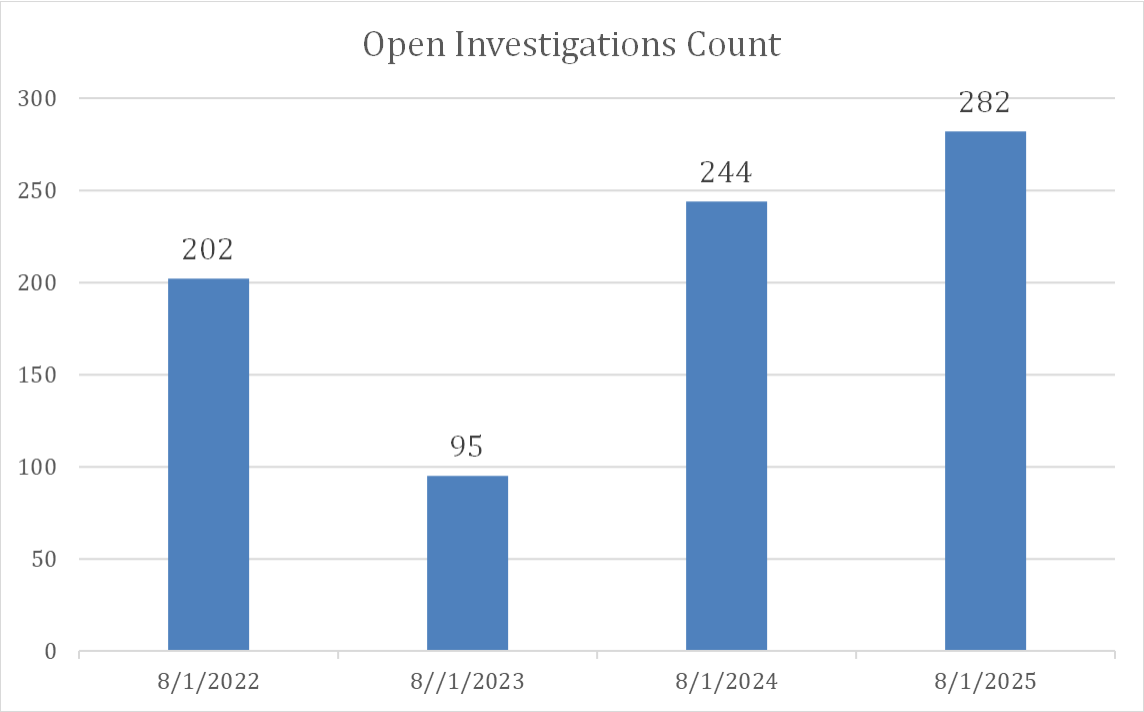
[ii] This procedure does not apply to the development of procedures, which merely establish the proper steps the Commission and staff take to conduct Commission business. Examples include "Consent Agenda Procedure" and "Processing Completed Investigations More Efficiently."

[iii] This process is largely based on the "consultation process" developed by the College of Physicians and Surgeons of Ontario. http://www.cpso.on.ca/Footer-Pages/The-Consultation-Process-and-Posting-Guidelines

Staff Reports: August 22, 2025

Kyle Karinen, Executive Director

Caseloads. In short, caseloads are up. One of the ways we track caseloads is a graph that I will post below. It is a four-year comparison that looks at the number of cases in investigations at the beginning of the month. The rise in caseloads roughly tracks a significant uptick in the number of complaints the Commission has received.



For Commission members, this likely translates to a rise in the number of cases coming out of investigations and being ready for your review beginning at the end of this calendar year and the beginning of 2026.

UW bioethics seminar. During the first week of August, Dr. Chang, Dr. Fino and I attended the 37th Annual Summer Seminar in Healthcare Ethics. It was the better part of three-and-a-half (virtual) days of an introduction to the world of clinical ethic consultants. Each day was highlighted by a small group ethics lab discussion of a hypothetical scenario. Not everything that was discussed is directly applicable to the Commission's work in licensing and regulation. That said, some of the structures that were used to analyze these ethical issues were very interesting. Dr. Fino and I may be presenting on parts of what we learned and what might be applied at the Commission's retreat.

CLEAR speaking engagement. Later this year, I will be co-presenting at a virtual seminar arranged through our colleagues at CLEAR. My co-presenter is Professor Rebecca Haw Allensworth from Vanderbilt University's School of Law. Professor Allensworth focuses her on antitrust law and professional licensing. She is generally critical of the way professional

Kyle Karinen, Executive Director continued

licensing is organized and regulated in the United States and recently authored a book on the subject. (The book focuses on all professional licensing; not just medical professions.) Some of her criticisms are well-taken while some do not quite hold up if they are applied nationally. I will be presenting the counterargument to come of Professor Allensworth's criticisms as well as offering perspective on best practices for state medical boards.

HELMS. The implementation continues. There are some on-going challenges with getting the licensing end of the new system to function reliably and consistently. In the big picture, however, it feels like the majority of the challenges are behind us. Contemporaneous with the end of Friday, August 22, the licensing system will be taken offline until Tuesday, August 26.

FY25 performance measure reports. It has been a challenging year on many fronts for the Commission. I will address this separately at the Commission meeting as well. For the Commission members not able to attend the business meeting, here is the link to the summary report compiled by staff and posted on the Commission's website:

Publications by the Medical Commission | Washington Medical Commission

(Click on WMC Fiscal Year 2025 Performance Report)

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 Department of Health policy, requests submitted after the cutoff cannot be paid out. For specific guidance on Commissioner compensation, please refer to the WMC guideline: Compensation and Reimbursement for Commission Duties (wa.gov)

Conferences and Presentations

I was a first-time attendee at the National Conference of State Legislators (NCSL) August 3, which is designed for legislators, legislative staff, and those that work with the legislature. Washington State had a good showing, and numerous members of the delegation were presenters. Topics of note were member safety and security in light of the MN assassination and the state of the states on issues such as health care and transportation. There was also a session on civility as it relates to a functional legislature, which ironically ended in a fairly uncivil manner. The expo center with vendors was especially rich with new options and ideas that we typically don't see at our usual medical regulatory meetings. From numerous AI offerings that would assist the legal process to communications and public affairs platforms.

WMC staff will attend the CLEAR annual conference in Chicago, IL September 15. This is a significant source of professional development that is applicable to all areas of staffing.

I will be attending the WSMA AI symposium on September 19.

Legislative

As of June 2025, the WMC staff submitted the fifth of five annual reports of the

Micah Matthews, Deputy Executive Director continued

International Medical Graduate Workgroup as constituted under SB 6551 of the 2020 legislative session. With this submission, we have completed our five-year obligation to staff and facilitate the workgroup, on which I served as an appointed member.
On July 22, WMC staff organized and presented a work session at the request of Chair Cleveland with the Senate Health and Long-term Care Committee. It was well received, and we were fortunate to have two distinguished presenters in the form of Michael Zimmer, Senior Policy Consultant from World Education Services, and Dr. Hank Chaudhry, President and CEO of the Federation of State Medical Boards. The WMC was capably represented by the Workgroup facilitator, Ms. Fatima Mirza.

Amelia Boyd, Program Manager

Change to AMDG Opioid Dose Calculator

In February 2024, the Agency Medical Directors' Group (AMDG) updated the Opioid Dose Calculator. The WMC released a statement for prescribers about this change: Important Updates to the Opioid Dose Calculator and Implications for Prescribers (govdelivery.com)

Recruitment

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

- Urology
- Radiology
- Neurosurgery/Neurology
- General surgery
- Psychiatry
- Orthopedic surgery

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.

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

- Public Member – Toni Borlas – not eligible for reappointment

The following positions expired as of June 30, 2023, and we are awaiting word from the Governor's office staff:

- Congressional District 10 – Richard Wohns, MD – eligible for reappointment
- Public Member – Scott Rodgers – eligible for reappointment

The following positions expired as of June 30, 2024:

- One physician representing Congressional District 6 – Claire Trescott, MD, not eligible for reappointment
- One physician representing Congressional District 8 – Harlan Gallinger, MD, eligible for reappointment
- One Physician-at-Large – Karen Domino, MD, eligible for reappointment

Amelia Boyd, Program Manager continued

The application deadline for these three vacancies was March 22, 2024. The applications, along with the Commissioners' recommendations, are with the Governor.

The following positions expired as of June 30, 2025:

- One physician representing Congressional District 1 – Jimmy Chung, MD, not eligible for reappointment
- One physician representing Congressional District 7 – Anjali D'Souza, MD, eligible for reappointment
- One Physician Assistant – Arlene Dorrough, PA-C, eligible for reappointment

One Public Member – Christine Blake, eligible for reappointment

The application deadline for these four vacancies was March 31, 2025. The applications, along with the Commissioners' recommendations, are with the Governor.

If you have questions about serving as a member of the WMC, please contact me at amelia.boyd@wmc.wa.gov.

Kaddijatou Keita, Policy Manager

I am honored to serve as the new Policy Manager for the Commission. I hold a master's degree in public policy with a concentration in Health Policy. Prior to this appointment, I gained valuable experience interning with the Governor's Office of Georgia in the Division of Health Strategy and Coordination and serving as a Hatfield Resident Fellow at the Multnomah County Behavioral Health Division in Portland, Oregon.

My primary objective is to advance the development and implementation of sound, evidence-based policies that elevate the quality of our work, uphold patient safety, and support our licensed practitioners.

Interested Parties/Policy Meetings
Since commencing this position on May 16, 2025, I have participated in both a Policy Interested Parties meeting and a Policy Committee meeting. In this capacity, I recently revised the Medical Professionalism and Interactive and Transparent Development of Evidence-Based Policies documents by introducing a new procedural step*: the Policy Impact Review*. This review establishes a structured process for ongoing policy monitoring and communication, ensuring policies are clearly understood and consistently implemented by licensed practitioners in the delivery of patient care. For example, if issues persist despite existing policies, the Policy Impact Review will facilitate a thorough evaluation of practitioner comprehension and guide necessary clarifications or enhancements.

Future policy agendas
I am currently working on the next Policy Interested Parties meeting agenda as we move toward the 2026 policy reviews. If anyone has policy suggestions, please feel free to email me.

Kaddijatou Keita, Policy Manager continued

Conferences

To further strengthen my expertise in medical regulation and compliance, I will be attending CLEAR's 2025 Annual Educational Conference in Chicago from September 15th–19th.

I look forward to collaborating with you all and contributing to the Commission's critical mission.

Mike Hively, Director of Operations and Informatics

Between April 24 and August 11, 2025, the Operations and Informatics team received a total of 3 compulsory records requests completing 2 with 1 ongoing. As a result, 71 files were reviewed with a combined page count of 15,504 applying over 26,751 redactions, and with holding 1,156 pages. We continue to monitor 9 active litigation holds in addition to digital archiving and other daily tasks.

Digital Archiving

The following digital archiving activities were completed:

- Complaints closed below threshold 695
- MD licensing applications 172
- PA licensing applications 269
- A Closure 330 containing a total of 151,983 pages

Approximately 3boxes of hardcopy PA licenses containing 76 applications were scanned into digital format with disposition tickets submitted for the destruction of the paper-based records. Additionally, 6 files containing 1,786 pages were digitized and 4 boxes of previously scanned records were destroyed in accordance with WA State Records Retention and WA State Scan & Toss guidelines.

Data Requests Process

The team processed approximately:

- 1,284 emails received containing approximately 1,882 open/closed inquiries
- 793 address changes

Demographic Activities

Demographic data management included:

- Attaching censuses identified by HELMS as "anonymous" to the individual licensee accounts.
- Identifying duplicate or incomplete censuses received in addition to completed surveys in hardcopy .PDF format and began entering the data into HELMS.
- Designing a draft Census for the new Certified Anesthesiology Assistant license

Mike Hively, Director of Operations and Informatics continued

The team assisted in consolidating the WMC Staff footprint at the DOH campus due to the agency downsizing. Staff monitor replacement is complete as well as 6 staff member laptop renewals.

Lastly, we are gearing up for the end of year DOH equipment inventory of all WMC equipment and assets.

Gina Fino, MD, Medical Consultant, Director of Compliance

2025 Personal Appearance Update

- Regular Appearances Completed 16
- Mini Appearances Completed 5
- Regular Appearances Pending 8
- Mini Appearances Pending 1

Rick Glein, Director of Legal Services

Orders Resulting from SOCs:

In re Michael Stockin, MD, Case No. M2025-299. Agreed Order. On March 31, 2025, the Commission issued a Statement of Charges (SOC) alleging the United States Army commenced an investigation in February 2022 against Dr. Stockin on allegations of sexual misconduct and suspended him from providing patient care. The Commission alleged that the United States Army formally charged Dr. Stockin with 52 sexual abuse offenses, and Dr. Stockin pleaded guilty to 36 charges of abusive sexual contact as well as 5 charges of indecent viewing involving 41 male patients. The allegations state that a military judge accepted Dr. Stockin's plea agreement and sentenced him to confinement for 164 months. In May 2025, the Commission accepted an Agreed Order which concluded Dr. Stockin committed unprofessional conduct and permanently revoked Dr. Stockin's medical license.

In re Eric Ryan Shibley, MD, Case No. M2018-443. Final Order.* On December 30, 2019, the Commission summarily restricted the medical license of Dr. Shibley. The SOC alleges Dr. Shibley placed several patients at risk of over-sedation and overdose through his prescribing of controlled substances without documented legitimate medical justification despite known risk factors, against the advice of other providers, and despite a patient's desire to stop using controlled substances. The Commission also alleged inaccurate and delayed charting practices potentially jeopardizing continuity of care with other providers. Despite being restricted from prescribing controlled substances, Dr. Shibley prescribed controlled substances to 40 patients 72 times between January 2, 2020 and July 1, 2020. In August 2020, the Commission served an Amended SOC and an Ex Parte Order of Summary Suspension which summarily suspended Dr. Shibley's medical license pending further disciplinary proceedings by the Commission. A Second Amended SOC was issued in December 2021 which added allegations that Dr. Shibley was convicted of seven felony counts of Wire Fraud, three

felony counts of Bank Fraud, and five felony counts of Money Laundering. The Commission held a hybrid hearing February 20-21, 2025. A Final Order was issued in May 2025 which found Dr. Shibley can never be rehabilitated and ordered that his medical license be permanently revoked.

In re Michael K. Elm, MD, Case No. M2024-523. Agreed Order. In August 2023, the Commission held an expedited CMT review and authorized referral to the DOH Secretary's Office as a sexual misconduct case that did not involve clinical expertise or standard of care issues. In November 2024, the Secretary of Health issued a SOC alleging Dr. Elm had sexual contact with a patient on approximately four occasions at the patient's apartment. In May 2025, a Health Law Judge (HLJ) accepted an Agreed Order suspending Dr. Elm's medical license for at least six years. Prior to petitioning for reinstatement of his license, Dr. Elm shall undergo a multidisciplinary forensic assessment and pay a fine of $2,000. Upon reinstatement, Dr. Elm's medical license will be placed on probation for at least two years during which time he must provide a disclosure of the Agreed Order and the ensuing Reinstatement Order to any patient scheduled for an appointment. After reinstatement, Dr. Elm agreed to unannounced audits of at least ten patient records, up to four times for a period of two years.

In re Claribel L. Kohchet Chua, MD, Case No. M2025-310. Final Order of Default (Failure to Respond).* On April 15, 2025, the Commission issued a SOC alleging Dr. Kohchet Chua's medical license was summarily suspended by the Alaska State Board of Medicine based on a finding that she posed a clear and immediate danger to the public health and safety if she continued to practice medicine. Dr. Kohchet Chua did not file a response to the SOC within the time allowed. In June 2025, a HLJ issued a Final Order of Default which concluded sufficient grounds exist to take disciplinary action and ordered Dr. Kohchet Chua's medical license be indefinitely suspended.**

In re M. Barbara Burke, MD, Case No. M2024-615. Agreed Order. On October 16, 2024, the Commission issued an Ex Parte Order of Summary Suspension which ordered Dr. Burke's medical license be suspended pending further proceedings by the Commission. A SOC concurrently served on Dr. Burke alleges that the State Medical Board of Ohio suspended Dr. Burke's Ohio medical license based on a failure to comply with a September 2022 Ohio Board Order. In June 2025, the Commission accepted an Agreed Order which indefinitely suspended** Dr. Burke's medical license. Dr. Burke may not petition for reinstatement of her Washington license until after reinstatement of her Ohio medical license and completion of a multidisciplinary assessment. An Order of Reinstatement, based on Commission approval or following a hearing, may impose terms and conditions as deemed necessary to protect the public and/or rehabilitate Dr. Burke.

In re Shaun Hedmann, MD, Case No. M2025-304. Final Order (Waiver of Hearing).* On April 15, 2025, the Commission issued a SOC alleging Dr. Hedmann entered into a Stipulated Order with the Oregon Medical Board surrendering his license to practice as a physician and surgeon in that jurisdiction while under investigation for unprofessional

conduct. Dr. Hedmann filed an Answer to the SOC which did not contest the factual allegations and waived his opportunity for a hearing on this matter. In June of 2025, the Commission issued a Final Order concluding that Dr. Hedmann committed unprofessional conduct and ordered his medical license be indefinitely suspended.**

In re Ricky Lee Jackson, MD, Case No. M2022-491. Final Order of Default (Failure to Appear).* On May 17, 2024, a SOC was issued alleging Dr. Jackson inadequately supervised a physician assistant whose license to practice as a physician assistant was permanently revoked in October of 2023. Additionally, the Commission alleged that Dr. Jackson's treatment of patients with COVID-related concerns fell below the standard of care. Dr. Jackson filed an Answer to the SOC, and a hearing was scheduled for July 21-24, 2025. Neither Dr. Jackson nor his attorney could be reached at the time of the scheduled June 3, 2025, prehearing conference. On June 4, 2025, the HLJ issued an Order of Default, ordering that a final order will be entered without further notice to Dr. Jackson and striking the July hearing. On June 30, 2025, the HLJ issued a Final Order of Default concluding that Dr. Jackson committed unprofessional conduct and ordering Dr. Jackson be restricted from entering into Collaboration Agreements with physician assistants; restricted from prescribing ivermectin for non-FDA-approved indications to patients; will complete CMEs and prepare a paper related to COVID-19, ethics, and medical record keeping; enroll in a clinical monitoring program; pay a fine of $15,000; and attend personal appearances before the Commission. Dr. Jackson filed a timely motion for reconsideration. As of the writing of this staff report, the HLJ has not ruled on the motion for reconsideration.

In re Shannon R. Grosdidier, MD, Case No. M2024-1005. Final Order of Default (Failure to Respond).* On March 3, 2025, the Commission issued an Order for Investigative Mental Examination (Order) requiring Dr. Grosdidier to make an appointment for an evaluation within seven days of receipt of the Order. On May 27, 2025, the Commission issued a SOC alleging Dr. Grosdidier committed unprofessional conduct by failing to make an appointment or complete the evaluation. Dr. Grosdidier did not file a response to the SOC within the time allowed. In July 2025, a HLJ issued a Final Order of Default which concluded sufficient grounds exist to take disciplinary action and ordered Dr. Grosdidier's medical license be indefinitely suspended.**

*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:
A round of applause to our own Mike Farrell on being awarded the prestigious Washington State Bar Association (WSBA) Homan Award! This accolade is presented annually by the WSBA to an individual who has demonstrated an outstanding

contribution to the improvement or application of administrative law. The award is named for Frank Homan, a dedicated teacher and mentor who was passionate about improving the law. Mike will be celebrated with honors at a reception later this year.

As part of the 2023-2025 Strategic Plan and in working toward the Commission's ongoing commitment of public outreach, Stormie Redden, WMC Reconsideration Program Coordinator, and Jennifer Batey, Legal Operations Manager, were assigned to create videos that showcase WMC processes. Stormie produced a best practices tutorial, guiding viewers through filing a reconsideration request, while Jen crafted an informational video illuminating the Commission's discipline process. These cinematic gems are now live on YouTube, with links through the WMC website, for enjoyment at your leisure.
Requesting a Reconsideration: Requesting a Reconsideration
What Happens After My Case is Investigated? Process Overview: What Happens After my Case is Investigated?

On August 1, Gina and Rick met with Amy Robertson, PsyD, Professionals Program Director with All Points North based in CO. All Points North (APN): Mind-Body Treatment & Integrative Health. They offer multidisciplinary comprehensive diagnostic evaluations (CDEs), and address sexual misconduct, fitness for duty, substance use, and mental health issues. The meeting was successful. All Points North gives the Commission a geographically closer option instead of sending respondents to Kansas or Mississippi.

On August 6, Mike Farrell made a presentation to the Mississippi State Board of Medical Licensure on the Commission's use of the sanction rules. The Mississippi board is considering developing its own sanction guidelines and wanted to learn about the WMC experience.

Fiscal Year (FY) 2025 Legal Unit Statistics:
Over FY 2025, the Legal Unit closed out 76 cases with disciplinary orders:

Agreed Orders	12
Stipulations to Informal Disposition (STIDs)	47
Default/Waiver Orders	11
Final Orders	6

Other Legal Unit stats for FY 2025:

Summary Actions	11
Statements of Charges (SOCs)	26
Formal Hearings	5

Freda Pace, Director of Investigations

CMT Sign-up in 2025

There are plenty of CMT panel vacancies in October, November, and December 2025. The schedule for 2026 CMT panels should be posted before the end of September 2025. Visit our SharePoint schedule or email Chris Waterman at chris.waterman@wmc.wa.gov for more information. 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, please reach out to Chris Waterman as soon as you are able to ensure that we have adequate staffing needs.

Jimi Bush, Director of Quality and Engagement

Highlights & Wins

- The 2025 Annual Fiscal Year report on WMC is completed and published to the website. This was a record-breaking year in many areas for the WMC and I encourage you to take a look.
- Jimi Bush has been invited to present "The Art and Science of Surveys – Unlocking Insights Through Thoughtful Design" At the 2025 CLEAR conference in Chicago.
- We received funding from the FSMB to aid in enhancements to the HELMS project. This money will go a long way in making our licensing and enforcement system tailored to the WMC needs without impacting our budget.
- The summer newsletter showed an increase of 16% in views compared to summer of 2024 and 2023. If you have a suggestion for the newsletter or would like to pen an article for an upcoming edition, please email Jimi.

Challenges

- The HELMS project occupies a lot of this unit's time. We are preparing for the enforcement module launch at the end of the year by ensuring that the system is efficient and accessible for both the internal and external user. Preparation for the enforcement launch and bringing the licensing modules up to speed with the capabilities of the WMC licensing team has slowed down other unit duties such as CME and Research abilities.

Mahi Zeru, Strategy Manager

Reasonable Accommodation Update

Complainants with a documented disability have reported challenges in accessing WMC's complaint intake forms specifically due to physical barriers that prevents them from typing or writing their complaints. Currently, WMC does not allow complaints to be received over the phone and lacks accommodation tools, such as speech-to-text transcription, contributing to this accessibility issue. WMC has contracted with a captioning service agency to provide speech-to-text accommodation service and is ready to assist individuals who need these accommodations. Since its launch in January,

Mahi Zeru, Strategy Manager continued

we have fulfilled **21** reasonable accommodation requests and **1** Request for Reconsideration.

Compliant Form

We are in the process of updating the current language and structure of the complaint form as it is difficult for most complainants to navigate and understand. We aim to use plain, everyday language for all complaint categories to help ensure equitable access to everyone.

Marisa Courtney, Licensing Manager

Total licenses issued from 05/01/2025-08/12/2025 = 1497

Credential Type	Total Workflow Count
Physician And Surgeon Clinical Experience License	6
Physician And Surgeon Fellowship License	1
Physician And Surgeon Institution License	0
Physician And Surgeon License	651
Physician and Surgeon License Interstate Medical Licensure Compact	319
Physician And Surgeon Residency License	425
Physician And Surgeon Teaching Research License	4
Physician And Surgeon Temporary Permit	1
Physician Assistant Interim Permit	2
Physician Assistant License	89
Physician Assistant Temporary Permit	0
Totals:	**1497**

Information on Renewals: April Renewals-76.14% online renewals

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	103	103
MD	803	165	968
MDRE	3	1	4
MDTR	1	3	4
PA	179	37	216
	76.14%	**23.86%**	**100.00%**

Marisa Courtney, Licensing Manager continued

Licensing Unit Update – August 2025

Between May 1 and August 12, the Licensing Unit issued **1,497 licenses-** an incredible accomplishment given the unique challenges we faced during this time. This period not only marks our peak licensing season with the influx of incoming residents, but it also coincided with the launch of our new licensing system.

We were the first team to work within the new system during implementation, navigating unforeseen challenges while maintaining our commitment to timely and accurate licensing. I cannot overstate my appreciation for the hard work, adaptability, and dedication each team member demonstrated during this transition. Your resilience ensured we continued to meet the needs of our applicants and uphold the Commission's high standards.

In addition to licensing operations, I had the privilege of presenting at the International Medical Graduate Academy (TIMGA) August Lunch and Learn. My presentation focused on the Limited Physician and Surgeon Clinical Experience (MDCE) License and the new implementations following the bill passed this year. It was a great opportunity to connect with stakeholders and provide clarity on these important changes.

As Vice Chair of the PA Compact, I am pleased to report that we are making steady progress in drafting the Compact's rules and moving forward with the Request for Proposals (RFP) for a Compact Data System. We will continue to provide updates as they become available, with the goal of releasing an official newsletter soon.

While the past few months have tested our capacity and adaptability, they have also showcased the strength, professionalism, and teamwork that define our Licensing Unit. I am proud of what we have accomplished together and look forward to building on this momentum as we move into the next phase of our work.

June 2, 2025

Humayun J. Chaudhry, DO, MACP
President and CEO
Federation of State Medical Boards
400 Fuller Wiser Road, Suite 300
Euless, TX 76309

Dear Dr. Chaudhry:

The purpose of this letter is to bring to the attention of the Federation of State Medical Boards information related to compounded drug products containing cagrilintide, some of which claim to treat obesity and other conditions. FDA believes that health care professionals should be advised about the current regulatory status of compounded cagrilintide.

Sections 503A and 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act) describe the conditions that must be satisfied for compounded human drug products to be exempt from certain sections of the FD&C Act, including the requirements of premarket approval and labeling with adequate directions for use. Among the conditions of sections 503A and 503B are restrictions on the bulk drug substances (active pharmaceutical ingredients or APIs) that may be used to compound human drug products.

One of the conditions that must be met for a compounded drug product to qualify for the exemptions under section 503A of the FD&C Act is that a licensed pharmacist in a State licensed pharmacy or a Federal facility, or a licensed physician, compounds the drug product using bulk drug substances that: (1) comply with the standards of an applicable United States Pharmacopeia (USP) or National Formulary (NF) monograph, if a monograph exists, and the USP chapter on pharmacy compounding; (2) if such a monograph does not exist, are drug substances that are components of drugs approved by the Secretary; or (3) if such a monograph does not exist and the bulk drug substance is not a component of a drug approved by FDA, appear on a list developed by FDA through regulation ("503A Bulks List") (section 503A(b)(1)(A)(i) of the FD&C Act). Cagrilintide is not the subject of an applicable USP or NF monograph, is not a component of an FDA-approved drug product, and does not appear on the 503A Bulks List. Therefore, compounded cagrilintide products would not at this time qualify for the exemptions under section 503A of the FD&C Act.

One of the conditions that must be met for a drug product compounded by an outsourcing facility to qualify for the exemptions under section 503B of the FD&C Act, is that the outsourcing facility does not compound drug products using a bulk drug substance unless: (1) the bulk drug substance appears on a list established by the Secretary identifying bulk drug substances for

U.S. Food & Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
www.fda.gov

which there is a clinical need ("503B Bulks List"), or (2) the drug product compounded from such bulk drug substance appears on FDA's drug shortage list in effect under section 506E at the time of compounding, distribution and dispensing (section 503B(a)(2)(A)(i) and (ii) of the FD&C Act). Cagrilintide does not appear on the 503B Bulks List, nor does it appear on FDA's drug shortage list. Therefore, compounded cagrilintide products would not at this time qualify for the exemptions under section 503B of the FD&C Act.

Additionally, FDA has warned companies that have illegally sold unapproved drugs that are falsely labeled "for research purposes" or "not for human consumption."[1] The agency recommends that consumers not purchase products, such as cagrilintide, that do not meet the exemptions of sections 503A or 503B of the FD&C Act, are of unknown quality, and may be harmful to their health. FDA also encourages health care providers to discuss this issue with their patients.

We are also sending this letter to the National Association of Boards of Pharmacy and National Council of State Boards of Nursing to facilitate communication among associations with shared goals regarding these matters.

We look forward to continuing to work with you on matters related to drug compounding. If you have additional questions, please contact the Office of Compounding Quality and Compliance at compounding@fda.hhs.gov.

Sincerely,

Maria Edisa Gozun, PharmD
Division Director, Division of Compounding II
Office of Compounding Quality and Compliance
Office of Compliance
Center for Drug Evaluation and Research

U.S. Food & Drug Administration
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