

# Business Meeting Minutes

## July 19, 2024



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

### Virtual Meeting via Teams Webinar

Link to recording: [https://youtu.be/s1V1lx4zLFg?si=4qCZo\\_HVi3dHqrW](https://youtu.be/s1V1lx4zLFg?si=4qCZo_HVi3dHqrW)

#### Commission Members

Michael Bailey, Public Member

Christine Blake, Public Member – Absent

Toni Borlas, Public Member – Absent

Daniel Cabrera, MD

Po-Shen Chang, MD

Jimmy Chung, MD

Diana Currie, MD

Karen Domino, MD, Chair

Arlene Dorrough, PA-C

Anjali D'Souza, MD

Harlan Gallinger, MD – Absent

April Jaeger, MD

Jamie Koop, Public Member – Absent

Ed Lopez, PA-C, Officer-at-Large

Sarah Lyle, MD

Terry Murphy, MD, Vice Chair

Elisha Mvundura, MD – Absent

Robert Pullen, Public Member – Absent

Scott Rodgers, JD, Public Member – Absent

Claire Trescott, MD

Richard Wohns, MD – Absent

#### WMC Staff in Attendance

Colleen Balatbat, Staff Attorney

Jennifer Batey, Legal Support Staff Manager

Amelia Boyd, Program Manager

Kayla Bryson, Executive Assistant

Jimi Bush, Director of Quality & Engagement

Carmen Challender, Health Services Consultant

Marisa Courtney, Licensing Manager

Joel DeFazio, Staff Attorney

Kelly Elder, Staff Attorney

Gina Fino, Director of Compliance

Ryan Furbush, Paralegal

Rick Glein, Director of Legal Services

Mike Hively, Director of Operations & Informatics

Jenelle Houser, Investigator

Ken Imes, Information Liaison

Kyle Karinen, Executive Director

Shelley Kilmer-Ready, Legal Assistant

Mike Kramer, Compliance Officer

Lisa Krynicki, Staff Attorney

Stephanie Mason, PR & Legislative Liaison

Micah Matthews, Deputy Executive Director

Joe Mihelich, Health Services Coordinator

Lynne Miller, Paralegal

Fatima Mirza, Program Case Manager

Taylor Bacharach-Nixon, Administrative Assistant

Freda Pace, Director of Investigations

Stormie Redden, Legal Assistant

Chris Waterman, Complaint Intake Manager

Trisha Wolf, Staff Attorney

Mahi Zeru, Equity & Social Justice Manager

#### Others in Attendance

Marlon Basco-Rodillas, Dept. of Health (DOH)

Rose Bigham, Washington Patients in Intractable  
Pain (WaPIP)

Amy Brackenbury

Katherine Burton

Heather Carter, Assistant Attorney General

Jennifer Davies

Thomas Fain

Renee Fullerton

Kat Haz

Maria Higginbotham

Cyndi Hoenhous, WaPIP

Linda Jezzard

## Others in Attendance continued

Katerina LaMarche, Washington State Hospital  
Association (WSHA)  
Carolyn Logue, Washington Academy of  
Anesthesiologist Assistants  
Martha Mioni

Hillary Norris, Washington State Medical  
Association (WSMA)  
Susan Olson  
Diana Opong  
Shannon

### 1.0 Call to Order

Karen Domino, MD, Chair, called the meeting of the Washington Medical Commission (WMC) to order at 9:08 a.m. on July 19, 2024.

### 2.0 Public Comment

Susan Olsen, a chronic pain patient, provided comments in support of the rule petition concerning opioid prescribing, which the Commissioners considered under item 7.2 of this meeting, emphasizing the importance of individualized pain management. She expressed gratitude for their supportive medical team but shared fears about inadequate pain control, especially recalling a difficult experience at a teaching hospital. She stressed the need for clear guidelines for future providers and highlighted the importance of not having a predetermined morphine equivalent number that may not suit every patient. She believes clarifying these guidelines will improve patient care and reduce stress for those undergoing medical procedures.

Cyndi Hoenhous, co-chair of Washington Patients in Intractable Pain (WaPIP), discussed the group's activities and outlined their goals. Ms. Hoenhous also advocated for access to appropriate pain care for those living with intractable pain in Washington. She highlighted the gap between well-intentioned policies and the real-life experiences of patients, emphasizing the negative impacts and barriers those policies can create. She called for representation in discussions and actions related to opioid policy, sharing that many patients feel disenfranchised. She criticized the focus on reducing opioid prescriptions and other metrics, arguing that it has led to a lack of individualized pain care. She questioned the current restrictions and patient outcomes, urging the need for data to examine the deterioration of pain care and to support providers. She proposed forming a workgroup to address these issues and return to a system of individualized care based on patient outcomes.

Katherine Burton, a chronic pain patient, expressed increasing difficulty in obtaining adequate pain medication each month, even with a supportive doctor and pharmacy. She mentioned the uncertainty regarding medication coverage and supply. She supported Maria Higginbotham's petition concerning opioid prescribing, which the Commissioners considered under item 7.2 of this meeting, to clarify that there is no maximum morphine equivalent dose in Washington State and to oppose unnecessary forced tapers, advocating for exemptions for rare diseases and chronic pain. She highlighted that many chronic pain conditions, including their own, are degenerative and progressive, which may require an increase in medication rather than a taper. She also noted that many alternative treatment modalities are not covered by insurance and are thus unaffordable for many patients.

Jennifer Davies, a chronic pain patient, described their experience with transverse myelitis as a manifestation of systemic lupus, highlighting the lengthy and painful process of obtaining a diagnosis, particularly for women. She explained that systemic lupus is a criteria-based diagnosis, often leading to delayed recognition and treatment. She shared her personal journey with various

treatments, including biologics and chemotherapy, and expressed concern over the difficulty in finding pain specialists due to fears of disciplinary action among doctors. She emphasized the need for proper pain management and criticized misinformation and disinformation about opioid therapies, particularly the notion that they are ineffective for autoimmune disorders. She supported Maria Higginbotham's petitions and expressed frustration with the current state of medical practice, which she felt is negatively affecting patients needing pain relief and other off-label treatments.

Maria Higginbotham provided comments in addition to the information she provided in her rule petition, which the Commissioners considered under item 7.2 of this meeting. She shared her experience with systemic lupus and transverse myelitis, highlighting the lengthy and challenging process of obtaining a diagnosis, particularly for women. She discussed various treatments she underwent, including biologics and chemotherapy, and expressed concern over the difficulties in accessing pain management due to doctors' fear of disciplinary action. She criticized misinformation about the efficacy of opioids for autoimmune disorders. She expressed frustration with the current state of medical practice and its impact on patients needing pain relief and other treatments.

Kat Haz provided comments in support of the rule petition concerning opioid prescribing, which the Commissioners considered under item 7.2 of this meeting, emphasizing the need for more inclusive language in petitions related to chronic pain, noting that 70% of chronic pain patients are women, yet clinical trials did not include women until the 1990s. She highlighted her experience with Ehlers-Danlos syndrome, a multi-symptom disease causing severe pain and conditions like adhesive arachnoiditis, and complex regional pain syndrome, which is highly painful and nicknamed "suicide disease." Ms. Haz serves as the Director of Communication, Law, and Public Policy for the American Pain and Disability Foundation, where she has worked on legislation and public policy. She stressed that her experiences reflect the broader struggles of chronic pain patients, who often no longer receive proper treatment. Ms. Haz welcomed recent discussions about exempting certain conditions from tapering but found the language vague. She cited data showing the harmful effects of involuntary tapers, including increased emergency visits, injuries, mental health crises, and suicides. She urged policymakers to listen to stakeholders and take further action to protect chronic pain patients.

Douglas Stamp, PA-C, practicing pain medicine at Peninsula Pain Clinic in Silverdale, Washington, supports adding "rare diseases" to the exemption for Sickle Cell Disease in opioid guidelines. He believes this inclusion is important as many rare diseases require chronic opioid pain management. He also calls for additional clarification from the WMC on the criteria for patients who should not be tapered off opioids, suggesting that language from the CDC supporting stable legacy patients should be included in the WMC guidelines.

Brenda Williams stated she supports the recent changes to WAC 246-918-870, including the exemption for sickle cell patients, and emphasized that biological testing should not be punitive and that not all chronic pain patients should be tapered off their prescriptions. She called for further reduction in restrictions and complications for chronic pain patients. She supports the rule petition concerning opioid prescribing, which the Commissioners considered under item 7.2 of this meeting, and emphasized the following:

- Clarifying that Washington State does not have a maximum MME (morphine milligram equivalent) limit.

- Addressing forced tapering, with a request to add that any forced taper or reduction in medication for compliant patients is a violation of state law and below the standard of care.
- Expanding the exemption for sickle cell disease to include all rare diseases affecting over 30 million Americans.
- Adding an exemption for chronic pain patients.

Martha Mioni provided comments in support of the rule petition concerning opioid prescribing, which the Commissioners considered under item 7.2 of this meeting. She shared that she is currently being forcibly tapered from pain medication, which is having a devastating impact on her life. Ms. Mioni has been a model patient since a work-related injury in 2000, which caused her L5-S1 rupture. The tapering not only affects her but also impacts her role as a caretaker for her husband, who has had a kidney transplant and is legally blind.

### 3.0 Chair Report

Dr. Domino asked new Commissioner, Dr. Daniel Cabrera, to introduce himself. Dr. Cabrera stated he works in internal medicine primarily as a hospitalist at Harborview Medical Center and has been there for over 12 years.

Dr. Domino provided a report on her attendance at the Federation of State Medical Boards (FSMB) meeting in June, which focused on alternative licensing models for internationally trained physicians. She highlighted the significant role these physicians play in addressing gaps in healthcare, especially in rural areas and specialties like family practice and anesthesiology. Dr. Domino noted that Washington State is making good progress in this area. She mentioned the absence of the American Board of Medical Specialists at the meeting, which complicates board certification for internationally trained doctors and can affect their ability to bill for services. She commended Mr. Micah Matthews and the international physician group for their efforts in addressing these challenges.

### 4.0 Consent Agenda

The Consent Agenda contained the following items for approval:

- 4.1 Agenda for July 19, 2024.
- 4.2 Minutes from the April 26, 2024, Business Meeting

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

### 5.0 Commissioner Training

#### 5.1 Open Public Meetings Act

Heather Carter, Assistant Attorney General (AAG), provided training regarding the Open Public Meetings Act (OPMA).

### 6.0 New Business

#### 6.1 Appointment to the Interstate Medical Licensure Compact Commission

Kyle Karinen, Executive Director, shared that he has been representing the WMC on the Interstate Medical Licensure Compact (IMLC) since Melanie retired last year. This role involves attending two major meetings each year—one virtual and one in person—and performing about two hours of work per month. Mr. Karinen has been handling this

responsibility and is willing to continue but requested a vote to formalize his role.

**Motion:** The Chair entertained a motion to approve Mr. Karinen's continued representation of the WMC on the IMLC. The motion was seconded and approved unanimously.

## 6.2 Appointment to the Physician Assistant Licensure Compact Commission

Mr. Karinen discussed the development of a new Physician Assistant (PA) Compact, which, like the IMLC for MDs and DOs, will establish a commission to manage licensing and reciprocity issues for physician assistants. He noted that the PA Compact is in its initial stages, unlike the more established IMLC. Mr. Karinen, along with Micah Matthews, Deputy Executive Director, recommended Marisa Courtney, Licensing Manager, to represent Washington on the PA Compact Commission. They believe Ms. Courtney is well-suited for the role due to her understanding of licensing statutes and her current availability.

**Motion:** The Chair entertained a motion to approve Ms. Courtney to represent Washington on the PA Compact. The motion was seconded and approved unanimously.

## 6.3 Grant funding Process for IMG Assistance Programs Process

Mr. Matthews explained that the packet before the Commissioners outlines a process for disbursing grants, as directed by Senate Bill 6551 from 2020. This process, mapped out in coordination with the Department of Health (DOH), involves using their grant disbursement procedures but includes additional steps for clarity on the WMC's role. The request is for the Commissioners to approve this process, although the specific selection criteria for grants will be developed later. The grants are intended to support various activities, such as subsidizing clinical experiences or funding advocacy groups, once appropriated by the legislature. The approval needed now is for the process itself, not the criteria.

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

## 6.4 2025 Legislation Request

Mr. Matthews provided an overview of the legislative process and current political outlook. He explained that the Commission needs to approve legislative proposals before development begins, which includes working with stakeholders and developing language. The proposals are then submitted to the governor's office as Agency Request Legislation, with updates expected in December or January.

He outlined the process for five items needing approval and three items for information. The information items come from the International Medical Graduate (IMG) work group and will be reviewed by the governor's office before potentially going to the legislature.

Mr. Matthews also discussed the political context, noting that federal issues and upcoming elections could influence state-level legislative priorities. He mentioned budgetary concerns, including a directive from the governor's office to avoid new programs and potential revenue shortfalls from upcoming initiatives. This context might affect the feasibility of the IMG work group's proposals.

1. Uniform Disciplinary Act Technical Amendment

Mr. Matthews explained that when a new profession is established, it should be referenced in the Uniform Disciplinary Act and added to the professions list in RCW 18.130.040. This includes updates like those for the Uniform Telehealth Act, which refers to this section. However, the Interstate Medical Licensure Compact is not currently listed, causing a discrepancy. The proposed fix aims to ensure that the compact statutes, including those for the PA Compact, are properly included and referenced.

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

2. Non-Disciplinary License Yield

Mr. Matthews explained this is a historical request from the Commission to establish a process for individuals to voluntarily return their licenses without disciplinary implications. Currently, the only way to relinquish a license involves a Stipulation to Informal Disposition (STID) or agreed order, which can negatively impact one's career record. The proposed process would allow licensees to surrender their licenses if they are not under investigation or disciplinary action, thereby returning the license as a property right. This initiative aims to provide a more graceful exit option. Additionally, even if a license expires, the Commission retains authority and may investigate complaints related to it, but this proposal specifically targets non-disciplinary cases.

Mr. Karinen discussed the issue of licensed professionals facing physical or cognitive challenges that affect their ability to practice safely but who prefer to avoid the stigma of formal disciplinary actions. He emphasized the need for a respectful and non-litigious process for these individuals, allowing them to retire gracefully while removing themselves from the Commission's jurisdiction without formal proceedings.

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

3. Locums Limited License

Mr. Matthews explained that the "locums limited license" is designed to expedite the licensing process for locum tenens professionals based on reduced initial documentation. This idea, inspired by military spouse licensure expediting laws, would allow for a provisional license to be issued while pending documentation is completed. The license would be contingent on the later submission of acceptable documentation, with an agreement that failure to meet the requirements could result in license revocation. This proposal, supported by the Washington Association of Medical Staff Specialists, aims to streamline the onboarding process for locum tenens professionals and address feedback from stakeholders and the licensing unit. This may also be a way to attract border state Locums placements.

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

4. WMC Authority Related to Medical Examiners

Mr. Matthews addressed ongoing issues with complaints related to medical examiners. Historically, the Commission faced challenges due to ambiguities in the Uniform Disciplinary Act, particularly around its authority over complaints involving deceased individuals. While the Commission cannot alter determinations of cause or manner of death, complaints persist, and there have even been hearings on such issues.

The proposal aims to clarify authority by removing it from the Medical Commission. Instead, determinations of cause or manner of death would be handled through the court system, potentially with a special master (a medical examiner with expertise) appointed by the judge. This proposal was previously drafted but stalled due to political changes, and recent complaints suggest it's still a relevant issue.

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

5. Public Records Act Exemption-Licensee Demographic Data

Mr. Matthews discussed a proposed change to the Public Records Act concerning the handling of licensee information. He expressed skepticism about its success but strong support for its intent. The proposal aims to address safety concerns related to the release of sensitive information, particularly demographic data and medical records, which can be misused or combined with other data to compromise privacy.

Key points include:

Historical Context: The Public Records Act from the 1970s promotes transparency but doesn't account for modern data risks.

Current Issues: There's a concern about the release of demographic information and how it might be combined with other data, leading to privacy risks.

Proposed Changes:

- A prohibition on releasing licensee demographics and medical records.
- Ensuring that medical records, which are not generated by the Commission but are acquired second-hand, are not released through the Public Records Act.

Alternative Solutions: Data sharing agreements are suggested as a safer method for handling and evaluating data requests.

Mr. Matthews acknowledged that this proposal goes against existing state policy and might face opposition but emphasized the need for such a discussion due to current data security concerns.

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

The following items were informational.

Mr. Matthews discussed proposed changes and initiatives related to the licensing and integration of International Medical Graduates (IMGs) into the medical system. Key points were:

Clinical Experience License Updates:

- Eliminate Washington State Residency Requirement: The 12-month residency requirement for the clinical experience license will be removed.
- Remove Step 3 Requirement: Align with the ECFMG process, allowing IMGs to take Step 3 after matching into a residency.
- Extend License Validity: Increase the license duration from 4 to 8 years to accommodate remediation and residency transition.

Residency and Transition Programs:

- Innovation Waiver Request: A request will be made for an innovation waiver from the NRMP to allow state-based funding for up to 5,000 residency positions. This will support a transition year under the clinical experience license, leading to a traditional residency.
- Dedicated IMG Residency Positions: Propose state-funded residency positions outside of the traditional match system.

Apprenticeship Pathway:

- Four-Year Supervised Practice: Implement a pathway where IMGs complete four years of supervised practice under the clinical experience license, culminating in board certification and eligibility for hospital credentialing and insurance billing.

Abbreviated Evaluation Process:

- For Exceptionally Qualified IMGs: Propose a shorter, 6-8 week supervised evaluation for highly qualified IMGs.

Recognition of Canadian Medical Schools:

- Upcoming Changes: With the LCME ending dual accreditation of Canadian medical schools in 2025, propose recognizing Canadian medical schools and exams as equivalent to U.S. standards.

These initiatives aim to streamline the licensing process, enhance integration opportunities for IMGs, and adapt to evolving needs in medical workforce planning.

## 6.5 2025 Meeting Dates

Mr. Karinen presented the proposed meeting dates for 2025 and requested approval.

**Motion:** The Chair entertained a motion to approve the 2025 proposed meeting dates. The motion was seconded and approved unanimously.

## 7.0 Old Business

### 6.1 Committee/Workgroup Reports

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

### 6.2 Rulemaking Activities

The rulemaking progress report was provided in the meeting packet. In addition to the written report, Ms. Boyd made the following requests:



- Initiate standard rulemaking regarding the comments received as part of the Commission’s current rulemaking regarding opioid prescribing: [WSR #23-17-094](#). Ms. Boyd that this rulemaking has already been the subject of significant public comment. The focus of this rulemaking is quite narrow, but the volume of feedback received prompted the Commissioners to decide, during the last workshop, to request initiating rulemaking based on these comments. These comments are included in the packet for review. Ms. Boyd requested the Commissioners approve this rulemaking request.

**Motion:** The Chair entertained a motion to initiate standard rulemaking. The motion was seconded and approved unanimously.

The Commissioners deliberated on whether to pursue a broad or narrowly focused approach for the rulemaking.

**Motion:** The Chair entertained a motion to make this rulemaking encompass all the opioid prescribing sections of WAC for both the MDs and PAs. The motion was seconded and approved unanimously.

- Initiate CR-102 – General Provisions for Opioid Prescribing and Tapering for Physicians and Physician Assistants. The CR-101 was filed on August 16, 2023, as WSR #[23-17-094](#).

Ms. Boyd explained that the Commission already has rulemaking underway for this, and a hearing was held at the last Commission meeting. During that hearing, there were concerns about the removal of some previously established language. We have reinstated that language and now need to schedule another rulemaking hearing, which will take place in October. Ms. Boyd’s request was to file a supplemental CR-102 to amend the existing rulemaking process. This CR-102 will include the updated language, which was outlined in the packet, and will require biological specimen testing. If approved, the hearing is tentatively scheduled for October to finalize these changes and make the revised language permanent.

**Motion:** The Chair entertained a motion to initiate the next step in the rulemaking process, the CR-102 or Proposed Rules. The motion was seconded and approved unanimously.

- Rulemaking Petition – RE: Opioid Prescribing from Maria Higginbotham

Ms. Boyd presented the petition, explaining that it concerns the opioid prescribing sections in both the MD and PA rules. She further noted that if the Commissioners would like to approve initiating rulemaking based on this petition, they can incorporate it into the rulemaking they approved earlier this meeting.

**Motion:** The Chair entertained a motion to initiate rulemaking on this petition and incorporate it into the rulemaking approved earlier in the meeting. The motion was seconded and approved unanimously.

## 8.0 Policy Committee Report

In the absence of Christine Blake, Public Member, Policy Committee Chair, Dr. Domino reported on the items discussed at the Policy Committee meeting held on June 27, 2024. The agenda was as follows:

**Procedure: Processing Complaints Against Medical Students, Residents, and Fellows**  
**Proposed Policy: Commissioner and Pro Tem Recusal Policy to Address Conflicts of Interest**  
**Proposed Policy: Artificial/Assistive/Augmented Intelligence (AI)**  
**Policy: [Telemedicine, POL2021-02](#)**

In the interest of time, the preceding four items were deferred to the next Business meeting, which will be held October 11, 2024.

**Proposed Policy: Clinical Experience Assessment**

Dr. Domino asked Mr. Matthews to report on this item. Mr. Matthews clarified that the entrustment scale was developed by the International Medical Graduate Work Group. This scale, intended for collaborative use, had been sent to the Secretary's office for review about a year ago but was delayed in returning. It has now returned with the Secretary's recommended amendments, some of which were accepted while others conflicted with the original scale. The tool, as presented, is intended for use with the supervised practice of clinical experience license orders. It is recommended that supervisors use it quarterly to track skill improvement and document the clinical activities of the licensee for program directors.

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

**9.0 Member Reports**

No member reports were provided.

**10.0 Staff Reports**

The reports below are in addition to the written reports that were included in the meeting packet. Mr. Karinen noted that Christine Blake, Public Member, and Ed Lopez, PA-Cm are working with the FSMB on their education committee for the annual meeting, which brings notable recognition to the Commission. He thanked them for their service and reminded everyone that next year's annual meeting will be in Seattle. As the host state, it's beneficial to have such visibility for the Commission.

**11.0 AAG Report**

Heather Carter, AAG, had nothing to report.

**12.0 Leadership Elections**

**12.1 Restatement of Nominating Committee Report**

Dr. Jimmy Chung, Committee Chair, restated the nominations for the following leadership positions:

- Chair – Dr. Karen Domino
- Vice Chair – Dr. Terry Murphy
- Officer-at-Large – Ed Lopez, PA-C

**12.2 Nominations From the Floor**

Dr. Chung called for nominations for all positions from the panel of Commissioners. No other nominations were provided.

**12.3 Elections of Leadership**

Dr. Chung stated the slate of candidates were elected by acclamation.

### 13.0 Adjournment

The Chair called the meeting adjourned at 11:28 am.

Submitted by

(signature on file)

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Amelia Boyd, Program Manager

(signature on file)

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Karen Domino, MD, Chair  
Washington Medical Commission

Approved October 11, 2024

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