

# July 9-10, 2020

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Via GoToMeeting



WASHINGTON  
**Medical  
Commission**

Licensing. Accountability. Leadership.

# 2020 Meeting Schedule



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

Dates	Location	Meeting Type
<b>January 16-17</b>	Hotel Interurban 223 Andover Park E Tukwila, WA 98188	Regular Meeting
<b>February 27-28</b>	The Heathman Lodge 7801 NE Greenwood Dr. Vancouver, WA 98662	Regular Meeting
<b>April 9-10</b>	Cancelled	Regular Meeting
<b>May 14-15</b>	Virtual Meeting Information will be available on our Event Calendar a week prior to the meeting	Regular Meeting
<b>July 9-10</b>	Virtual Meeting Information will be available on our Event Calendar a week prior to the meeting	Regular Meeting
<b>August 20-21</b>	Virtual Meeting Information will be available on our Event Calendar a week prior to the meeting	Regular Meeting
<b>October 1-3</b>	Cancelled More information to come	Educational Conference
<b>November 12-13</b>	Virtual Meeting Information will be available on our Event Calendar a week prior to the meeting	Regular Meeting

# 2021 Meeting Schedule



**WASHINGTON**  
**Medical**  
**Commission**  
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Dates	Location	Meeting Type
<b>January 14-15</b>	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
<b>March 4-5</b>	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
<b>April 8-9</b>	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
<b>May 13-14</b>	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
<b>July 8-9</b>	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
<b>August 19-20</b>	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting
<b>Sept 30-Oct 2</b>	TBD	Educational Conference
<b>November 18-19</b>	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512	Regular Meeting

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

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

# 2022 Meeting Schedule



**WASHINGTON**  
**Medical**  
**Commission**  
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Dates	Location	Meeting Type
<b>January 13-14</b>	TBD	Regular Meeting
<b>March 3-4</b>	TBD	Regular Meeting
<b>April 14-15</b>	TBD	Regular Meeting
<b>May 26-27</b>	TBD	Regular Meeting
<b>July 7-8</b>	TBD	Regular Meeting
<b>August 25-26</b>	TBD	Regular Meeting
<b>October 6-8</b>	TBD	Educational Conference
<b>November 17-18</b>	TBD	Regular Meeting

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

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

# FORMAL HEARING SCHEDULE



**WASHINGTON**  
**Medical**  
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Hearing	Respondent	SPEC	Case No.	Counsel	AAG	Staff Atty	PANEL	Presiding Officer	Location	Panel Composition (as of 6/29/2020)
29-Jun										
<b>2020 July</b>										
<b>NONE AT THIS TIME</b>										
<b>2020 August</b>										
<b>NONE AT THIS TIME</b>										
<b>2020 September</b> <i>(NO COMMISSION MEETING THIS MONTH)</i>										
<b>NONE AT THIS TIME</b>										
<b>2020 October</b>										
5-8 Oct	SHIBLEY, Eric R., MD	BC- Internal Medicine	M2018-443	Pro Se	Brewer	Page Landstrom	B	Kuntz	TBD	
<b>2020 November</b>										
6-5 Nov	OSTEN, Thomas J., MD	Non-BC; self-designated Family Medicine	M2018-68	James B. Meade, II	Bahm	Balatbat	B	Blye	TBD	
<b>2020 December</b>										
12-14 Dec	Schulz, Ona L., PA-C	Phys. Asst.	M2018-641	Elisabeth Leedom Rhianna Fronapfel	Anderson	Wolf	B	Kuntz	TBD	
12-15 Dec	PATEL, Vrajesh, MD	BC - Internal Medicine	M2019-1006	Pro Se	Bahm	Wolf	A	Herington	TBD	

# Commission Meeting Agenda

## July 9-10, 2020 – 1<sup>st</sup> Revised



WASHINGTON  
**Medical  
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*In response to the COVID-19 public health emergency, and to promote social distancing, the Medical Commission will not provide a physical location for these meetings. Virtual public meetings, without a physical meeting space, will be held instead. The access links and call-in numbers can be found below. System requirements can be found on pages 9-10.*

### Thursday – July 9, 2020

#### Closed Sessions

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

#### Open Session

12:30 pm *Washington Physicians Health Program Annual Report*  
*Chris Bundy, MD, Executive Medical Director*

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

<https://global.gotomeeting.com/join/737086797>

You can also dial in using your phone: +1 (646) 749-3112, Access Code: 737-086-797

#### Closed Sessions

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

4:00 pm

#### Policy Committee Meeting

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

<https://global.gotomeeting.com/join/993899125>

You can also dial in using your phone: +1 (872) 240-3311, Access Code: 993-899-125

Agenda Items	Presented By:	Page #:
<b>Processing Complaints Against Licensees Enrolled in the Washington Physicians Health Program Guideline</b> <i>Discussion of current guideline and possible revisions.</i>	Mike Farrell	24
<b>Medical Marijuana (Cannabis) Authorization Guidelines</b> <i>Discussion of current guideline and possible revisions.</i>	Mike Farrell	27
<b>Proposed Procedure: Processing Complaints Against Medical Students, Residents, and Fellows</b> <i>Discussion of draft procedure and possible revisions.</i>	Mike Farrell	33
<b>Reduction of Medical Errors Subcommittee Presentation</b> <i>Feedback from Confluence Health and recommendations.</i>	Mike Farrell	N/A

## Friday – July 10, 2020

### Open Session

8:00 am – 9:30 am

### Business Meeting

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

<https://global.gotomeeting.com/join/737086797>

You can also dial in using your phone: United States: +1 (646) 749-3112, Access Code: 737-086-797

#### 1.0 Chair Calls the Meeting to Order

#### 2.0 Housekeeping

#### 3.0 Chair Report

#### 4.0 Consent Agenda

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

4.1 Minutes – Approval of the May 15, 2020 Business Meeting minutes. Page 11

4.2 Agenda – Approval of the July 10, 2020 Business Meeting agenda.

#### 5.0 Old Business

##### 5.1 Committee/Workgroup Reports Update

The Chair will call for reports from the Commission's committees and workgroups.

Written reports begin on page 17

See page 19 for a list of committees and workgroups.

##### 5.2 Rulemaking Activities Report

Rules Progress Report provided on page 21.

A rules hearing is scheduled for August 19<sup>th</sup> at 2:30 pm for chapter 246-919 WAC – Physicians. This will be a virtual hearing and we will need a quorum (at least 11) of Commissioners to participate. Please let [Amelia Boyd](#) know if you would like to be on this hearing panel.

#### 6.0 Public Comment

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

#### 7.0 Policy Committee Report

Dr. Karen Domino, Chair, will report on items discussed at the Policy Committee meeting held on July 9, 2020. See the Policy Committee agenda on page 1 of this agenda for the list of items to be presented. Report/Action  
Begins on  
page 23



## 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 begin  
on page 36

## 10.0 AAG Report

Heather Carter, AAG, may provide a report.

## 11.0 Leadership Elections

11.1 Restatement of Nominating Committee Report

Report

11.2 Nominations from the floor

11.3 Election of Leadership

Action

## 12.0 Installation of Medical Commission Chair

12.1 Remarks by outgoing chair

12.2 Installation of Medical Commission Chair by outgoing chair

12.3 Remarks by incoming Chair

## 13.0 Adjournment of Business Meeting

### Open Sessions

9:45 am Personal Appearances – Panel A

Page 42

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

<https://global.gotomeeting.com/join/660267989>

9:45 am Personal Appearances – Panel B

Page 43

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

<https://global.gotomeeting.com/join/918114677>

### Closed Sessions

Noon to 1:00 pm Lunch Break

### Open Sessions

1:15 pm Personal Appearances – Panel A

Page 42

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

<https://global.gotomeeting.com/join/660267989>

1:15 pm Personal Appearances – Panel B

Page 43

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

<https://global.gotomeeting.com/join/918114677>

In accordance with the Open Public Meetings Act, this meeting notice was sent to individuals requesting notification of the Department of Health, Washington Medical Commission (Commission) meetings. This agenda is subject to change. The Policy Committee Meeting will begin at 4:00 pm on July 9, 2020 until all agenda items are complete. The Commission will take public comment at the Policy Committee Meeting. The Business Meeting will begin at 8:00 am on July 10, 2020 until all agenda items are complete. The Commission will take public comment at the Business Meeting. To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).



## GoToMeeting System Requirements & Sound/Audio Tips

Please keep in mind if you have a Droid/Android based device, the Remote Desktop Service is not supported at this time.

Below are the minimum system requirements needed to use GoToMeeting effectively.

Alternatively: GoToMeeting can check your systems compatibility by clicking this [LINK](#) or by copying and pasting this into your internet browser: <https://support.logmeininc.com/gotomeeting/get-ready>

<b>Operating system</b>	Windows 7 - Windows 10 Mac OS X 10.9 (Mavericks) – Mac OS Catalina (10.15) Linux/Ubuntu (Web App only) Google Chrome OS (Web App only) iOS 11 - iOS 12 Android OS 5 (Lollipop) - Android 9 (Pie) Windows Phone 8, Windows 8RT or later
<b>Web browser</b> (Applies to Web App only)	Google Chrome v57 or later Microsoft Edge v77 or later
<b>Internet connection</b>	Computer: 1 Mbps or better (broadband recommended) see How much bandwidth is used during a session? Mobile device & Chromebook: 3G or better (WiFi recommended for VoIP audio)
<b>Software</b>	GoToMeeting desktop app (JavaScript <a href="#">enabled</a> ) GoToMeeting Web App and screen sharing extension GoToMeeting app from the <a href="#">Apple Store</a> , <a href="#">Google Play Store</a> , or <a href="#">Windows Store</a>
<b>Hardware</b>	2GB of RAM (minimum), 4GB or more of RAM (recommended) Webcam for HD Faces Microphone and speakers (USB headset recommended)**
<b>Mobile device</b>	iPhone 5 or later iPad 3rd gen or later

**Best practices for Voice over Internet Protocol (VoIP) also known as phone service over internet connection:**

- Get an inexpensive USB headset or one that plugs into the 3.5mm audio jack on the computer with Microphone (most new cellular phones come with headphones with a built in microphone).
- Use a fast Internet connection
- Turn off your smartphone
- Check your setup before the meeting

### **Mic and Speakers (VoIP):**

- Test your speaker setup. Click “Audio Setup” in the Audio Pane to select the correct device. Mac users should click the speaker icon in the Audio Pane to select the correct device.
- Check the volume setting under Audio Setup. Click “Speakers Setup” and then click “Play Sound.” Adjust the slider bar to the desired volume.

### **Simple Troubleshooting Steps:**

- 1. Is your sound choppy?**
  - You could have a bad connection. Toggle once between the Use Telephone and the Mic and Speakers options.
- 2. Are meeting attendees unable to hear you?**
  - Ensure your microphone isn’t muted by selecting the “Audio Setup” through the GoToMeeting controls.
  - If you’re using a microphone with a mute/unmute button, is their microphone muted?
  - Do you have the correct audio option selected? You CANNOT use the Mic and Speakers option when you have Telephone selected.
  - It could be an Internet bandwidth issue. Close any other web pages you have open, including file sharing and music and video streaming. If your Internet connection is still too slow, you may need to use the Telephone option.
- 3. Are you unable to hear meeting attendees who are presenting?**
  - Ensure your computer speakers are not muted by selecting the “Audio Setup” option in GoToMeeting, or;
  - Click the speaker icon (commonly found next to the clock in the lower right) and adjust your computer volume to desired levels.

# Business Meeting Minutes

## May 15, 2020



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

### Virtual Meeting

#### Commission Members

James E. Anderson, PA-C  
Toni Borlas, Public Member  
Charlie Browne, MD  
Jimmy Chung, MD  
Diana Currie, MD  
Karen Domino, MD  
Christine Blake, Public Member  
Warren Howe, MD  
April Jaeger, MD – Absent  
Charlotte Lewis, MD – Absent

John Maldon, Public Member, 1<sup>st</sup> Vice Chair  
Terry Murphy, MD  
Alden Roberts, MD, Chair  
Scott Rodgers, JD, Public Member  
Theresa Schimmels, PA-C  
Robert Small, MD  
Claire Trescott, MD, 2<sup>nd</sup> Vice Chair  
Candace Vervair, Public Member  
Richard Wohns, MD  
Yanling Yu, PhD, Public Member

#### Commission Staff

Morgan Barrett, Director of Compliance  
Jennifer Batey, Legal Support Staff Manager  
Larry Berg, Staff Attorney  
Amelia Boyd, Program Manager  
Kayla Bryson, Executive Assistant  
Jimi Bush, Director of Quality & Engagement  
Adam Calica, Chief Investigator  
Marisa Courtney, Licensing Lead  
Melanie de Leon, Executive Director  
Mike Farrell, Policy Development Manager  
Ryan Furbush, Paralegal  
Rick Glein, Director of Legal Services  
George Heye, MD, Medical Consultant  
Mike Hively, Information Liaison

Jenelle Houser, Legal Assistant  
Kyle Karinen, Staff Attorney  
Shelley Kilmer-Ready, Legal Assistant  
Becca King, Administrative Assistant  
Freda Pace, Director of Investigations  
Ariele Page Landstrom, Staff Attorney  
Richelle Little, Staff Attorney  
Micah Matthews, Deputy Executive Director  
Melissa McEachron, Director of Operations  
& Informatics  
Stephanie McManus, Public Information Officer  
Joe Mihelich, Health Services Consultant  
Trisha Wolf, Staff Attorney

#### Others in Attendance

Chris Bundy, MD, Executive Director Washington  
Physicians Health Program

Heather Carter, Assistant Attorney General  
Cori Tarzwell, DOH Policy Analyst

#### 1.0 Call to Order

Alden Roberts, MD, Chair, called the meeting of the Washington Medical Commission (Commission) to order at 8:00 a.m. on May 15, 2020.

#### 2.0 Housekeeping

Amelia Boyd, Program Manager, gave an overview of how the meeting would proceed. She explained that the chat function of the meeting platform would not be available and noted that

comments or questions could be sent to her at [amelia.boyd@wmc.wa.gov](mailto:amelia.boyd@wmc.wa.gov).

### 3.0 Chair Report

Dr. Roberts welcomed everyone to the meeting. He explained that according to the Governor's Proclamation that items that are not "necessary and routine" would not be discussed at this meeting. He went on to explain that member and staff reports would only be provided in writing and available in the packet and no further discussion of those items would be had.

He congratulated the Commission's Executive Director, Melanie de Leon, on being selected to be a Staff Fellow for the Federation of State Medical Boards. He directed everyone to Ms. de Leon's staff report for more information on this honor.

He stated that Personal Appearances were not held for the April meeting as that meeting was cancelled and would not be held for this meeting. He stated the July Commission meeting will likely be held virtually and it is not certain if we will hold Personal Appearances as part of that meeting yet.

### 4.0 Consent Agenda

The Consent Agenda contained the following items for approval:

- 2.1 Minutes from the February 28, 2020 Business Meeting.
- 2.2 Agenda for May 15, 2020. Dr. Roberts amended the agenda to add two items to Old Business:
  - 1. Nominating Committee Report
  - 2. Personal Appearances Discussion

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

### 5.0 Old Business

#### 5.1 Lists & Labels Request

The following lists and labels request was discussed for possible approval or denial. Approval or denial of this request is based on whether the entity meets the requirements of a "professional association" or an "educational organization" as noted on the application (RCW 42.56.070(9)).

- Northwest Washington Medical Society

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

- Seattle Central Community College

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

#### 5.2 Add-on: Nominating Committee

Karen Domino, Chair, reported the committee agreed on the following nominations:

Chair: John Maldon, Public Member

1<sup>st</sup> Vice Chair: Claire Trescott, MD

2<sup>nd</sup> Vice Chair: Jimmy Chung, MD

Elections will be held at the July 10, 2020 Business Meeting.

### 5.3 Add-on: Personal Appearances Discussion

Dr. Roberts reiterated that Personal Appearances have been cancelled for both the April and May Commission meetings.

Dr. Roberts asked Morgan Barrett, MD, Director of Compliance, to report on the current situation for Personal Appearances. Dr. Barrett spoke about waivers for those Respondents who have already made at least one Personal Appearance and were not controversial. Waivers would be approved or denied by the appropriate panel. Dr. Barrett explained that he and the Compliance Officers are offering those Respondents that are willing to complete their Personal Appearance virtually at any of the remaining regular Commission meetings we have for 2020. He went on to explain how they are preparing the Respondents for these virtual appearances.

Dr. Roberts then opened the floor for discussion on holding the Personal Appearances virtually for future meetings.

## 6.o Policy Committee Report

Dr. Karen Domino, Policy Committee Chair, reported on the items discussed at the Policy Committee meeting held on May 14, 2020:

### Revised Initial Application for Licensing

Dr. Domino reported the licensing panel created the revised initial application and Ms. de Leon presented it at the Policy Committee for review and comment. She also stated the revisions should make it easier for physicians and physician assistants to apply for licensure in Washington. Dr. Domino explained the revisions and the changes proposed by the committee. The committee recommended approving the application with the noted revisions.

**Motion:** The Chair entertained a motion to approve the application with the noted revisions. The motion was approved unanimously.

### Chapter 246-918 WAC Physician Assistants Including Implementation of [Substitute House Bill 2378](#) (SHB 2378) Rulemaking

Dr. Domino gave an overview of the bill and its requirements. She stated that the committee recommended initiating the rulemaking process related to this bill and include any other sections of the physician assistant chapter (chapter 246-918 WAC) that may need to be updated.

**Motion:** The Chair entertained a motion to approve initiating rulemaking related to SHB 2378 and any other sections of chapter 246-918 WAC that may need to be updated. The motion was approved unanimously.

### Implementation of [Senate Bill 6551](#) (SB 6551) Rulemaking

Dr. Domino gave an overview of SB 6551 which creates a pathway for integrating International Medical Graduates (IMGs) into Washington's health care delivery system. She stated the committee recommended initiating rulemaking to add sections to the physician chapter (chapter 246-919 WAC) to meet the requirements of SB 6551.

**Motion:** The Chair entertained a motion to initiate rulemaking to fulfill the requirements in SB 6551. The motion was approved unanimously.

Implementation of [Engrossed Substitute House Bill 1551](#) (ESHB 1551), Modernizing the control of certain communicable diseases

Dr. Domino stated that ESHB 1551 requires the repeal of requirements to complete HIV/AIDS training for physicians and physician assistants. She also explained that the Commission would like to use expedited rulemaking to repeal these sections. She stated the committee recommended approval of initiating expedited rulemaking for ESHB 1551.

**Motion:** The Chair entertained a motion to initiate expedited rulemaking for the requirements in ESHB 1551. The motion was approved unanimously.

**7.0 Written Reports – Informational, no discussion**

**7.1 Committee/Workgroup Reports**

**7.2 Rulemaking Report**

**7.3 Staff Reports**

*The below is in addition to the written reports provided in the meeting packet.*

Mr. Matthews reported that Kimberly Romero, Licensing Manager, is moving out of state and this will be her last meeting. Marisa Courtney, Licensing Lead, will be the interim Licensing Manager until we are able to fill that position.

**8.0 ADJOURNMENT**

The Chair called the meeting adjourned at 8:43 am.

Submitted by

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Amelia Boyd, Program Manager

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Alden Roberts, MD, Chair  
Washington Medical Commission

Approved July 10, 2020

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# Old Business

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# Committee & Workgroup Reports

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## Committee/Workgroup Reports: July 2020

### 2020 Nominating Committee – Chair: Dr. Domino

The committee met on May 11 to discuss the nominees. They are:

Chair: John Maldon, Public Member

1<sup>st</sup> Vice Chair: Claire Trescott, MD

2<sup>nd</sup> Vice Chair: Jimmy Chung, MD

Elections will be held at the July 10 business meeting.

### Reduction of Medical Errors Subcommittee – Chair: Dr. Chung Staff: Mike Farrell

The subcommittee met recently to discuss feedback from Confluence Health who submitted a certification report to the Commission. This will be discussed by the Policy Committee.

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

The annual conference has been canceled. In order to meet our mandate to provide education, we are going to provide a series of webinars covering the topics originally scheduled for the conference. If you have additional suggestions for webinar topics, please let [Jimi](#) know. We also need a physician member to participate in the conference workgroup. The time commitment is minimal. If you would like to join us, please let [Jimi](#) know.

### Commissioner Education Committee – Chair: None at this time Staff: Melanie de Leon

This committee is scheduled to meet at the August 2020 meeting to discuss retreat plans and topics.

### Collaborative Drug Treatment Agreement Workgroup – Chair: Dr. Roberts Staff: Melanie de Leon

We are moving forward with rulemaking; the CR 101 was approved at the February Business meeting.

### Practitioner Competence Workgroup – Chair: Dr. Roberts Staff: Micah Matthews

No updates at this time.

<p><b>Warm Handoff Workgroup – Chair: Dr. Trescott</b>  <b>Staff: Melanie de Leon</b></p>
<p>On hold</p>

<p><b>Osteopathic Manipulative Therapy Workgroup – Chair: None at this time</b>  <b>Staff: Micah Matthews</b></p>
<p>Workgroup reviewing latest document draft. Next meeting not scheduled at this time.</p>

<p><b>Telemedicine Workgroup – Chair: Christine Blake</b>  <b>Staff: Stephanie Mason</b></p>
<p>Workgroup has reviewed proposed language. Currently waiting for a rules committee to review in a workshop.</p>

**Executive Committee**

**Dr. Roberts, Chair**  
**John Maldon, Public Member, 1<sup>st</sup> Vice Chair**  
**Dr. Trescott, 2<sup>nd</sup> Vice Chair**  
**Dr. Domino, Policy Committee Chair**  
**Dr. Howe, Immediate Past Chair**  
**Melanie de Leon**  
**Micah Matthews**  
**Heather Carter (AAG)**

**Newsletter Editorial Board**

**Dr. Hopkins, Pro Tem Commissioner**  
**Candy Vervair, Public Member**  
**Jim Anderson, PA-C**  
**Jimi Bush, Managing Editor**  
**Micah Matthews**

**Finance Workgroup**

**Dr. Howe, Immediate Past Chair, Cmte Chair**  
**Dr. Roberts, Current Chair**  
**John Maldon, 1<sup>st</sup> Vice Chair**  
**Melanie de Leon**  
**Micah Matthews**  
**Jimi Bush**

**2020 Nominating Committee**

**Dr. Howe**  
**Dr. Domino**  
**Christine Blake, Public Member**

**Reduction of Medical Errors Workgroup**

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

**Policy Committee**

**Dr. Domino, Chair (B)**  
**Dr. Roberts (B)**  
**Dr. Howe (A)**  
**Jim Anderson, PA-C (A)**  
**John Maldon, Public Member (B)**  
**Scott Rodgers, Public Member (A)**  
**Heather Carter (AAG)**  
**Melanie de Leon**  
**Mike Farrell**  
**Amelia Boyd**

**Legislative Subcommittee**

**Dr. Roberts, Chair**  
**Dr. Howe**  
**Dr. Terman, Pro Tem Commissioner**  
**Christine Blake, Public Member**  
**Melanie de Leon**  
**Micah Matthews**

**Annual Educational Conference Workgroup**

**Toni Borlas, Chair**  
**Theresa Schimmels, PA-C**  
**TBD**  
**Jimi Bush, Organizer**

**Commissioner Education Workgroup**

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

**Panel L****John Maldon, Public Member, Chair****Dr. Browne****Dr. Roberts****Dr. Howe****Christine Blake, Public Member****Dr. Ashleigh, Pro Tem Commissioner****Theresa Schimmels, PA-C****Dr. Barrett, Medical Consultant****Kimberly Romero****Ariele Page Landstrom****Micah Matthews****Collaborative Drug Treatment Agreement Workgroup****Dr. Roberts, Chair****Dr. Chung****Dr. Small****John Maldon, Public Member****Melanie de Leon****Micah Matthews****Kyle Karinen, Staff Attorney****Practitioner Competence Workgroup****Dr. Roberts, Chair****Dr. Howe****Dr. Chung****Dr. Small****Theresa Schimmels, PA-C****Micah Matthews****Mike Farrell****PQAC E-prescribing Rulemaking Committee****Christine Blake, Public Member****Dr. Browne****Dr. Small****Melanie de Leon****Amelia Boyd****Warm Handoff Workgroup****Dr. Trescott, Chair****Jim Anderson, PA-C****Kyle Karinen, Staff Attorney****Jimi Bush****Melanie de Leon****Osteopathic Manipulative Therapy Workgroup****Dr. Howe****Dr. Currie****John Maldon, Public Member****Micah Matthews****Michael Farrell****Amelia Boyd****Heather Carter, AAG****Telemedicine Workgroup****Christine Blake, Public Member, Chair****Toni Borlas, Public Member****Dr. Howe****Dr. Ashleigh, Pro Tem Commissioner****Dr. Roberts****Dr. Lewis****Dr. Wohns****Stephanie McManus****Mike Farrell****Micah Matthews**

WMC Rules Progress Report								Projected filing dates		
Rule	Status	Date	Next step	Complete By	Notes	Submitted to RMS	SBEIS Check	CR-101	CR-102	CR-103
Clinical Support MDs & PAs (formerly Technical Assistance)	Commission approved rescinding CR-102	1/17/2020	One more workshop	Unknown	Keep Osteo updated.			Complete	TBD	TBD
Chapter 246-919 WAC Update	CR-102 Filed	6/25/2020	Hearing	8/19/2020	Keep DQAC updated	6/15/2020		Complete	April 2020	Unknown
Telemedicine	CR-101 filed	9/17/2019	Workshops	Unknown	Keep Osteo updated.			Complete	TBD	TBD
Stem Cells	CR-101 Filed	4/21/2020	Workshops	TBD	Keep Osteo updated.	3/13/2020		April 2020	TBD	TBD
Opioid Prescribing - LTAC, SNF patient exemption	CR-101 filed	3/26/2020	Workshops	TBD				April 2020	January 2021	April 2021
Collaborative Drug Therapy Agreements (CDTA)	CR-101 Resubmitted	6/22/2020	Secretary Review	July 2020					January 2022	April 2022
Emergency Licensing Rules	Secretary Review	3/26/2020	File CR-105	TBD						
Chapter 246-918 WAC & HB 2378	CR-101 approved	5/15/2020	File CR-101	TBD	Collaborate with Osteo on HB 2378			October 2020		
ESHB 1551 - HIV/AIDS	Expedited rulemaking approved	5/15/2020	File CR-101	January 2021				January 2021	July 2021	December 2021
SB 6551 - IMG licensing	CR-101 approved	5/15/2020	File CR-101	January 2021		6/5/2020		January 2021	July 2021	December 2021

Updated: 7/1/2020

## Sunrise Reviews

Review	Status	Notice Link	Hearing Date & Time	Site Link
Acupuncture and Eastern Medicine Scope of Practice	Cancelled	<a href="#">Acupuncture Notice</a>	8/2/19 9am-11am	<a href="https://www.doh.wa.gov/AboutUs/ProgramsandServices/HealthSystemsQualityAssurance/SunriseReviews/SunriseReviewInProgress">https://www.doh.wa.gov/AboutUs/ProgramsandServices/HealthSystemsQualityAssurance/SunriseReviews/SunriseReviewInProgress</a>
Psychologist scope of practice regarding prescriptive authority	Accepting Comments until 6/17/2020	<a href="#">Psychologist Association Notice</a>	None scheduled	<a href="https://www.doh.wa.gov/AboutUs/ProgramsandServices/HealthSystemsQualityAssurance/SunriseReviews/SunriseReviewInProgress">https://www.doh.wa.gov/AboutUs/ProgramsandServices/HealthSystemsQualityAssurance/SunriseReviews/SunriseReviewInProgress</a>

Updated 7/1/2020



# Policy Committee

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## Processing Complaints Against Licensees Enrolled in the Washington Physicians Health Program

### Introduction

The Washington Medical Commission (Commission) provides this guideline to (1) explain how it handles complaints against physicians and physician assistants (hereafter licensees) who may be impaired by drugs or alcohol (also known as a substance use disorder) and are enrolled in the Washington Physicians Health Program (WPHP), and to (2) enhance consistency and fairness in decision-making in such cases.

The Commission promotes patient safety and enhances the integrity of the profession through licensing, discipline, rule-making and education. To fulfill its mission to enhance patient safety, the Commission reviews and investigates complaints that licensees have engaged in unprofessional conduct or have mental or physical conditions that affect their ability to practice medicine with reasonable skill and safety.

The Uniform Disciplinary Act, Chapter [18.130 RCW](#), sets forth the process by which a disciplinary authority like the Commission may impose disciplinary sanctions upon a licensee who commits unprofessional conduct or has a mental or physical condition that renders the licensee unable to practice with reasonable skill and safety. [RCW 18.130.160](#) states that when a disciplinary authority imposes sanctions, the first priority is to protect the public. Only after the public is protected may the disciplinary authority include requirements designed to rehabilitate the licensee.

[RCW 18.130.175](#) provides that if the disciplining authority determines that the unprofessional conduct may be the result of substance [abuseuse disorder](#), the disciplining authority may, in lieu of discipline, refer the license holder to a substance [abuseuse disorder](#) monitoring program approved by the disciplining authority. The licensee must sign a waiver allowing the program to notify the disciplinary authority if the licensee fails to comply with the program or is unable to practice with reasonable skill and safety.

The Washington State Department of Health has contracted with the WPHP as the approved substance abuse monitoring program for a number of healthcare professions, including physicians and physician assistants. The WPHP is an independent, nonprofit organization that facilitates the rehabilitation of licensees who have physical or mental conditions that could compromise public safety. The conditions include substance [abuseuse disorder](#) and behavioral health disorders, as well as physical and cognitive disorders. The Commission fully supports the work of the WPHP and notes that it has had remarkable success in rehabilitating licensees and helping them to manage their illnesses and practice medicine safely.

Most of the licensees enrolled in the WPHP have entered voluntarily and are unknown to the Commission. As long as the licensee complies with the requirements of the program and is safe to practice under monitoring, the WPHP will not report the licensee to the Commission. Many of these licensees complete treatment and monitoring, and go on to practice medicine safely for the remainder of their careers.

Some licensees experience a relapse while being monitored by the WPHP. Most licensees notify the WPHP and come back into compliance with the requirements of the program. Some require additional treatment and then have an opportunity to return to clinical practice under active monitoring by the program. Relapse, by itself, is not an indication that a licensee is not capable of practicing medicine safely. The WPHP has demonstrated an ability to accurately assess licensees who have suffered a relapse and determine whether they are safe to practice. The Commission relies on WPHP to determine whether a licensee who has relapsed should be reported to the Commission as unsafe to return to practice.

When the Commission receives a complaint that a licensee has committed unprofessional conduct or is impaired, and during the investigation the Commission learns that the licensee has signed a contract with the WPHP and is compliant with the requirements of the program, the Commission must decide whether to impose discipline or to close the case under [RCW 18.130.175](#). This decision will depend on the facts and circumstances of each case.

The Commission adopts this guideline to explain how it handles cases against impaired physicians, and to help ensure consistency and fairness in decision making in these cases. Consistent with its statutory mandate, its mission statement and the expectation of the public, the Commission will take necessary action to protect the public from licensees who commit unprofessional conduct or are unable to practice with reasonable skill and safety due to a mental or physical condition.

## Guideline

The Commission may take disciplinary action for certain behavior whether or not the licensee is in current compliance with a WPHP contract. The rationale for taking action against licensees who fall into these categories is not only to protect the public, but to hold licensees accountable for their conduct. The Commission believes that a licensee enrolled in the WPHP should be accountable for his or her conduct to the same extent that a non-impaired licensee is accountable for his or her conduct.

The Commission may take action in the following circumstances:

1. **A licensee harmed a patient, regardless of whether the harm is due to impairment.** This may include negligent care such as a missed diagnosis, poor judgment or improper technique. It will also include reckless or intentional behavior such as abuse, sexual contact, or assault.
2. **A licensee's behavior presented a risk of harm to a patient or to the public, regardless of whether it is due to impairment.** This may include treating a patient or being on call while under the influence of drugs or alcohol, or engaging in behavior unrelated to patient care such as driving erratically, leaving the scene of an accident, or exhibiting threatening behavior.

3. **A licensee engaged in acts of moral turpitude or dishonesty.** This may include any type of dishonest behavior, sexually inappropriate behavior with patients or non-patients, and behavior that lowers the standing of the profession in the eyes of the public.
4. **A licensee engaged in criminal activity regardless of the existence of a conviction.** This may include diversion of a controlled substance or legend drug, forging a prescription, or any other criminal activity. This would also include behavior that resulted in a conviction of a gross misdemeanor or a felony.

In all other circumstances, the Commission may, under [RCW 18.130.175](#), choose not to discipline a licensee if all of the following conditions exist:

1. the licensee is enrolled in the WPHP;
2. the licensee is compliant with the requirements of the program; and
3. the licensee's participation in the program will protect the public.

The Commission will rely on the WPHP to report to the Commission if the licensee fails to comply with the requirements of the program or if the licensee is unable to practice with reasonable skill and safety. If the Commission receives such a report, the Commission will immediately investigate the matter and take necessary disciplinary action. If a licensee presents an immediate danger to the public, the Commission will suspend the license.

The above principles are designed to guide the Commission in making decisions and are not meant to be inflexible. The Commission will use its judgment in each case to determine the course of action that first, best protects the public, and second, rehabilitates the licensee.

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Number: [MD2016-01 GUI2020-xx](#)

Date of Adoption: [February 12, 2016](#)

Reaffirmed / Updated: N/A

Supersedes: [N/A MD2016-03](#)



# Medical Marijuana (Cannabis) Authorization Guidelines

April 2020

## 1.1 PURPOSE

To improve patient safety and maintain the dignity of healthcare practitioners, the regulating boards and commissions adopted professional practice standards expected of authorizing healthcare practitioners who recommend medical marijuana under Washington State law.

**Commented [RSJ(1)]:** Recommendation: Remove RCW language from this paragraph and include a definition for "Authorizing healthcare practitioner" under "Definitions" section.

## 1.2 DEFINITIONS

**Authorization.** A form developed by the Department of Health that is completed and signed by a healthcare practitioner and printed on tamper-resistant paper containing the [RCW 69.51A.030](#) logo. An authorization is not a prescription as defined in [RCW 69.50.101](#). A patient with a valid authorization is allowed to grow up to four plants within their domicile under [RCW 69.51A.210](#).

**Commented [RSJ(2)]:** Recommendation: The term "cannabis" exists in the title of the document. Recommendation is to remove the term "cannabis" from the body of the document.

**Authorizing healthcare practitioner.** The following types of healthcare practitioners licensed in Washington State are allowed to authorize the use of marijuana to medical patients:

- Medical doctor (MD) – licensed under [chapter 18.71 RCW](#)
- Physician assistant (PA) – licensed under [chapter 18.71A RCW](#)
- Osteopathic physician (DO) – licensed under [chapter 18.57 RCW](#)
- Osteopathic physician assistant (OPA) – licensed under [chapter 18.57A RCW](#)
- Naturopathic physician (ND) – licensed under [chapter 18.36A RCW](#)
- Advanced registered nurse practitioner (ARNP) – licensed under [chapter 18.79 RCW](#)

**Certified Medical Marijuana Consultant.** A person who has completed a 20-hour state-approved Medical Marijuana Consultant Certification training program and holds a valid medical marijuana consultant certificate issued by the Department of Health - WAC [246-72-010](#). A certified consultant works in a licensed marijuana retail store that has a medical endorsement. A certified consultant's role is to assist a patient with registration into the medical marijuana authorization database, create and issue a recognition card to the patient and assist the patient with the selection of marijuana products that may benefit the patient's medical condition - WAC [246-72-030](#).

**Commented [RSJ(3)]:** Recommendation: Expand definition to include training requirements and role of a certified consultant.

**Designated provider.** A person who is twenty-one years of age or older and is the parent or guardian of a qualifying patient who is under the age of eighteen; or has been designated by the qualifying patient to purchase, provide or grow marijuana for the patient and has an authorization from the patient's healthcare practitioner. A designated provider can only serve one patient at any one time – [RCW 69.51A.010\(4\)](#).

**Medical marijuana authorization database.** A secure and confidential database administered by the Department of Health and used by medically-endorsed marijuana retail stores to register, issue and verify recognition cards to qualifying patients and their designated providers (if any); and, used by healthcare practitioners to access health care information on their patients for the purpose of providing medical and pharmaceutical care as established under [RCW 69.51A.230](#).

**Medically-endorsed marijuana retail store.** A marijuana retailer that has been issued a medical marijuana endorsement by the state liquor and cannabis board pursuant to [RCW 69.50.375](#).

**Qualifying patient.** A person who is a patient of a healthcare practitioner; has been diagnosed by that practitioner as having a terminal or debilitating medical condition defined under [RCW 69.51A.010\(24\)](#); is a resident of Washington; has been advised by that practitioner about the risks and benefits of the medical use of marijuana; has been advised by that practitioner that they may benefit from the medical use of marijuana; and has an authorization from his or her healthcare practitioner to use marijuana for medical purposes – [RCW 69.51A.010\(17\)](#).

**Recognition card.** A card issued to qualifying patients and designated providers by a marijuana retailer with a medical marijuana endorsement that has entered them into the medical marijuana authorization database – [RCW 69.51A.010\(20\)](#). With a recognition card a patient can purchase up to three times the recreational amount of product, is allowed to grow up to six plants (or up to 15 plants upon their practitioner's additional plant recommendation), and can purchase sales tax free from a medically endorsed marijuana retail store – [RCW 69.51A.210](#).

**Tamper-resistant paper.** Paper that meets industry-recognized security features to copying, erasure or modification of information on the paper, and to prevent the use of counterfeit authorization – [RCW 69.51A.010\(23\)](#).

**Terminal or debilitating medical condition.** Means a condition severe enough to significantly interfere with the patient's activities of daily living and ability to function, which can be objectively assessed and evaluated and limited to the conditions outlined under [RCW 69.51A.010\(24\)](#).

**Compassionate Care Renewal.** A renewal of an authorization by a health care practitioner through the use of telemedicine if the health care practitioner determines that requiring the qualifying patient to attend an in-person physical examination would likely result in severe hardship to the qualifying patient because of the qualifying patient's physical or emotional condition. A compassionate care renewal of a qualifying patient's registration and recognition card also allows the qualifying patient's designated provider to renew the qualifying patient's registration in the database and recognition card without the qualifying patient being physically present at a retailer and without a new photograph being taken per WAC 246-71-010(2).

**Commented [RSJ(4)]:** Recommendation: Include definition for compassionate care renewal law.

**Telemedicine.** Has the same meaning as the definition of that term adopted by the authorizing health care practitioner's disciplining authority, whether defined in rule or policy per WAC 246-71-010(15).

**Commented [RSJ(5)]:** Recommendation: Include definition for telemedicine.

### 1.3 HEALTHCARE PRACTITIONER STATUTORY LIMITATIONS

The healthcare practitioner shall not ([RCW 69.51A.030](#)):

- a. Accept, solicit, or offer any form of pecuniary remuneration from or to a marijuana retailer, marijuana processor, or marijuana producer;
- b. Offer a discount or any other thing of value to a qualifying patient who is a customer of, or agrees to be a customer of, a particular marijuana retailer;

- c. Examine or offer to examine a patient for purposes of diagnosing a terminal or debilitating medical condition at a location where marijuana is produced, processed, or sold;
- d. Have a business or practice which consists primarily of authorizing the medical use of marijuana or authorize the medical use of marijuana at any location other than his or her practice's permanent physical location;
- e. Except as provided in [RCW 69.51A.280](#), sell, or provide at no charge, marijuana concentrates, marijuana-infused products, or useable marijuana to a qualifying patient or designated provider; or
- f. Hold an economic interest in an enterprise that produces, processes, or sells marijuana if the health care professional authorizes the medical use of marijuana.

#### 1.4 AUTHORIZATION PRACTICE GUIDELINES

A healthcare practitioner may provide valid documentation to authorize medical marijuana (cannabis) to a qualifying patient under [Chapter 69.51A RCW](#) under the following conditions:

##### SECTION 1: PATIENT EVALUATION

A healthcare practitioner should obtain, evaluate, and document the patient's health history and physical examination in the health record prior to treating for a terminal or debilitating condition.

- a. The patient's health history should include:
  - i. Current and past treatments for the terminal or debilitating condition;
  - ii. Comorbidities; and
  - iii. Any history of substance misuse or abuse using a risk assessment tool.
- b. The healthcare practitioner should:
  - i. Complete an initial physical examination as appropriate based on the patient's condition and medical history; and
  - ii. Check of the Prescription Drug Monitoring Program database for the patient's receipt of controlled substances
  - iii. Review the patient's medications including indication(s), date, type, dosage, and quantity prescribed.
  - iv. Provide the qualifying patient and their designated provider (if any) each with a medical marijuana authorization form printed on tamper-resistant paper containing the RCW 69.51A.030 logo as required under [WAC 246-71-010](#).

##### SECTION 2: TREATMENT PLAN

A healthcare practitioner should document a written treatment plan that includes:



- a. Review of other measures attempted to treat the terminal or debilitating medical condition that do not involve the medical use of marijuana;
- b. Advice about other options for treating the terminal or debilitating medical condition;
- c. Determination that the patient may benefit from treatment of the terminal or debilitating medical condition with medical use of marijuana
- d. Advice about the potential risks of the medical use of marijuana to include: The variability of quality and concentration of medical marijuana;
  - i. Adverse events, including falls or fractures;
  - ii. The unknown short-term and long-term effects in minors, as more fully explained in Section 4, below;
  - iii. Use of marijuana during pregnancy or breast feeding; and,
  - iv. The need to safeguard all marijuana and marijuana-infused products from children and pets or domestic animals.
  - v. Additional diagnostic evaluations or other planned treatments;
- e. A specific duration for the medical marijuana authorization for a period no longer than 12 months for adults (age 18 and over) and 6 months for minors (under age 18); and,
- f. A specific ongoing treatment plan as medically appropriate.

**Commented [RSJ(6)]:** Recommendation: Workgroup approved this language that refers to Section 4

### SECTION 3: ONGOING TREATMENT

A healthcare practitioner should conduct ongoing treatment and assessment as medically appropriate to review the course of the patient's treatment, to include:

- a. Any change in the medical condition;
- b. Any change in physical or psychosocial function;
- c. Any new information about the patient's terminal or debilitating medical condition; and
- d. An authorization may be renewed upon completion of an in-person physical examination.
- e. Following an in-person physical examination, evaluate patient eligibility for a compassionate care renewal of their authorization per RCW 69.51A.030(2)(c)(iii).

**Commented [RSJ(7)]:** Recommendation: Include language specific to compassionate care renewals as something to consider under Ongoing Treatment section.

### SECTION 4: TREATING MINOR PATIENTS OR PATIENTS WITHOUT DECISION MAKING CAPACITY

The risks of marijuana use in minors are substantial, particularly given its well-documented adverse effects on the developing brain.<sup>1</sup> While research demonstrates that the use of marijuana can be helpful for adults with specific debilitating conditions, there are no published studies on the use of medical

**Commented [RSJ(8)]:** Recommendation: Workgroup approved Section 4 in its entirety, including supporting references at the bottom.

<sup>1</sup> <https://pediatrics.aappublications.org/content/135/3/584>

marijuana for minors. A health care practitioner should strongly consider limiting the authorization of marijuana to minors in palliative pediatric care when short-term symptom relief outweighs long-term risks. The most common symptoms that may justify the use of medical marijuana for minors are pain, nausea, vomiting, seizures, and agitation.<sup>2</sup>

Under [RCW 69.51A.220](#) and [RCW 69.51A.230\(4\)](#), a healthcare practitioner considering authorizing marijuana to a patient under the age of 18 or without decision making capacity must:

- a. Ensure the patient's parent, guardian, or surrogate participates in the treatment and agrees to the medical use of marijuana;
- b. Evaluate and document history of substance misuse or abuse using a risk assessment tool;<sup>3</sup>
- c. Consult with other healthcare practitioners involved in the patient's treatment, as medically indicated and as agreed to by the patient's parent, guardian, or surrogate, before authorization or reauthorization of the medical use of marijuana; and
- d. Include a follow-up discussion with the minor's parent or patient surrogate to ensure the parent or patient surrogate continues to participate in the treatment;
- e. Ensure the patient's parent, guardian, or surrogate acts as the designated provider; and
- f. Reexamine the minor at least once every six months or more frequently as medically indicated.

**Commented [RSJ(9)]:** Recommendation: Moved AAP assessment tool reference from Section 1: Patient Evaluation this section.

**Additional requirements to note when treating minor patients:**

- a. Qualifying patients (adult or minor) can only have one designated provider under [RCW 69.51A.010](#). This can be challenging for minor patients who live in divorced families.
- a. School districts must permit a designated provider (parent/legal guardian) to administer marijuana-infused product to a minor qualifying patient (under age 18) in accordance with school policy at the request of a parent – [RCW 69.51A.225](#)
- b. The minor may not grow plants or purchase marijuana (cannabis) - [RCW 69.51A.220](#).

**Commented [RSJ(10)]:** Recommendation: Workgroup agreed to use the term "requirements" instead of "considerations" as subsequent bullets reflect current statutory requirements.

**Commented [RSJ(11)]:** Recommendation: Align language with current law under RCW 69.51A.225.

<sup>2</sup> The federal Food and Drug Administration (FDA) has approved medications related to marijuana that are available in pharmaceutical grade by prescription for rare conditions. One of the medications is approved for the treatment of seizures associated with Lennox-Gastaut syndrome or Dravet syndrome in patients over two years of age. This medication is not considered medical marijuana and is not available at marijuana dispensaries. This medication is prescribed by subspecialists with expertise in these conditions.

<sup>3</sup> The use of a risk assessment tool is particularly important in the treatment of minors. The American Academy of Pediatrics developed a guide to help providers incorporate screening, brief intervention, and referral for the use of alcohol, tobacco, marijuana and other drugs among adolescent patients.

<https://pediatrics.aappublications.org/content/138/1/e20161210>

- c. Both the minor and the minor's parent or guardian who is acting as the designated provider must be entered in the medical marijuana authorization database and hold a recognition card - [RCW 69.51A.220](#).

#### SECTION 5: MAINTENANCE OF HEALTH RECORDS

A healthcare practitioner should maintain the patient's health record in an accessible manner, readily available for review, and include:

- a. The diagnosis, treatment plan, and therapeutic objectives;
- b. Documentation of the presence of one or more recognized terminal or debilitating medical conditions identified in [RCW 69.51A.010\(24\)](#).
- c. Documentation of other measures attempted to treat the terminal or debilitating medical condition that do not involve the medical use of marijuana;
- d. A copy of the signed authorization form for both the patient and their designated provider (if any);
- e. Results of ongoing treatment; and
- f. The healthcare practitioner's instructions to the patient.

#### SECTION 6: CONTINUING EDUCATION

A healthcare practitioner issuing authorizations or valid documentation for the medical use of marijuana on or after the effective date of these guidelines, should complete a minimum of three hours of continuing education related to medical marijuana.

Such program should explain the proper use of marijuana (cannabis), including the pharmacology and effects of marijuana (e.g., distinction between cannabidiol (CBD) and tetrahydrocannabinol (THC); methods of administration; and potential side effects or risks).

### 1.5 RESOURCES

Washington State Department of Health [Medical Marijuana Program](#)

## Processing Complaints Against Medical Students, Residents, and Fellows

### Introduction

In carrying out its disciplinary role to protect the public, the Washington Medical Commission (WMC) occasionally receives complaints<sup>1</sup> against medical students, residents and fellows. Because of the highly-supervised environment in which they practice, the WMC creates this procedure for processing complaints against medical students, residents and fellows.<sup>2</sup>

Medical students are not required to have a license to practice medicine. They are legally permitted to practice medicine in an accredited school of medicine so long as the practice is pursuant to a regular course of instruction or assignments from an instructor, or performed under the supervision or control of a licensed physician.<sup>3</sup> Since medical students are in the early stages of learning in a highly structured and supervised environment, the dean of the medical school is often better equipped to address a concern than the WMC

Residents and fellows, who may or may not possess a license to practice medicine,<sup>4</sup> do not practice independently. Rather, they practice in a learning environment with continuous evaluation and feedback designed to develop the skills to be a competent physician. An attending physician is responsible for training residents and fellows as to the proper standards of care and appropriate behavior. The attending physician is therefore in a better position to manage concerns than the WMC. If, however, a resident or fellow practices outside the program and independent of the supervision of the attending physician, such as in a moonlighting setting, the WMC is the appropriate entity to address concerns and take action if necessary.

If a complaint alleges that a resident or fellow engaged in reckless behavior or gross misconduct, the WMC may investigate the complaint against the resident or fellow, and may choose to open an investigation on the attending physician as well.

### Procedure

#### A. Complaints against medical students

1. A panel of the WMC reviews a complaint against a medical student.

<sup>1</sup> For the purpose of this procedure, the term "complaint" includes a mandatory report under [RCW 18.130.070](#) and [18.130.080](#).

<sup>2</sup> A fellow is a physician who has completed a residency and is pursuing further training in a medical specialty.

<sup>3</sup> Both residents and fellows are exempt from the license requirement under [RCW 18.71.030\(8\)](#) if they are in a program of clinical medical training sponsored by a college or university or hospital in this state and the performance of medical services are pursuant to their duties as residents and fellows. Although not required to, many residents and fellows obtain a full license or a limited license under [RCW 18.71.095\(3\)](#) or [\(4\)\(b\)](#).

<sup>4</sup> [RCW 18.71.030\(8\)](#).

2. The panel may close the case and refer the matter to the dean of the medical school in which the medical student is enrolled, unless the panel believes that the medical student may have engaged in reckless behavior or gross misconduct. In such a case, the panel ~~will~~ may choose to investigate the complaint.

B. Complaints against residents and fellows

1. A panel of the WMC reviews a complaint against a resident or fellow.
2. If the panel believes there was a breach of the standard of care, but there was no gross negligence or other reckless behavior, the panel will change the name of the case from the resident or fellow to the name of the attending physician.
3. If the panel believes that the resident or fellow engaged in reckless behavior or gross misconduct, the panel may decide to investigate the resident or fellow, and may open a new case and investigate the attending physician as well.
4. If the panel believes that the resident or fellow was practicing without the supervision of a license supervisor in an approved training program, such as in a moonlighting environment, the panel will treat the resident or fellow as it would any other licensed physician. The panel may decide to investigate the resident or fellow and will not hold the attending physician responsible for actions of the resident or fellow.
5. If the WMC takes disciplinary action against the attending physician, the WMC may consider restricting the attending physician from the training of residents or fellows, though the WMC is not limited to this particular sanction.

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Date of Adoption:

Reaffirmed / Updated:

Supersedes:

# Staff Reports

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## Staff Reports: July 2020

Melanie de Leon, Executive Director

Micah Matthews, Deputy Executive Director

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

### Budget

- The Governor called for furloughs and the elimination of a COLA for non-union, non-classified employees. Based on our organizational differences, Office of Financial Management determined the Governor's directive regarding the hiring freeze and furloughs did not apply to the WMC. We are awaiting clarification on the COLA issue.
- We have realized cost savings in the face of furloughs and the below renewal fee waivers through eliminating travel, virtual meetings, canceling software licenses, canceling , trainings, and canceling the October conference.
- Regarding the Secretary of Health's waiver of renewal fees for all professions, it appears roughly 40 percent of our licensing are electing to not pay renewal fees at this time. This has resulted in our anticipated revenue coming in at 30 percent below expectations. We anticipate this will be remedied by October when the Secretary's waiver expires, but this is not a sustainable scenario for our budget if it is ongoing.

### Equity Efforts

- Melanie and I have issued communications with staff regarding our expectations with respect to equity, diversity, and inclusion. We have issued support for the Secretary's message as well.
- A statement from the Executive Committee is scheduled to go out in the *Update!* newsletter next week to the licensees.
- We are developing a plan with specific milestones to examine and address bias in our processes. At this point, we have efforts scheduled through December 2020.
- We are looking to restart the Health Equity workgroup, but it will be a different make up and a different focus. We intend to use it to engage members of the public with specific skills and experiences. They will be tasked to review our guidelines, policies, statements, and rules to root out bias and provide recommendations to Policy for change. This is a key function of having others help us see our blind spots.



### Amelia Boyd, Program Manager

#### Recruitment

The following Commissioner terms end June 30, 2020:

- Congressional District 6 – Dr. Trescott’s position, eligible for reappointment
- Congressional District 8 – Dr. Harrison’s position, he moved out of state so he is no longer eligible for reappointment.
- Physician-at-Large – Dr. Domino’s position, eligible for reappointment

The application deadline for the above positions was March 20, 2020. The Executive Committee has completed their review. Recommendations have been sent to the Governor’s office.

Dr. Warren Howe, representing Congressional District 2, is resigning from the Commission as he is moving to the other side of the continent. His last meeting with the Commission will be August 20-21. Dr. Howe will be greatly missed! We began recruiting for this upcoming vacancy and the deadline for applications was July 1. The Executive Committee will begin reviewing them soon.

#### Rules

We have 10 rulemaking efforts in progress. For more information, please see the Rules Progress Report in this packet.

### Melissa McEachron, Director of Operations and Informatics

Nothing to report.

### George Heye, MD, Medical Consultant

Nothing to report.

### Morgan Barrett, MD, Medical Consultant

The Compliance Program will host “Virtual Personal Appearances” on July 10. We are very grateful for Jimi’s and Amelia’s gracious offer to monitor attendees and Respondents in each of the Panels.

Given the complexity of running two concurrent panels, with six Respondents in each Panel, and allowing for one or more Executive Sessions, we are asking that **only staff directly involved in the case attend**, if they choose.

We are very happy to welcome Kayla back (temporarily) to her former role as Compliance Officer during the Personal Appearances for Panel A, through the July, August, and November dates.

**Summary Actions:**

*In re Ronald M. Sterling, MD*, Case No. M2019-998. On May 12, 2020, the Commission summarily restricted the license of Ronald M. Sterling, MD. The Statement of Charges alleges that Dr. Sterling, a psychiatrist, engaged in a sexual relationship with a patient. Pending final outcome of this matter, Dr. Sterling may not treat female patients. A hearing date has not yet been scheduled in this matter.

*In re Mohammad H. Said, MD*, Case No. M2020-53. On May 12, 2020, the Commission summarily suspended the license of Mohammad H. Said, MD. Dr. Said is board certified in internal medicine. The Statement of Charges alleges that Dr. Said suffers from a health condition that poses a substantial risk of impairment and is probably unable to practice with reasonable skill and safety. A hearing date has not yet been scheduled in this matter.

**Orders Resulting from SOC's:**

*In re Anton S. McCourtie, MD*, Case No. M2018-704. Final Order. On May 14, 2019, the Commission filed an Amended Statement of Charges alleging unprofessional conduct, sexual misconduct, and abuse of a patient. Dr. McCourtie filed a timely Answer to the Statement of Charges, and a hearing was held before a Commission panel in Wenatchee during the week of October 14, 2019. A Final Order was issued on June 4, 2020, in which the panel found that there was not clear and convincing evidence that sexual misconduct had occurred, and the charges were dismissed.

*In re Robert Hermann, MD*, Case No. M2018-712. Final Order of Default (Failure to Respond)\*. On February 14, 2020, the Commission filed a Statement of Charges alleging Dr. Hermann failed to respond to the Commission's Notice of Intent to Order Investigative Mental Examination. Dr. Hermann did not file a response to the Statement of Charges within the time allowed. The matter came before a Health Law Judge (HLJ) in May 2020. The HLJ concluded sufficient grounds existed to take disciplinary action against Dr. Hermann's license and ordered that his license to practice as a physician and surgeon 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.

**Legal Unit Meeting – Special Guests:** The Legal Unit invited AAG Debra Defreyn and WMC investigator Reneé Bruess to attend our June 11, 2020, Legal Unit meeting to debrief regarding the matter of *Anton S. McCourtie, MD*, and the final order dismissing the charges. It was very insightful for Legal to hear Renee's account of her communications with opposing counsel along with her in-person interviews of Dr. McCourtie, his practice partner, and the patient. Debra discussed the clear and convincing evidentiary standard and offered critical feedback on the litigation of this case. The Legal Unit thanks both Reneé and Debra for their immense work on this case and their contributions to the roundtable discussion.

### Freda Pace, Director of Investigations

**We need your help!** We have a number of vacancies in CMT panels for August - multiple vacancies on August 12, 19, and 26. Please visit our SharePoint site and sign up. If you need further assistance, please contact Chris Waterman at [chris.waterman@wmc.wa.gov](mailto:chris.waterman@wmc.wa.gov).

On May 5, 2020, the Prescription Monitoring Program (PMP) upgraded to a new platform, AWARxE. As investigations began navigating the new platform, we quickly learned that historical data from PMP would be limited to 5-years unlike in the past where data was available since PMP's existence (2011). That said, we will work with what tools we have been given which will result in a change in how and how much PMP data will appear in our case files. Investigations is working to create a user-friendly presentation of the materials both in a PDF version as well as an Excel (filtering) format. We ask for your patience as we continue to be mindful in deciphering what information is critically important and should be made available during your review process. If you have any questions, please let me know. [Freda.pace@wmc.wa.gov](mailto:Freda.pace@wmc.wa.gov)

### Mike Farrell, Policy Development Manager

I have nothing to report outside of the work for the Policy and ROME committees.

### Jimi Bush, Director of Quality and Engagement

#### Fiscal Year 2020 Performance Report

The fiscal year came to a close on July 1. We are in the process of creating our annual performance report. If there are specific details that you would like to see in the report please [let me know](#).

#### Webinar topics

In lieu of our annual conference we will be providing a series of webinars in order to continue providing education to our licensees and stakeholders. potential topics include:

- Forging a path toward healthcare equity
- Implicit bias in healthcare
- COVID-19 Lessons Learned and Updates
- Telemedicine Implementation
- Opioids in Washington
- The Data Driven Physician
- Legislative Updates
- Urban Homeless Health Needs
- LGBTQ+ healthcare report and recommendations

Please [let me know](#) if you would like to participate and if you have suggestions for topics/speakers.

#### Conference Committee Participation

While the annual conference has been canceled, we still need a physician member to participate on the Educational Conference Workgroup. This group will work on planning webinars and future educational events. Time commitment for this group is minimal, but very rewarding. If you are interested in participating, [please let me know](#).

#### Health Workforce Council

Sarah Chenvert and I attended the virtual meeting of the [WA Health Workforce Council](#) last month. During the meeting they recommended that DOH convene a workgroup to review the new health

**Jimi Bush, Director of Quality and Engagement, Continued**

workforce-specific emergency rules and provisional WAC changes implemented since March 2020 focused on the state response to COVID-19, including changes to telemedicine, simulation for educational content and licensing. If you would like to participate in future meetings or have suggestions regarding the above, [please let me know](#).

**Marisa Courtney, Interim Licensing Manager**

Total licenses issued from 2/1/2020-6/29/2020 = 1,553

Credential Type	Total Workflow Count
Physician And Surgeon County/City Health Department License	0
Physician And Surgeon Fellowship License	8
Physician And Surgeon Institution License	0
Physician And Surgeon License	820
Credential Type	Total Workflow Count
Physician and Surgeon License Interstate Medical Licensure Compact	135
Physician And Surgeon Residency License	373
Physician And Surgeon Teaching Research License	6
Physician And Surgeon Temporary Permit	2
Physician Assistant Interim Permit	2
Physician Assistant License	215
Physician Assistant Temporary Permit	0
<b>Totals:</b>	<b>733</b>

Information on Renewals: February Renewals: 65.58% renewed online

Credential Type	# of Online Renewals	# of Auto Renewals	# of Manual Renewals
MDTR	0	0	5
MD	737	195	144
PA	118	20	22
IMLC	0	0	22
MDIN	0	0	2

March Renewals: 69.51% online renewals

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	16	16
MD	803	360	1163
MDTR	0	3	3
PA	157	42	199
	<b>69.51%</b>	<b>30.49%</b>	<b>100.00%</b>
Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals

**Marisa Courtney, Interim Licensing Manager, Continued**

April Renewals: 67.17% online renewals

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	7	7
MD	505	234	739
MDRE	2	0	2
MDTR	0	1	1
PA	76	43	119
	<b>67.17%</b>	<b>32.83%</b>	<b>100.00%</b>

May Renewals: 62.24% online renewals

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	8	8
MD	554	280	834
MDFE	2	0	2
MDRE	78	112	190
MDTR	1	5	6
PA	92	36	128
	<b>62.24%</b>	<b>37.76%</b>	<b>100%</b>

## Panel A Personal Appearance Agenda

Friday, July 10, 2020

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

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

<https://global.gotomeeting.com/join/660267989>

Panel Members: Jimmy Chung, MD, Panel Chair  
James Anderson, PA-C  
Charlie Browne, MD  
Warren Howe, MD  
Charlotte Lewis, MD  
Robert Small, MD  
Candace Vervair, Public Member  
Richard Wohns, MD  
Yanling Yu, PhD, Public Member

Compliance Officer: Kayla LaRue

<b>9:45am</b>	<b>Lynne A. Tan, MD</b> Attorney: Joe Fain	M2017-1021 (2017-5444) RCM: Charlotte Lewis, MD SA: Ariele Page Landstrom
<b>10:30am</b>	<b>Maria. T.O Trevino, MD</b> Attorney: Pro Se	M2018-831 (2017-7479) RCM: Charlotte Lewis, MD SA: Gordon Wright
<b>11:15 a.m.</b>	<b>Chester C. Hu, MD</b> Attorney: Scott O'Halloran	M2017-645 (2017-2783) RCM: Charlotte Lewis, MD SA: Ariele Page Landstrom
<b>Lunch Break</b>		
<b>1:15 pm</b>	<b>Nicholas F. Carulli, MD</b> Attorney: Pro Se	M2018-708 (2018-1635) RCM: James Anderson, PA-C SA: Colleen Balatbat
<b>2:00 pm</b>	<b>Filiz Millik, MD</b> Attorney: Patrick C. Sheldon	M2019-708 (2019-1851) RCM: Yanling Yu, PhD SA: Larry Berg
<b>2:45 pm</b>	<b>Vivek K. Shah, MD</b> Attorney: Ellen M. Voss	M2019-258 (2017-8390) RCM: Warren Howe, MD SA: Colleen Balatbat

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## Panel B Personal Appearance Agenda

Friday, July 10, 2020

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

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

<https://global.gotomeeting.com/join/918114677>

Panel Members: April Jaeger, MD, Panel Chair  
Toni Borlas, Public Member  
Diana Currie, MD  
Karen Domino, MD  
Christine Hearst, Public Member  
John Maldon, Public Member  
Terry Murphy, MD  
Alden Roberts, MD  
Theresa Schimmels, PA-C  
Claire Trescott

Compliance Officer: Mike Kramer

<b>9:45am</b>	<b>Carl J. Brodie, MD</b> Attorney: Thomas H. Fain	M2011-1278 (2011-155123) RCM: April Jaeger, MD SA: Larry Berg
<b>10:30am</b>	<b>Christopher Kontogianis, MD</b> Attorney: Christopher J. Mertens	M2017-60 (2016-7344) RCM: Alden Roberts, MD SA: Ariele Page Landstrom
<b>11:15 a.m.</b>	<b>Mari G. Todd, PA-C</b> Attorney: Joyce L. Thomas	M2018-974 (2017-9680) RCM: Theresa Schimmels, PA-C SA: Trisha Wolf
<b>LUNCH BREAK</b>		
<b>1:15 pm</b>	<b>Robert E. Carlson, MD</b> Attorney: David J. Corey	M2018-970 (2018-4127) RCM: Claire Trescott, MD SA: Larry Berg
<b>2:00 pm</b>	<b>Jennifer L. Reichel, MD</b> Attorney: Joyce L. Thomas	M2018-465 (2017-13866 et al.) RCM: Theresa Schimmels, PA-C SA: Kyle Karinen
<b>2:45 pm</b>	<b>Sangkun Park, MD</b> Attorney: Troy S. Bundy	M2018-713 (2018-6158) RCM: Toni Borlas SA: Gordon Wright

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