

UPDATE!

Washington Medical Commission Vol. 10, Winter 2020

Message From The Chair: Virtual Meetings

John Maldon

Like just about every other corporate, private or public office-based business, the Washington Medical Commission (WMC) continues to survive and function virtually. The WMC has not had an in-person business meeting since February 2020. In person meetings have been cancelled through the first quarter of 2021 with in person meetings not likely to resume until possibly the third quarter. Even the thought of resuming in person business meetings in the third quarter is speculative at best, given the current state of COVID-19 infection rates and the unknown effects of vaccine distribution and administration. Dedicated medical staff, physicians, nurses, technicians, researchers and administrators have done wonders. Their courage and discipline are unprecedented in these times and give hope for the ultimate defeat of the COVID-19 virus and a return to normalcy.



So what is different for the work of WMC Commissioners? Just about everything. Technology always seems paradoxical. How is it that technology so often seemingly lacks consistency? But the work continues despite problems with computer connectivity, glitches and systems simply being down for unknown reasons. And, maybe this is not a change but when there is increased dependence on technology to perform work, it is just a bigger deal. We all hear the same phrases. 'Can't get in. Can you hear me. Can you see me.' The result may cause some delays but the work does move forward.

One of the positive outcomes of the virtual approach to WMC work are suggestions of how to perform work more efficiently. The WMC is fortunate to be composed of a lot of really smart commissioners. A number of commissioners have made suggestions for improved processes that are under the consideration of staff for refinement and implementation.

While working remotely is difficult at best, time efficiency and costs are a positive outcome. Commuting to another room in the house to perform work, certainly is cost effective and comes without all the worst thoughts of commuting between points A and B. Worrying about lighting and computer position is over thinking the virtual



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WMC Mission

Promoting patient safety and enhancing the integrity of the profession through licensing, discipline, rulemaking, and education.

Message From the Chair

meeting. Participants simply are not going to look as good on screen as in person. And what about attire? Who knows what everyone is wearing on the bottom half of their bodies? It really doesn't matter any way, does it?

Personally, the change in work structure has been challenging as the newly elected chair. I have been told I am a people person. The only way to be a real people person is to be able to meet face to face with people you know and with people you don't know yet or are anxious to meet. So, I miss not being able to personally meet with commission staff and fellow commissioners. I miss not being able to have all commission staff explain what they do in support of the commission. I miss not being able to meet in person with interested parties and stakeholders to share thoughts and ideas. I miss the opportunity to reach out to individuals and organizations to talk about and promote the great work of the WMC. I do hope these opportunities will be available before my term ends. In the meantime, I just can't wait for my next virtual opportunity.

Perhaps I am admitting more than I should but the last thing that is really different and strange for me while working at home, is leading the WMC business meetings virtually. One has absolutely no idea how messages are being understood or received at all. There are no facial expressions to read. There is no body language to read. There is no affirmation that anything stated has any meaningful content. There is no known laughter, real or pretend. Commissioners do speak up virtually at times, but I am confident there would be greater participation at an in person meeting. Dissent or disagreement can be accomplished by muting the mic icon, turning off the screen or leaving the meeting with a click. I often wonder who is left at the end of the virtual meeting.

I could go on here but just like a virtual meeting, I am not sure who is still reading this newsletter article. Please stay healthy and safe.

OnDemand CME

In lieu of the 2020 annual educational conference, the WMC has created a series of webinars to provide free CME to licenses. More information is available on [our website](#). These activities have been approved for *AMA PRA Category 1 Credit™*.

- 2020-2021 Flu Updates Webinar
- CDC Immunization Updates 2020 Webinar
- COVID-19 Vaccine Safety Webinar
- Immunization Requirements Webinar
- LGBTQ+ Healthcare Needs
- Safety First: The Importance of Interpreters & Translated Documents in Preventing Patient Harm
- Transforming Primary Care for Lesbian, Gay, Bisexual, and Transgender People: A Collaborative Quality Improvement Initiative
- UW Studies COVID-19 Presence to Inform Smart Policy Decisions



Links To Our Website

[Pain Management Resources](#)

[Update your Physical And Email Address](#)

[News and Announcements](#)

[Rules and Regulations In Progress](#)

[Frequently Asked Questions \(FAQ\)](#)

[Contact Us](#)

2021 Notice of Recruitment



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The Washington Medical Commission (WMC) is currently accepting applications to fill upcoming vacancies. The WMC helps make sure physicians and physician assistants are competent and provide quality medical care.

We are looking for people willing to study the issues and make decisions in the best interest of the public. Our member selection reflects the diversity of the profession and provides representation throughout the state. On July 1, 2021 the WMC will have openings for:

- One physician representing Congressional District 1
- One physician representing Congressional District 7
- One Physician Assistant

To determine what congressional district you live in, please visit <https://www.house.gov/> and enter your zip code.

The WMC consists of 21 members appointed by the governor. It meets about eight times a year, usually on Thursday and Friday every six weeks. There is an expectation to review multiple disciplinary cases between meetings, and additional meetings or hearings are often necessary. Additional information regarding WMC membership and a link to the governor's application can be found on our [website](#).

Please take the time to review the valuable information on commission membership available at the above website. Applications, along with a current resume, must be received by March 31, 2021.

If you have any questions about serving on the WMC, please contact Amelia Boyd, Program Manager, by email at amelia.boyd@wmc.wa.gov, or call (360) 236-2727.

COVID COMPLAINTS

The Washington Medical Commission (WMC) has received complaints about allopathic physicians violating Governor Inslee's Stay Home Stay Healthy proclamation, 20-25, or another governor-issued proclamation.

In response to these complaints the WMC may provide a technical assistance letter providing information regarding the governor's proclamations, may refer the complaint to the Department of Labor and Industries, or in cases of multiple violations, may investigate to determine if disciplinary action is necessary.

To be sure you are in compliance, current governor proclamations are available [here](#).

Information and resources about the Washington State Department of Labor and Industries employer mask requirements are available [here](#).



PA News: Upcoming Changes to Physician Assistant Laws



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Theresa M. Schimmels, PA-C Physician Assistant Member

During the last legislative session, SHB 2378 was passed, authorizing the following changes to Physician Assistant (PA) Laws:

1. The former practice agreement, aka practice plan or delegation agreement, will be set up by the Physician and PA at the place of practice then filed with the Washington Medical Commission (WMC). Practice agreements can be modified or amended at any time with your supervising physician. The PA is then responsible for filing these changes with the WMC. It will become the Physician and the PA's responsibility to determine the PA's practice duties or scope of practice and how much supervision the PA may or may not need.
2. PAs will be able to practice at remote site settings without requiring approval from the WMC, if it is within the scope of their practice agreement.

3. There will no longer be a separate licensing section for osteopathic Physician Assistants. Chapter 18.71A RCW will replace the osteopathic physician assistant license found in chapter 18.57A RCW.

In May, the WMC filed the paperwork to get the rulemaking process started to meet the implementation date of July 1, 2021. Our first workshop to discuss rulemaking takes place January 13 from 2-4 pm. Due to COVID-19, all meetings are held electronically.

You can find information on how to be part of the conversation, either for comment or just to follow along on the process [here](#). The workshop packet will be available in the beginning of January and will contain the rulemaking language to be discussed. [Sign-up here](#) to receive the workshop packet when it becomes available.

We look forward to written testimony or feel free to [contact us](#) with comments or concerns.

The Department of Health (department) filed an [Interpretive Statement](#) with the Office of the Code Reviser on December 16, 2020. The Interpretive Statement clarifies that health care providers (not physician's licensed under chapter 18.71) are required to take telehealth training on or after January 1, 2021.

[RCW 43.70.495](#) was updated by Substitute Senate Bill 6061 ([SSB 6061](#)) passed during the 2020 legislative session requiring any health care provider incorporating telehealth services into their practice to take training. This legislation *does apply* to Physician Assistants licensed by the Washington Medical Commission.

The Washington Telehealth Collaborative at the University of Washington has developed free training to meet the new requirements and it is available on their [website](#).

The department, boards, and commissions encourage providers to take the required training as soon as possible and no later than June 30, 2021.

**PA
Training
Requirement**
Telehealth

Rulemaking Efforts



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Amelia Boyd Program Manager

Chapter 246-919 WAC

Chapter 246-919 WAC - Physicians

WAC 246-919-010 through 246-919-770 (relating to allopathic physicians). The Washington Medical Commission (WMC) adopted amendments to more closely align these sections with current industry standards and provide clearer rule language for licensed allopathic physicians (MDs). Changes include updating the name of the commission pursuant to SB 5764; updating definitions to reference new terminology or clarify their meaning; rescinding sections which are no longer relevant, utilized, or are referenced in other chapters; updating references to periodicals; updating physician licensing requirements to align with current standards; updating section titles to more clearly state the purpose of the section; incorporating language from WMC interpretive statements; adding a new section on how a military spouse may obtain a temporary practice permit pursuant to RCW 18.340.020; adding a new section on the administration of deep sedation and general anesthesia by a physician in a dental office; and updating the timelines required for cooperating with an investigation.

These rules were effective November 21, 2020.

The rulemaking order, which includes the updated rule language, is available [here](#).

Clinical Support Program

The [CR-101](#) for WAC 246-919-XXX Physicians and WAC 246-918-XXX Physician Assistants was filed with the Office of the Code Reviser on February 22, 2018 as WSR #18-06-007.

The WMC is considering creating two new rule sections, and revising related rule sections as appropriate, to establish a clinical support program (program), its criteria and procedures for allopathic physicians and physician assistants. The intent of the program is to assist practitioners with practice deficiencies related to consistent standards of practice and establish continuing competency mechanisms that will protect patients proactively through a plan of education, training and/or supervision. The WMC may resolve practice deficiencies through the program at any point in a practitioner's period of licensure.

The program would allow for quick identification of issues requiring clinical support, through practitioner or employer inquiry, referral, and including complaints that may not rise to the level of a license sanction or revocation. These issues could be resolved with voluntary participation from the allopathic physician or physician assistant in the program. The WMC is considering education, training, supervision, or a combination of the three as part of the program. Issues appropriate for clinical support would likely include but are not limited to practice deficiencies such as a failure to properly conduct a patient assessment or document treatment. This also allows an allopathic physician or physician assistant a structured process to quickly improve his or her clinical skills.

Finally, participation in this program places the WMC in an active patient safety role.

Telemedicine

The [CR-101](#) for Telemedicine was filed with the Office of the Code Reviser on September 17, 2019 as WSR #19-19-072.

The WMC will consider rulemaking to address the practice of physicians and physician assistants engaging in telemedicine with Washington patients. Possible subjects the WMC may address are: What, if any requirements for licensure; recordkeeping requirements; establishing a patient-practitioner relationship; prescribing issues; and standard of care. Regulating the use of telemedicine would place the WMC in an active patient safety role.

Exclusions – Opioid Prescribing

The [CR-101](#) for amending the Exclusions sections in both the MD (WAC 246-919-851) and PA (WAC 246-918-801) chapters to expand the types of patients who are exempt from certain provisions of rule when being prescribed opioid drugs was filed with the Office of the Code Reviser on March 25, 2020.

As part of the WMC's rule making for ESHB 1427, enacted in 2017 and codified as RCW 18.71.800, the WMC received comments that adhering to the opioid prescribing rules for patients admitted to long-term acute care (LTAC) and nursing homes, is onerous. Specifically, the rules

Rulemaking Efforts

require a history and physical as well as a check of the prescription monitoring program (PMP) be completed prior to prescribing opioids. It has been stated that patients transferred to LTACs and nursing homes had a history and physical while in the previous facility and that practitioners in LTACs and nursing homes can rely on that assessment.

Inpatient hospital patients are currently exempt from the opioid prescribing rules. The WMC recognizes that patients in LTACs and nursing homes are similarly situated to hospital patients receiving inpatient treatment.

Since the rules related to ESHB 1427 became effective January 1, 2019, the WMC has continued to receive comments related to LTAC and nursing home patients. To address this issue, the WMC filed an interpretive statement: "Exempting Patients in Nursing Homes and Long-Term Acute Care Hospital from the Opioid Prescribing Rules." While the interpretive statement has helped to curb the comments and concerns from prescribers, the WMC feels this important exemption should be in rule. Furthermore, this could allow us [to] rescind the interpretive statement.

The WMC has also received a comment regarding patients in Residential Habilitation Centers (RHC) that they are also similarly situated to LTAC and nursing home patients. As such, the WMC may also consider exempting patients in RHCs.

Stem Cell Therapy

The [CR-101](#) for creating rules related to Stem Cell Therapy was filed with the Office of the Code Reviser on April 21, 2020 as WSR #20-09-132.

The WMC has received complaints from licensees, stakeholders, and the public about the use of stem cells.

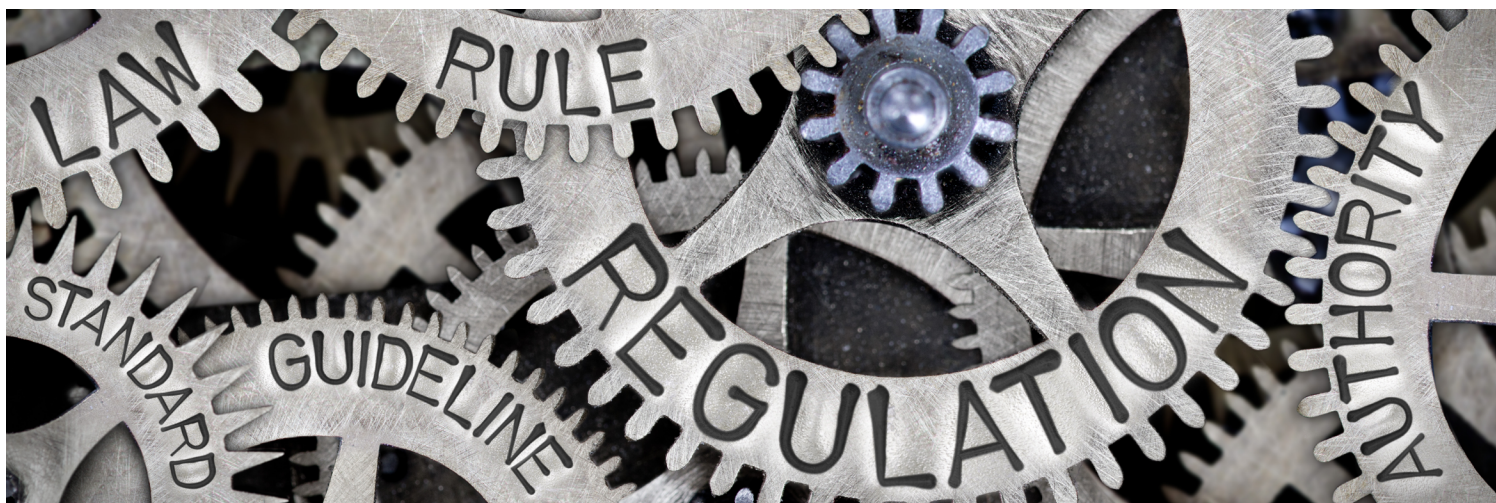
The complaints have been regarding the advertising related to stem cell therapy, practitioners using non-FDA approved stem cell therapy, as well as concerns stem cell therapy not being within a practitioner's scope of practice. Regulating the use of stem cell therapy would place the WMC in an active patient safety role. Rulemaking would provide clarity around this emerging medical technology and procedure to help avoid potential discipline and increase patient safety. New sections being considered will potentially benefit the public's health by ensuring participating providers are informed and regulated by current national industry and best practice standards.

Collaborative Drug Therapy Agreements

The [CR-101](#) for creating rules related to Collaborative Drug Therapy Agreements was filed with the Office of the Code Reviser on July 22, 2020 as WSR #20-16-008.

One aspect of the practice of medicine is working with pharmacists to deliver drug therapy to patients. This coordination can take many forms, but the WMC's concern involves treating patients under a collaborative drug therapy agreement (CDTA). These arrangements occur pursuant to a written agreement entered into by an individual physician or physician assistant and an individual pharmacist.

The Pharmacy Quality Assurance WMC has adopted a rule that governs CDTAs from the pharmacy perspective, however there are no statutes or rules that govern a physician's responsibilities under a CDTA. A rule is needed to define the roles and responsibilities of the physician or physician assistant who enters into a CDTA, any defined limit to the number of pharmacists who may have a CDTA with any one physician or physician assistant, and how the physician or physician assistant and pharmacist can best collaborate under these agreements.



Rulemaking Efforts

Regulating the use of CDTAs would place the WMC in an active patient safety role. Rulemaking would provide clarity around this issue to help avoid potential discipline and increase patient safety. New sections being considered will potentially benefit the public's health by ensuring participating providers are informed and regulated by current national industry and best practice standards.

Senate Bill (SB) 6551 – International Medical Graduates

The [CR-101](#) for creating rules related to integrating International Medical Graduates into Washington's healthcare delivery system was filed with the Office of the Code Reviser on August 6, 2020 as WSR #20-17-024.

SB 6551 permits the WMC to issue limited licenses to IMG. The bill also directs the WMC to establish requirements for an exceptional qualification waiver in rule as well as establish requirements for a time-limited clinical experience license for IMG applicants. Establishing these requirements would reduce barriers for IMG applicants obtaining residency positions in Washington.

Chapter 246-918 WAC – Physician Assistants and SHB 2378

The [CR-101](#) for revising physician assistant (PA) rules pursuant to Substitute House Bill (SHB) 2378 (Chapter 80, Laws of 2020) and updating PA rules to incorporate current, national standards and best practices was filed with the Office of the Code Reviser on November 19, 2020 as WSR #20-24-015.

The WMC is considering updating the PA chapter to more closely align with current industry standards, modernize regulations to align with current national industry standards and best practices, and provide clearer rules language for licensed PAs.

Included in this rulemaking proposal is incorporating the requirements of [SHB 2378](#) Concerning physician assistants. The WMC is considering adding new sections in accordance with SHB 2378. This bill combines the PA licensing under the WMC effective July 1, 2021 and eliminates the profession of Osteopathic Physician Assistant. The bill instructs the WMC to consult with the Board of Osteopathic Medicine and Surgery (BOMS) when investigating allegations of unprofessional conduct by a licensee under the supervision of an osteopathic physician. The bill also reduces administrative and regulatory burdens on PA practice by moving practice agreements from an agency-level approval process to employment level process. Employers are required to keep agreements on file. The bill requires the WMC to collect and file the agreements. Changes nomenclature from "delegation" to "practice" agreement and from "supervising physician" to "participating physician" agreement.

More Information

Please visit our [rulemaking site](#) and for continued updates on rule development, interested parties are encouraged to join the [WMC's rules GovDelivery](#).

Non WMC Rulemaking Notice - Notification and Reporting of COVID-19

The Washington State Board of Health has adopted a second emergency rulemaking order to continue the requirements established in WAC 246-101-017 – Novel Coronavirus (SARS-CoV-2), Coronavirus Disease 2019 (COVID-19) Reporting (document attached). The emergency rule is effective November 29, 2020 and will be in effect for 120 days upon filing. The CR-103E announces the emergency rulemaking order, filed as [WSR 20-24-081](#).

This emergency rule:

- Continues the designation of Novel Coronavirus (SARS-CoV-2), also known as Coronavirus Disease 2019 (COVID-19), as a notifiable condition.
- Continues the requirement for health care providers, health care facilities, laboratories, and local health jurisdictions to report essential demographic and testing data with COVID-19 test results.
- Requires animal case reporting of COVID-19 by the Department of Agriculture to the Department of Health.

For more information on this emergency rule contact [Kaitlyn Donahoe](#), 360-584-6737, Board of Health Policy Advisor.



August 1, 2020 – October 31, 2020

Below are summaries of interim and final actions taken by the Washington Medical Commission (WMC) that were reported to the Federation of State Medical Boards between August 1, 2020 and October 31, 2020. Statements of Charges, Notices of Decision on Application (with exceptions), Modifications to Orders (with exceptions), and Termination Orders are not listed. We encourage you to read the legal document for a description of the issues and findings. All legal definitions on the WMC [website](#).

Practitioner Credential and County	Order Type	Date	Cause of Action	Commission Action
Summary Actions				
Elloway, Simon MD00008970 Lewis	Ex Parte Order of Summary Action - Suspension	08/06/20	Alleged inability to practice with reasonable skill and safety due to a health condition.	Suspension – pending completion of proceedings.
Kaplan, Paul MD00012845 Out of State	Ex Parte Order of Summary Action - Suspension	10/15/20	Alleged negligent prescribing of controlled substances and suspension, revocation or restriction of Respondent's license by the Medical Board of California.	Suspension – pending completion of proceedings.
Lu, Kang MD60257984 Out of State	Ex Parte Order of Summary Action - Suspension	10/23/20	Alleged misrepresentation in a license application and suspension, revocation or restriction of Respondent's license by the Board of Medicine of Massachusetts.	Suspension – pending completion of proceedings.
Russell, Trent PA60257984 Clark	Ex Parte Order of Summary Action - Suspension	10/15/20	Alleged suspension, revocation or restriction of Respondent's license by the Oregon Medical Board.	Suspension – pending completion of proceedings.
Shibley, Eric MD60578902 King	Ex Parte Order of Summary Action - Suspension	08/17/20	Alleged negligent prescribing of controlled substances and failure to comply with a WMC order.	Suspension – pending completion of proceedings.
Interim and Formal Actions				
Norton, Robert MD00024728 Thurston	Final Order - Waiver	09/08/20	Multiple negligent surgeries.	Practice restriction from performing surgery as the primary surgeon subject to later modification, clinical competency assessment, coursework, written research paper, personal appearances, and \$5,000 fine.
Olsson, Roger MD00015303 Snohomish	Final Order	10/20/20	Negligent administration of testosterone and hormones.	Practice restriction from prescribing opioids and hormones subject to later modification, clinical competency assessment, practice reviews, personal appearances, and \$10,000 fine, and termination no sooner than five years.

Patel, Vrajesh MD60654661 Snohomish	Agreed Order	10/2/20	Moral turpitude and criminal convictions.	Indefinite suspension subject to later modification and: post-incarceration multidisciplinary, clinical skills, and health monitoring program evaluations.
Informal Actions				
Banzer, John MD00044888 Kitsap	Informal Disposition	10/02/20	Alleged negligent management of a patient's ongoing myocardial infarction.	Treatment of emergent myocardial infarction coursework, written research paper, personal appearances, \$800 cost recovery, and termination no sooner than one year.
Dierks, Stephen MD00043204 Out of State	Informal Disposition	10/02/20	Alleged surrender of licenses in Massachusetts and New Hampshire, and failure to provide an explanatory statement as requested.	Voluntary surrender.
Fung, Brian MD60546384 King	Informal Disposition	07/16/20	Alleged negligent failure to admit and assess a patient with multiple risk factors for coronary artery disease.	Identifying risk factors for heart attack coursework, peer group presentation, personal appearances, \$1,000 cost recovery, and termination no sooner than one year.
Grimlund, Birgit MD00034118 King	Informal Disposition	08/21/20	Alleged negligent delayed diagnosis of breast cancer.	Management of breast disease coursework, written research paper, peer group presentation, personal appearances, \$1,000 cost recovery, and termination no sooner than one year.
Leppig, Kathleen MD00026782 King	Informal Disposition	08/20/20	Alleged negligent prescribing and failure to maintain patient records.	Ethics coursework, personal appearances, \$3,500 cost recovery, and termination no sooner than one year.
Macht, Marlow MD60342198 Clark	Informal Disposition	10/02/20	Alleged negligent failure to fully assess a patient.	Evaluating aortic abdominal aneurysms coursework, written research paper, peer group presentation, personal appearances, \$1,000 cost recovery, and termination no sooner than one year.
Meltzer, Richard MD00031769 Thurston	Modified Informal Disposition	08/20/20	Respondent retired while subject to compliance monitoring.	Voluntary surrender.
Murrell, Ben PA10004029 Grant	Informal Disposition	10/02/20	Alleged negligent benzodiazepine prescribing.	Controlled substance prescribing coursework, written research paper, utilization of PMP, personal appearances, \$500 cost recovery, and termination no sooner than one year.
Naiden, Norman MD00012935 Yakima	Informal Disposition	10/01/20	Alleged negligent natal delivery.	Voluntary surrender.
Nijenhuis, Elaine PA10003257 Snohomish	Informal Disposition	07/16/20	Alleged negligent failure to fully assess a patient.	Adnexal mass work-up coursework, written research paper, written policy for managing imaging and lab results, personal appearances, \$1,000 cost recovery, and termination no sooner than one year.

Samms, John MD00016833 Pierce	Informal Disposition	10/02/20	Alleged negligent opioid prescribing.	Permanent restriction from prescribing controlled substances, surrender of DEA registration, and \$1,000 cost recovery.
Shah, Niles MD60086328 King	Informal Disposition	10/02/20	Alleged negligent failure to fully assess a patient prior to performing surgery.	Parathyroid surgery coursework, written research paper, peer group presentation, personal appearances, \$900 cost recovery, and termination no sooner than one year.
Sutton, Gregory MD60610263 Out of State	Informal Disposition	10/01/20	Alleged dishonesty on a license application.	Voluntary surrender.
Trail, Jeffrey MD00026145 Spokane	Informal Disposition	08/21/20	Alleged negligent failure to fully assess a patient, to manage liver lesions, and inadequate communications and recordkeeping.	Ethics coursework, diagnosing and treating hepatocellular coursework, diagnosing and treating narcolepsy coursework, patient communications coursework, written research paper, personal appearances, \$1,000 cost recovery, and termination no sooner than two years.
Whitney, Nathaniel MD60539921 Spokane	Informal Disposition	10/02/20	Alleged wrong level surgery.	Reading MRI and X-ray imaging coursework, written research paper, peer group presentation, personal appearances, \$500 cost recovery, and termination no sooner than two years.
Zimmerman, Kevin MD60353667 Out of State	Informal Disposition	08/21/20	Alleged suspension, revocation or restriction of Respondent's license by the Medical Board of California and prescribing a controlled substance to oneself.	Compliance with the California Board order, entry into a health monitoring program prior to practicing in Washington State, psychotherapy reports, practice restriction, personal appearances, and \$2,000 cost recovery.

Stipulated Findings of Fact, Conclusions of Law, and Agreed Order: A settlement resolving a Statement of Charges, and containing an agreement by the licensee to comply with certain terms and conditions to protect the public.

Stipulated Findings of Fact, Conclusions of Law, and Final Order: An order issued after a formal hearing before the Commission imposing certain terms and conditions to protect the public.

Stipulation to Informal Disposition (STID): A settlement resolving a Statement of Allegations, and containing an agreement by the licensee to comply with certain terms and conditions to address the Commission's concerns.

Ex Parte Order of Summary Action: An order summarily restricting or suspending a licensee's practice of medicine. The licensee has an opportunity to defend against the allegations supporting the summary action.

Members and Meetings



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Scott Rodgers

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Robert H. Small, MD

Richard Wohns, MD

Yanling Yu, PhD

2021 WMC Meeting Dates

Date	Location
January 14 - 4:00 PM	Virtual Policy Meeting
January 15 - 8:00 AM	Virtual Business Meeting
March 4-5 2021	Virtual Meeting Information will be available on our Event Calendar a week prior to the meeting
April 8-9 2021	Virtual Meeting Information will be available on our Event Calendar a week prior to the meeting
May 13 to May 14	Virtual Meeting Information will be available on our Event Calendar a week prior to the meeting
July 8 to July 9	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512*
August 19 to August 20	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512*
September 30 to October 2	TBD
November 18 to November 19	Capital Event Center (ESD 113) 6005 Tyee Drive SW Tumwater, WA 98512*

Update! Editorial Board

Diana Currie, MD Jimmy Chung, MD

Richard Wohns, MD Micah Matthews

Jimi Bush, Managing Editor

[Email us](#) with your questions and comments.

Follow us on [Facebook](#) for all upcoming webinars and special meetings.

Policy meetings usually take place on the Thursday of the commission meeting at 4:00 pm.

Business meetings usually take place on the Friday of the commission meeting at 8:00 am.

Policy, business meetings and lunch time presentations are open to the public. [Sign up](#) to have the agenda emailed to you as it becomes available.