WASHINGTON
Medical Commission
Licensing. Accountability. Leadership.

UPDATE!

VOL. 11 FALL 2021

In This Issue

Message from the Chair

WASHINGTON Medical Commission
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Medical Commission Perception

John Maldon

I am certain there are no physician or physician assistant licensees who welcome a Washington Medical Commission (WMC) inquiry into a medical practice event. However, the WMC in its' regulatory role has the primary responsibility of protecting the public. The Mission Statement succinctly states the role of the WMC. It states, "We promote patient safety and enhance the integrity of the profession through licensing, discipline, rulemaking and education."

The WMC licensing responsibility includes being certain that all new license requests meet the rigorous standards established by the medical commission and in many instances by legislative mandate. My early training began in the insurance industry. So, as a member of the licensing committee, I draw a parallel to insurance underwriting when deciding whether a license applicant meets all the requirements established by the legislature and the WMC before a license is granted.

One might therefore conclude that strict licensing requirements leads to the delivery of consistent quality care. But there obviously is way more to the story. The delivery of medical care is likely the most complicated endeavor of all professions. The human anatomy, disease processes, the state of the art of medicine, communications, pharmaceuticals, medical facilities just to name a few contribute to the complexity of delivering consistent quality care. This complexity can lead to medical errors and poor medical outcomes that can lead to complaints of care.

It seems there is a misconception that the WMC makes complaints against physicians and physician assistants. The WMC does not generate complaints against licensees with the rare exception of illicit or illegal activities by licensees generally reported in the media or by law enforcement. Virtually all complaints are made by patients, patient's families, patient's attorneys, mandatory reporters who are colleagues or co-workers or other regulatory entities.

The WMC's role is to provide an administrative response to the complaint being made. As might be expected, the majority of complaints do not rise to the level of a UDA violation; many are communication or billing concerns or are referred to one of the other regulatory commissions for investigation.

Other cases, suggestive of a UDA violation, are investigated. Some are closed while others may result in additional administrative action. The following statistics demonstrate administrative action taken by the commission. Between July 1, 2020 and June 30, 2021, 1632 complaints were received by the WMC. 1102 of the total were closed by the commissioner review process with a determination of either lack of merit or due to insufficient information. The review process authorized 505 cases for investigation. 418 of the investigated cases were closed following review by a panel of commissioners. The remaining 87 cases, roughly 5% of the total number of complaints, were placed in the administrative remedial process following approval by a panel of commissioners.

It may be obvious to the reader that so far, I have avoided the word discipline and have chosen to use the term administrative process. And, for good reason. I don't want to suggest that there are cases that do not require discipline, but those cases are in the minority. Cases falling into the general category of moral turpitude that include illicit, illegal and poor behavioral choices without question fall into the discipline category.

The majority of the cases are generally standard of care cases. While officially these cases fall under the disciplinary category, they really belong in a category consisting of error identification, learning and changed processes leading to the advancement of improved delivery of patient care.

Message From the Chair

I have been a member of the WMC for seven years. I recall in my early participation on the commission that there seemed to be a culture of punishment in resolving cases where the standard of care was violated. This perceived culture was contrary to a philosophy that I had helped to implement in previous employment that promoted just culture, human error identification, systems breakdown analysis, provider support, education, improved systems and continuing patient care and financial support. The goal was to improve the patient experience organizationally. These same principles can and in many instances are employed in the WMC administrative process.

The WMC is required by statute to follow a formal legal process to resolve care complaints. But this process does not eliminate a culture of understanding human factors and the complexity of delivering medical care. It does not prevent an approach to remedial measures where in some cases the licensee in effect partners with the WMC to improve a practice failing. It does not prevent the use of settlement conferences to air differences of opinion and negotiate remedial measures that are most appropriate to a particular standard of care question. It does not prevent a compassionate compliance review panel from furthering the learning and confidence of licensees.

The above represents an evolving WMC culture that has a focus to not only improve a licensee's practice but to improve practices more broadly in the medical community. I firmly believe that a compassionate and reasoned approach to remedial measures is the best approach to improve medical care in the state of Washington.

Telemedicine 2021 Legislation

Audio-Only

Substitute House Bill 1196 was passed during the 2021 legislative session and requires the following regarding the practice of telemedicine:

- Beginning July 25th, 2021, providers who bill a patient or the patient's health plan for audio-only telemedicine services must receive patient consent for the billing prior to rendering the service. The patient consent requirement is applicable to PEBB/SEBB plans, private health plans, behavioral health administrative services organizations and managed care organizations contracted with the Health Care Authority, and Medicaid managed care plans contracted with the Health Care Authority.
- Beginning January 1st, 2023, the provider must have an established relationship with a patient for an audio-only telemedicine service to be compensated at the same rate as an in-person visit. Established Relationship is defined as a prior in-person visit within the last year with the provider, another provider at the same clinic, or with the referring provider.
- The bill also amends RCW 18.130.180(21) – unprofessional conduct, to include as unprofessional conduct a pattern of violations for failing to receive consent prior to billing for audio-only telemedicine services.

Consults With Practitioners in Other States

During the 2021 Legislative Session, the legislature passed Substitute Senate Bill 5423. This allows Washington state Allopathic Physicians (MDs) and Osteopathic Physicians (DOs) to consult with practitioners licensed in another state, via telemedicine, in order to diagnose and treat a WA provider's established patient.

For more questions, please contact the Board of Osteopathic Medicine and Surgery or the Washington Medical Commission.

Public Comment Notice

The WMC will be considering adoption of the telemedicine policy at the November meeting. We are looking for stakeholder feedback. Read the Draft Language and submit a comment on our website.

For more telehealth related information and resources, please visit The Washington State Department of Health Telehealth Resources webpage.

Case Disposition:
The Third Act in our Behind the Curtain Series

Melanie de Leon, JD, MPA

The case disposition phase starts once an investigation is complete and the case is sent to the Legal Unit to process it to its ultimate resolution. This process begins by assigning a case to a Reviewing Commission Member (RCM) and a staff attorney.

For standard of care cases, we try to match cases to clinical RCMs who possess the same or similar medical specialty as the issues raised in the case, so they understand the standard of care and known complications. If we do not have a commissioner with the same or similar specialty, the assigned RCM may request an expert review to help them understand the medical/care issues. We assign non-standard of care cases, such as allegations of fraud, inappropriate advertising and out-of-state actions to public members. Cases regarding allegations of sexual misconduct are assigned two RCMs, one who is a clinician and one public member.

The assigned RCM reviews the investigation report and works with a WMC staff attorney to review the allegations. The report includes: the information gathered during the investigation, the response provided by the respondent regarding the allegations and any other evidence, such as medical records, scans, etc. Using their clinical knowledge, commissioners assess whether the respondent met the standard of care or may have violated any section of the Uniform Disciplinary Act (RCW 18.130.180). The RCM then presents the case to a panel of commissioners usually during one of the regularly scheduled WMC meetings. This panel is comprised of three public members, one physician assistant and either six or seven physicians (there are 13 total appointed physician commissioners, so one panel has six physicians and one has seven). After a discussion of the allegations and the gathered evidence, this panel decides whether to take disciplinary action or close the case.

There are three basic options should the panel decide to take action against the respondent: a stipulation to informal disposition (STID), issuing a statement of charges (SOC) or taking a summary action that could include a practice restriction, a suspension of the license or revocation of the license. This last option is used when the panel determines that there is immediate danger to the public if the respondent continues to practice without some sort of limitation.

All these actions are reportable to the National Practitioner Data Bank.

What is a STID?
A STID is used when the WMC and the Respondent agree or "stipulate" that the allegations can be addressed without a hearing. The entire process is done in-house, with no involvement of a Health Law Judge or Assistant Attorney General. A WMC staff attorney talks to the respondent and their counsel to negotiate the STID.

The stipulation contains:

- A statement of the allegations that led to the filing of the complaint;
- The act or acts of unprofessional conduct alleged to have been committed or the alleged basis for determining that the Respondent is unable to practice with reasonable skill and safety;
- A statement that the stipulation is not to be construed as a finding of either unprofessional conduct or inability to practice;
- An acknowledgment that a finding of unprofessional conduct or inability to practice, if proven, constitutes grounds for discipline;
- An agreement on the part of the respondent that the sanctions in RCW 18.130.160, except RCW 18.130.160 (1), (2), (6), and (8), may be imposed as part of the stipulation;
- No fine may be imposed, but the WMC may request reimbursement of some of the costs of investigation and processing the complaint up to an amount not exceeding one thousand dollars per allegation; and
- An agreement that the WMC will forego further disciplinary proceedings concerning the allegations covered by the stipulation.

What is a SOC?
In some cases, the WMC will issue a formal statement of charges (SOC) against the respondent. Issuing a SOC is a formal process that involves more participants but provides the respondent with procedural and substantive protections.

- The statement of charges provides notice that the respondent can request a hearing to contest the charge or charges in front of a WMC panel.
- The additional participants include a health law judge, an Assistant Attorney General to present the WMC's case and, if the allegation includes practice below standard of care, an expert to review the care and offer an opinion.
- Respondents have the right to meet with the RCM in-person to discuss a settlement. If the case is resolved through settlement – the resulting document is referred to as an Agreed Order.
- If the case goes to a hearing, the hearing panel made up of commission members decides whether to take any action or close the case and their decision is memorialized in a Final Order.

Once the case has been resolved through a STID or SOC, if any action was taken against the Respondent, the case moves on to the final step in our complaint process – compliance. Compliance will be reviewed in the last article in this series.

PMP-EHR Integration Mandate
During the 2019 Legislative Session, the legislature passed Substitute Senate Bill 5380, which included the addition of RCW 70.225.090. Specifically, the bill requires that facilities, entities, offices, or provider groups **with ten or more prescribers**, that are not critical access hospitals, must demonstrate the ability to integrate their Electronic Health Records (EHR) systems with the Prescription Monitoring Program (PMP). The bill directs the department to develop a waiver process for this integration requirement. There are currently two ways to integrate a Health Care Organization's EHR with the PMP: the state's Health Information Exchange, OneHealthPort (OHP), and approved direct integration options, such as Bamboo Health's (formerly Appriss Health) PMP Gateway.

- If you wish to get more information on integrating your organization's EHR through OHP you can fill out OHP's HIE Support Request form. For PMP integrations select "Other" in the form and indicate you are interested in PMP integration. Someone from OHP will reach out after the form has been submitted.
- If you wish to get more information on integrating your organization's EHR through Bamboo Health's PMP Gateway please visit the Appriss Health PMP Integration Request page and fill out the form on the right-hand side. Once the form is submitted you will receive an email inviting you to register for a product overview webinar. If you have questions about the integration process or specific questions about PMP Gateway, please reach out to AccountSupport@apprisshealth.com.

Please note: The waiver rules are still in development although we expect them to be finalized very soon. Once the rules are finalized the waiver forms will be sent out through GovDelivery and will be available online. The Secretary has waived compliance with the PMP-EHR Integration mandate until January 1, 2022.

Physician Assistant News

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I Appreciate Being a PA in Washington

James Anderson, PA-C

As all of us who work in medicine know, this can be a grinding field, often scattered with burned out colleagues. I think about the importance of self-care from time to time, and occasionally actually do something that likely counts as self-care.

But one thing I've focused on recently, as far is framing my profession, is the spirit-lifting power of gratitude. Like many of my colleagues, a fast-pace at work coupled with high-stakes outcomes sometimes make gratitude seem far away, like an old friend who I've lost touch with. Yet I've learned a lot about gratitude, appreciation and their healing powers from both patients and providers. I work in an Opioid Treatment Program, with patients who have Opioid Use Disorder. My patients as a group have faced an inordinate amount of emotional and physical trauma in their lives, and their personal stories often draw a clear trajectory path from their births to having Opioid Use Disorder.

Still, so many of them exhibit gratitude and appreciation that is inspiriting and a wonderful example of how important those things are. My patients are almost always profusely thankful when they enter and leave my office. Even when things are not going swimmingly for them, they are some of the most overtly polite and civil people I have met. They voice their appreciation for big and little things (one patient told me, "I really like what you've done with your office!"), and occasionally leave me speechless as they part with "have a blessed weekend!"

And how can I be around that kind of behavior and not have it rub off on me? It certainly has, and over the last few years, I've learned from them the power of gratitude and appreciation for those of us doing the tough work that is medicine. I now try to routinely tell providers how much I appreciate their efforts. I also work to tell my co-workers how I appreciate them when they go out of their way for a patient, or for me as well. Much of my day is spent walking through our large building going from room-to-room or escorting a patient.I encounter patients throughout the day. I have experimented over the last year, where I see what happens when I say 'hi' to every patient I pass. It ends up being a lot of hellos, but it's yielded wonderful results. Many of our patients are not used to being treated with respect, and often walk with eyes down, and expression flat, hoping to avoid unnecessary human interaction. But when faced with me walking by saying "Good morning!" some of them instantly transform, often looking up and returning the greeting. They mostly appear to appreciate it greatly.

Before I was a PA-C, I was an ATC (Certified Athletic Trainer). I worked with a lot of high school, college, and professional athletes. Part of one of my jobs was staffing football games for Cleveland High School in Seattle. At that time the football program was very down, with very small turnout (19 players one year), and a long string of losing seasons. There was a young head coach there who took over the program, and he was the master of appreciation. Following games, often lost by lopsided scores, he would have the players and coaches stand around in a circle in the locker room, holding hands. It was called the appreciation circle. He would start, and he would offer a specific appreciation for one of the players or coaches, and then the next person would do the same. Each one took about 30 seconds, not long. But each player was expected to say something, and they all did. No one thought it was weird, and in fact they appeared to warm to it, and come up with heartfelt and authentic things to appreciate in what someone had done during the game. It was moving.

Which brings being grateful for my ability to appreciate the things that make being a PA-C in this state so meaningful. I appreciate being one of two PAs on the WMC, and the connection and empathy it appears to bring to other commissioners and staff in understanding what PAs are. For us PAs, being on the WMC develops a deep understanding for what our MDs and colleagues do. I appreciate practicing in a state where we have a fantastic PA association (Washington Academy of PAs), working closely with our MD colleagues in the Washington State Medical association, and the resulting improvement and modernization of PA practice in the last decades.

This has culminated recently in the recent new PA laws that the state has adopted, allowing PAs to practice to a fuller scope, while continuing to build and enhance the traditions of PAs working side-by-side with MDs, and learning daily from them. I appreciate working with my amazing patients and appreciate the opportunity on the commission to be able to give voice to patients who sometimes may feel like they have none. And finally, I appreciate the trust that this state places in PAs, and the acknowledgement we receive here for the important role the PA profession has played in expanding the care and improving the health and safety of all patients, regardless of their income or insurance status.

That's a lot of appreciation, and I've had some pretty good teachers along the way.

Meet Mahi

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Mahlet Zeru

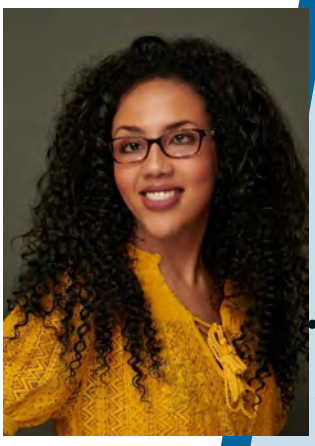
Equity and Social Justice Manager

My name is Mahlet Zeru, and you may call me Mahi. I am the Equity and Social Justice Manager at the Washington State Medical Commission (WMC). My position supports the WMC's mission by ensuring that equity, diversity, inclusion and social justice are integrated into policies, processes, programs and decisions that protect and improve the health of people in Washington State, particularly those that are disproportionately impacted and historically marginalized. In this role, few of my goals, as the Equity and Social Justice Manager, are to coordinate and implement the work of the WMC's workgroups on Healthcare Equity and Healthcare Disparities, identify healthcare disparities and support the reduction of these disparities, and integrate community engagement within program efforts. Ultimately, I strive to lead transformational changes within WMC through practices, policies and culture to advance equity, diversity, inclusion and cultural humility by delving deeper into healthcare disparities and designing solution-oriented process improvements and best practices.

I am thrilled to begin this work as I am passionate about health equity and social justice and am ready to take on the challenges this new recognition brings forward. Prior to 2020 the focus on health equity and social justice was merely an after-thought. However, 2020 is a pivotal moment will be remembered as the year George Floyd lost his life to police brutality which then ignited protests across the country to condemn police violence and systematic racism. Black Lives Matter protests brought injustice to the forefront of American conscience which has long been a Black American reality. Protests intensified and leaders across the country denounced racism and inequality; vowed to make institutional changes to hold public employees accountable. Recognizing the numerous documented healthcare disparities that occur in the context of broader inequality, city and state health departments raced to declare racism a public health emergency. These declarations were important first steps in the movement to advance racial equity and social justice. This recognition in Washington State led to the allocation of resources, inclusion in strategic planning, creation of coalitions, formations of partnerships, and the creation of this position.

Providers can capitalize on the current nationwide momentum and continue to improve patient health outcomes. We can start by raising awareness and normalizing conversations around race/racism and other systems of oppression and the ways in which they relate to health outcomes and institutional practices. Providers can discuss the role of implicit bias in medicine and how it contributes to premature mortality and morbidity. These outcomes and impacts are at the center of our response to COVID-19 as marginalized populations face greater healthcare disparities and vaccine hesitancy is highest. For the COVID-19 response at the Washington State Department of Health, I spent the last 16 months on the Department of Health incident management team focused on the testing branch, conducting needs assessments to determine equitable distribution of resources when testing specimen collection kits and viral transport mediums were scarce. I also created a GIS based Covid-19 Testing APP which is a new decision-making tool to guide advance planning in COVID-19 testing and prevention. The APP aids Local Health Jurisdictions and Tribal Nations to Identify hot spots that need focused intervention and pinpoint areas of the state where there is more need and less access/ or uptake of testing to target interventions. implemented the use of GIS to assist Local Health Jurisdictions and Tribal Nations determine areas of high vulnerability.

I look forward to our journey together in advancing and strengthening health equity and social justice at WMC.



More Facts About Me

- Current home: Seattle, WA
- Currently Reading: While Justice Sleeps by Stacey Abrams
- Favorite Achievement: Publishing my first children's book- Menelik and Taytu Won!
- What Inspires Me: My Ethiopian heritage that values harmony with nature, family, higher education, and collective achievement.
- Favorite TV show: Wild Kratts, Nature Cat and Peppa Pig (TV shows limited by my 5-year-old)
- Favorite city: Rio de Janeiro – Rio has everything- world famous beaches (Copacabana and Ipanema), Food, Carnival

Rulemaking Efforts

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Amelia Boyd
Program Manager

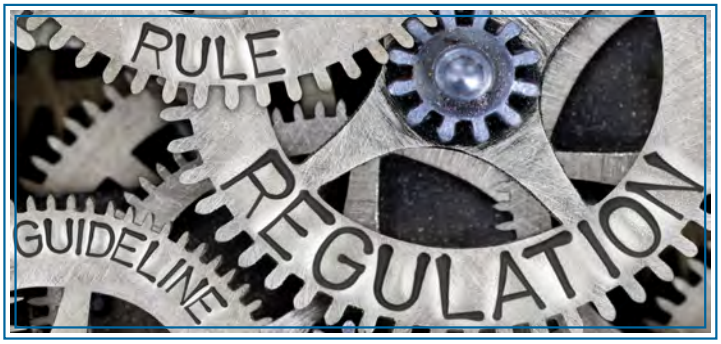
Clinical Support Program
The CR-101 for WAC 246-919-XXX Physicians and WAC 246-918-XXX Physician Assistants was filed with the Office of the Code Reviser on February 22, 2018 as WSR #18-06-007.

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.

Workshops for this rulemaking are ongoing. Please visit our Rules in Progress page for the current schedule and draft language.



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 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.

Please visit our Rules in Progress page for the current schedule and draft language.

Rulemaking Efforts

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 Commission 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.

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.

Workshops for this rulemaking are ongoing. Please visit our Rules in Progress page for the current schedule and draft language.

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.

Workshops for this rulemaking are ongoing. Please visit our Rules in Progress page for the current schedule and draft language.

Chapter 246-918 WAC – Physician Assistants and SHB 2378
The CR-102 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 August 18, 2021 as WSR #21-17-142.

The WMC is 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 is incorporating the requirements of SHB 2378 concerning physician assistants. The WMC is adding new requirements in accordance with SHB 2378. This bill combines the osteopathic PA licensing under the Washington Medical Commission 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 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. Proposed amendments also change nomenclature from "delegation" to "practice" agreement and from "supervising physician" to "participating physician" agreement.

The hearing for this rulemaking was held Wednesday, September 22, 2021.

More Information
Please visit our rulemaking site and for continued updates on rule development, interested parties are encouraged to join the WMC rules GovDelivery.

Meetings and Events

All meetings, workshops, hearings and special events can be found on our Event Calendar. There you will find registration information and meeting documents for (but not limited to) the following:

- WMC Business Meetings
- CME Webinars
- Rulemaking Workshops
- WMC Policy Meetings
- Hearings
- Coffee with the Commission

COVID-19 Misinformation

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The Washington Medical Commission's (WMC) position on COVID-19 prevention and treatment is that COVID-19 is a disease process like other disease processes, and as such, treatment and advice provided by physicians and physician assistants will be assessed in the same manner as any other disease process. Treatments and recommendations regarding this disease that fall below standard of care as established by medical experts, federal authorities and legitimate medical research are potentially subject to disciplinary action.

The WMC supports the position taken by the Federation of State Medical Boards (FSMB) regarding COVID-19 vaccine misinformation. The WMC does not limit this perspective to vaccines but broadly applies this standard to all misinformation regarding COVID-19 treatments and preventive measures such as masking. Physicians and Physician Assistants, who generate and spread COVID-19 misinformation, or disinformation, erode the public trust in the medical profession and endanger patients.

The WMC will scrutinize any complaints received about practitioners granting exemptions to vaccination or masks that are not based in established science or verifiable fact. A practitioner who grants a mask or other exemption without conducting an appropriate prior exam and without a finding of a legitimate medical reason supporting such an exemption within the standard of care, may be subjecting their license to disciplinary action.

The WMC bases masking and vaccination safety on expert recommendations from the U.S. Centers for Disease Control and Prevention (CDC) and the Washington State Department of Health (DOH).

The WMC relies on the U.S Food and Drug Administration approval of medications to treat COVID-19 to be the standard of care. While not an exhaustive list, the public and practitioners should take note:

- Ivermectin is not FDA approved for use in treating or preventing COVID-19
- Hydroxychloroquine (Chloroquine) is not FDA approved for use in treating or preventing COVID-19

The public and practitioners are encouraged to use the WMC complaint forms when they believe the standard of care has been breached.

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The Washington Medical Commission promotes patient safety and enhances the integrity of the medical profession through licensing, rulemaking, discipline, and education. Learn more about the commission at WMC.wa.gov. Follow the WMC on Facebook and Twitter.

The Special meeting where the WMC adopted this position statement can be viewed here.

Legal Actions

WASHINGTON Medical Commission
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May 1, 2021 – July 31, 2021

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 May 1, 2021 and July 31, 2021. 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 can be found on the WMC website.

Practitioner Credential and County	Order Type	Date	Cause of Action	WMC Action
Interim and Formal Actions				
Barnett, Julia MD60729698 Snohomish	Final Order	05/25/21	Clinical negligence and failure to adequately supervise correctional facility clinic staff.	Indefinite suspension.
Bunin, Alan MD00010954 King	Agreed Order	03/04/21	Respondent made a competency determination without performing an appropriate evaluation.	Clinical competency assessment, literature review and written paper; personal reports, personal appearances, $4,000 fine, and termination no sooner than three years.
Elloway, Simon MD00008970 Lewis	Final Order	06/16/21	Inability to practice with reasonable skill and safety due to a health condition.	Indefinite suspension.
Green, Roland MD60899657 Out of State	Agreed Order	05/14/21	Respondent surrendered his license to practice medicine to the New York State Board for Professional Conduct.	Indefinite suspension.
Hakkarainen, Timo MD60224925 King	Final Order	05/25/21	Alleged clinical negligence was not established by clear and convincing evidence.	Dismissed.
Hermann, Robert MD60620822 Out of State	Agreed Order - Reinstatement	05/13/21	An evaluation established that Respondent is safe to practice subject to conditions.	If Respondent returns to practice, he must: notify the WMC; be monitored by a WMC-approved psychiatrist and psychotherapist; complete a clinical skills program; make personal appearances; and termination no sooner than after two years of monitoring.
Lee, Gerald MD00043750 Out of State	Agreed Order - Reinstatement	05/14/21	Respondent complied with all preconditions to reinstatement.	Probation, no solo practice, patient disclosure of prior sexual misconduct, quarterly practice reviews, and termination no sooner than two years.

Leng, Vuthy MD00044823 King	Agreed Order	07/08/21	Respondent misrepresented services performed in laboratory billing records.	Indefinite restriction on performing specified lab services, ethics course work, written research paper, practice reviews, personal appearances, $8,000 fine, and termination no sooner than three years.
Olsson, Roger MD00015303 Snohomish	Amended Final Order	05/12/21	Negligent administration of testosterone and growth hormones, and failure to comply with a WMC order.	Permanent restriction for prescribing opioids to chronic pain patients, permanent restriction governing prescribing of opioids for acute pain, restriction governing prescribing of benzodiazepines, clinical competency assessment, practice reviews, personal appearances, and $10,000 fine, and termination no sooner than five years
Wolin, Jessica MD00037263 Out of State	Agreed Order	05/14/21	Respondent's license to practice medicine was suspended by the Michigan Department of Licensing and Regulatory Affairs Board of Medicine.	Compliance with health monitoring programs, notify the WMC before returning to practice in WA, quarterly reports, and termination no sooner than discharge by health monitoring programs.
Informal Actions				
Davis, Scott MD00042529 Benton	Informal Disposition	07/08/21	Alleged moral turpitude, boundary violations, clinical negligence, sexual misconduct, and patient abuse.	Voluntary surrender.
Gail, Lisa PA60729786 Pierce	Informal Disposition	07/08/21	Alleged disciplinary action by the California Physician Assistant Board.	Medication and recordkeeping coursework, restriction on prescribing Schedule II, II, and IV controlled substances for not less than two years, limited DEA registration, log of prescribed controlled substances, utilization of PMP, practice reviews, WMC approved MD supervision, supervisor reports, 50% on-site supervision, personal reports, personal appearances, $1,000 cost recovery, and termination no sooner than seven years.
Grandi, Renee MD40245 Out of State	Informal Disposition	07/09/21	Alleged disciplinary action by the Oregon Medical Board.	Comply with the Oregon Medical Board order and submit copies of all documents that are provided to the Oregon Board, personal appearances, personal reports, prior notice of practice in WA, restriction on practicing telemedicine in WA, $1,000 cost recovery, and termination no sooner than termination by the Oregon Board.
Heithaus, Angela MD00035728 King	Informal Disposition	07/08/21	Alleged prescribing while license was expired.	Ethics, prescribing and recordkeeping coursework, written research paper, Personal appearances, $2,000 cost recovery, and termination no sooner than three years.

Hoerr, Mark MD00023210 King	Informal Disposition	05/13/21	Alleged inability to practice with reasonable skill and safety due to a health condition.	Voluntary surrender.
Huang, Joe MD60305227 King	Informal Disposition	05/13/21	Alleged inability to practice with reasonable skill and safety due to a health condition.	Compliance with health monitoring program, personal appearances, $1,000 cost recovery, and termination no sooner than discharge by health monitoring program.
Kerr, Stephen MD60117918 Pierce	Informal Disposition	05/13/21	Alleged inability to practice with reasonable skill and safety due to a health condition.	Compliance with health monitoring program, ethics and communications coursework, written research paper, supervisor reports, personal reports, personal appearances, and termination no sooner than discharge by health monitoring program
Ozgur, Hasan MD00038129 Out of State	Informal Disposition	07/09/21	Alleged failure to timely diagnose a fracture.	Diagnosis and imaging of spinal fractures coursework, written research paper, personal appearances, $1,000 cost recovery, and termination no sooner than one year.
Singh, Suraj MD00046544 Out of State	Informal Disposition	05/13/21	Alleged dishonesty and fraud in the practice of medicine.	Ethics coursework, written research paper, personal appearances, $2,000 cost recovery, and termination no sooner than one year.
Thomas, William MD00030796 Pierce	Informal Disposition	05/13/21	Alleged clinical negligence.	Voluntary surrender.
Watsjold, Bjorn MD60749724 King	Informal Disposition	07/09/21	Alleged failure to adequately examine, diagnose, and treat a patient.	Traumatic back injury coursework, written research paper, peer group presentation, personal reports, personal appearances, $1,000 cost recovery, and termination no sooner than two years.

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 WMC 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 WMC'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.

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WMC Mission

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

WMC Vision

Advancing the optimal level of medical care for the people of Washington State.

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Draft Anesthesiologist Assistant Sunrise
The Washington State Department of Health is sharing a draft sunrise review for public comment. This draft report considered the request from the legislature, proposed bill, applicant report, and input from the public. Comments on the draft report are due **midnight October 2, 2021** - please see below for details.
The proposal under review would regulate a new health profession in Washington, licensed anesthesiologist assistant, to assess whether it meets the sunrise criteria in RCW 18.120.010 for creating a new health profession. The applicant group for this proposal is the Washington State Society of Anesthesiologists.
The department is accepting public comments on this draft report. Please email your comments on the draft report/recommendations to anesthesiology-sunrise@doh.wa.gov by midnight October 2, 2021. Here are the draft report and appendix:

- Draft Anesthesiologist Assistant Sunrise
- Report Appendix

Next Steps
After this final public comment period ends, we will incorporate changes to the draft report, if needed, and submit for approval by the department and the Office of Financial Management. Once approved, we will post the final report to this web page, submit it to the legislature, and share with our GovDelivery lists.

Draft Midwifery Sunrise
The Washington State Department of Health is sharing a draft sunrise review for public comment. This draft report considered the request from the legislature, proposed bill, applicant report, and input from the public. Comments on the draft report are due **midnight October 2, 2021** - please see below for details.
The proposal under review would increase the midwifery scope of practice to add "limited prescription authority for contraception and medications and therapies for various common conditions in pregnancy and postpartum, for those with appropriate training" and assess whether it meets the sunrise criteria in RCW 18.120.010 for expanding a regulated health profession's scope of practice. The applicant group for this proposal is the Midwives Association of Washington.
The department is accepting public comments on this draft report to the legislature. Please email your comments on the draft report/recommendations to mwsunrise@doh.wa.gov by midnight October 2, 2021. Here are the draft report and appendix:

- Draft Report
- Appendix

Next Steps
After this final public comment period ends, we will incorporate changes to the draft report, if needed, and submit for approval by the department and the Office of Financial Management. Once approved, we will post the final report to this web page, submit it to the legislature, and share with our GovDelivery lists.

Draft Optometry Scope of Practice Sunrise
The Washington State Department of Health is sharing a draft sunrise review for public comment. This draft report considered the request from the legislature, proposed bill, applicant report, and input from the public. Comments on the draft report are due **midnight October 2, 2021** - please see below for details.
The proposal under review would increase the optometrist scope of practice to assess whether it meets the sunrise criteria in RCW 18.120.010 for expanding a regulated health profession's scope of practice. The proposed changes include expanding the medications optometrists prescribe and therapeutic procedures they perform consistent with national standards. The applicant group for this proposal is the Optometric Physicians of Washington.
The department is accepting public comments on this draft report to the legislature. Please email your comments on the draft report/recommendations to optom-sunrise@doh.wa.gov by midnight October 2, 2021. Here are the draft report and appendix:

- Draft Report
- Appendix

Next Steps
After this final public comment period ends, we will incorporate changes to the draft reports, if needed, and submit for approval by the department and the Office of Financial Management. Once approved, we will post the final reports to this web page, submit it to the legislature, and share with our GovDelivery lists.