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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

F I N A L M I N U T E S

MEETING OF:

**STATE BOARD OF MEDICINE
VIA MICROSOFT TEAMS**

TIME: 10:33 A.M.

PENNSYLVANIA DEPARTMENT OF STATE
2601 North Third Street
One Penn Center, Board Room C
Harrisburg, Pennsylvania 17110

Tuesday, April 19, 2022

State Board of Medicine
April 19, 2022

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BOARD MEMBERS:

Mark B. Woodland, M.S., M.D., FACOG, Chair
Arion R. Claggett, Acting Commissioner, Bureau of
Professional and Occupational Affairs
Donald M. Yealy, M.D., Vice Chair
Gerard F. Dillon, Ph.D., Public Member
Walter A. Eisenhauer, MMS, M.Ed., PA-C
Carolyn Byrnes, M.P.H., C.P.H., Senior Advisor to the
Physician General, on behalf of Denise A. Johnson,
M.D., Physician General, Department of Health
Nazanin E. Silver, M.D., MPH, FACOG
Paul J. Valigorsky II, M.D.
Michael R. Ripchinski, M.D., MBA, CPE, FAAFP

BUREAU PERSONNEL:

Dean F. Picarella, Esquire, Senior Board Counsel
Dana M. Wucinski, Esquire, Board Counsel
Shana M. Walter, Esquire, Board Counsel
Jason T. Anderson, Esquire, Board Prosecution Liaison
Jonelle Harter Eshbach, Esquire, Board Prosecutor
Kelsey Ashworth, Esquire, Board Prosecutor
Mark R. Zogby, Esquire, Board Prosecutor
Holly Hoffman, Law Clerk, Department of State
Danie Bendesky, Director of Intergovernmental Affairs,
Department of State
Jasmira L. Hunter, Board Administrator
Suzanne Zerbe, Board Administrator
Marc Farrell, Deputy Policy Director, Department of
State

State Board of Medicine
April 19, 2022

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ALSO PRESENT:

- Angie Armbrust, Senior Associate, McNeas-Winter Group LLC
- Jen Smeltz, Republican Executive Director, Senate Consumer Protection & Professional Licensure Committee
- Nicole Sidle, Majority Committee Executive Director, House Professional Licensure Committee
- Tanya Miller, MS, LAT, ATC, Pennsylvania Athletic Trainers' Society
- Susan DeSantis, PA-C, Pennsylvania Society of Physician Assistants
- Lisa Claypool Stevenson, Senior Associate Counsel, University of Pittsburgh Medical Center
- Jefferson Mixell MBA, RRT, ChristianaCare
- Joseph Brett
- Randy Stevens, Pennsylvania Orthotic & Prosthetic Society
- Nisha Patel, M.D.
- Tiffany Tankalavage, President & CEO, Rural Health Corporation of Northeastern Pennsylvania
- Linda Dorrance, Human Resources Coordinator, Rural Health Corporation of Northeastern Pennsylvania
- Wesley J. Rish, Esquire, Rish Law Office, LLC
- Teena Lee, BSN, RN, CEN, Reading Hospital
- Derek Richmond

1 State Board of Medicine

2 April 19, 2022

3 ***

4 [Pursuant to Section 708(a)(5) of the Sunshine Act, at
5 8:45 a.m. the Board entered into Executive Session
6 with Dana M. Wucinski, Esquire, Board Counsel, and
7 Shana M. Walter, Esquire, Board Counsel, for the
8 purpose of conducting quasi-judicial deliberations on
9 a number of matters currently pending before the Board
10 and to receive the advice of counsel. The Board
11 returned to open session at 10:30 a.m.]

12 ***

13 The regularly scheduled meeting of the State
14 Board of Medicine was held on Tuesday, April 19, 2022.
15 Mark B. Woodland, M.S., M.D., FACOG, Chair, called the
16 meeting to order at 10:33 a.m.

17 Chair Woodland welcomed everyone to the
18 Pennsylvania State Board of Medicine Meeting.

19 Chair Woodland also reminded everyone that the
20 meeting was being recorded, and voluntary
21 participation constituted consent to be recorded.

22 ***

23 Introduction of Board Members/Attendees

24 [Chair Woodland provided an introduction of Board
25 members and attendees.]

1 ***

2 Approval of minutes of the March 15, 2022, meeting

3 CHAIR WOODLAND:

4 Our first agenda item is approval of the
5 minutes from March 15, 2022. I believe
6 these were circulated, and I believe all
7 edits were accepted.

8 I'll accept a motion for approval.

9 DR. YEALY:

10 So moved.

11 DR. RIPCHINSKI:

12 Second.

13 CHAIR WOODLAND:

14 Roll call vote.

15
16 Dr. Mark Woodland, yea; Dr. Donald
17 Yealy, yea; Mr. Gerard Dillon, yea; Mr.
18 Walter Eisenhower, yea; Dr. Nazanin
19 Silver, yea; Dr. Paul Valigorsky, yea;
20 Dr. Michael Ripchinski, yea.

21 [The motion carried unanimously.]

22 ***

23 Report of Prosecution Division

24 [Mark B. Woodland, M.S., M.D., FACOG, Chair, noted the
25 Board waived the presentation from the prosecution

1 division.]

2 MS. WALTER:

3 Under Section 708(a)(5) of the Sunshine
4 Act, the Board entered into quasi-
5 judicial deliberations at 8:45 a.m. and
6 discussed items 2 through 5 and 12
7 through 30 on the agenda.

8 The first two items on the agenda.
9 Item 2 is Case No. 22-49-002656 and item
10 3 at Case No. 22-49-002472.

11 I believe the Board would entertain
12 a motion to approve those two VRP
13 Agreements.

14 CHAIR WOODLAND:

15 Do I have a motion?

16 DR. YEALY:

17 So moved.

18 DR. RIPCHINSKI:

19 Second.

20 CHAIR WOODLAND:

21 Roll call vote.

22

23 Dr. Mark Woodland, yea; Acting
24 Commissioner Arion Claggett, yea; Dr.
25 Donald Yealy, yea; Mr. Gerard Dillon,

1 yea; Mr. Walter Eisenhower, yea; Dr.
2 Nazanin Silver, yea; Dr. Paul
3 Valigorsky, yea; Dr. Michael Ripchinski,
4 yea.

5
6 Hearing the roll call, this motion
7 carried.

8 [The motion carried unanimously.]

9 ***

10 MS. WALTER:

11 Number 4 on the agenda and number 5 at
12 Case No. 21-49-014568 and Case No. 22-
13 49-002604.

14 I believe the Board would entertain
15 a motion to accept these Consent
16 Agreements.

17 MR. EISENHAUER:

18 So moved.

19 DR. VALIGORSKY:

20 Second.

21 CHAIR WOODLAND:

22 Roll call vote.

23
24 Dr. Mark Woodland, yea; Acting
25 Commissioner Arion Claggett, yea; Dr.

1 Donald Yealy, yea on 4 and recuse on 5;
2 Mr. Gerard Dillon, yea; Mr. Walter
3 Eisenhauer, yea; Dr. Nazanin Silver,
4 yea; Dr. Paul Valigorsky, yea; Dr.
5 Michael Ripchinski, yea.

6
7 I believe the motions are carried,
8 noting the recusal of Dr. Yealy.

9 [The motion carried. Dr. Donald Yealy recused himself
10 from deliberations and voting on the motion regarding
11 item 5. The Respondent's name in item 4 at Case No.
12 21-49-014568 is Peter Lu, M.D. The Respondent's name
13 in item 5 at Case No. 22-49-002604 is Michael Thomas
14 Hilton, M.D.]

15 ***

16 Motions - Final Adjudications and Orders for
17 Reconsideration

18 MS. WUCINSKI:

19 Moving down to agenda item 12. I
20 believe the Board would entertain a
21 motion to adopt the Final Adjudication
22 and Order of the hearing examiner for
23 Arthur Barnes, M.D. at Case No. 20-49-
24 011236.

25 CHAIR WOODLAND:

1 Motion?

2 DR. YEALY:

3 Moved.

4 DR. RIPCHINSKI:

5 Second.

6 CHAIR WOODLAND:

7 Roll call, please.

8

9 Dr. Mark Woodland, yea; Arion Claggett,
10 yea; Dr. Donald Yealy, yea; Mr. Gerard
11 Dillon, yea; Mr. Walter Eisenhauer, yea;
12 Dr. Nazanin Silver, yea; Dr. Paul
13 Valigorsky, yea; Dr. Michael Ripchinski,
14 yea.

15

16 Hearing the roll call, I believe this
17 motion carried.

18 [The motion carried unanimously.]

19

20 MS. WUCINSKI:

21

22 I believe the Board would entertain a
23 motion to grant the request of Michael
24 B. Rosen, M.D. to remove the
25 preceptorship limitation on his license

1 to practice medicine and surgery thereby
2 granting him an unrestricted license.

3 CHAIR WOODLAND:

4 Do we have a motion?

5 DR. YEALY:

6 Moved.

7 DR. RIPCHINSKI:

8 Second.

9 CHAIR WOODLAND:

10 Roll call, please.

11

12 Dr. Mark Woodland, yea; Mr. Arion
13 Claggett, yea; Dr. Donald Yealy, yea;
14 Mr. Gerard Dillon, yea; Mr. Walter
15 Eisenhauer, yea; Dr. Nazanin Silver,
16 yea; Dr. Paul Valigorsky, yea; Dr.
17 Michael Ripchinski, yea.

18

19 Hearing the roll call, I believe this
20 motion carried.

21 [The motion carried unanimously.]

22

23 Motions - Applications

24 MS. WUCINSKI:

25 I believe the Board would entertain a

1 motion to provisionally deny the
2 following Applications: the Application
3 to Practice as an Athletic Trainer of
4 Jarad Bonda and the Application to
5 Practice as a Physician and Surgeon by
6 Endorsement for Jose Fragoso, M.D.

7 MR. EISENHAUER:

8 So moved.

9 DR. RIPCHINSKI:

10 Second.

11 CHAIR WOODLAND:

12 Any further discussion on these items?
13 Hearing none. We'll go ahead and move
14 forward with the roll call.

15
16 Dr. Mark Woodland, yea; Mr. Arion
17 Claggett, yea; Dr. Donald Yealy, yea;
18 Mr. Gerard Dillon, yea; Mr. Walter
19 Eisenhauer, yea; Dr. Nazanin Silver,
20 yea; Dr. Paul Valigorsky, yea; Dr.
21 Michael Ripchinski, yea.

22
23 Hearing the roll call, I believe this
24 will move forward.

25 [The motion carried unanimously.]

1 ***

2 MS. WUCINSKI:

3

4 I believe the Board would entertain a
5 motion to grant the Initial Application
6 to Practice as a Physician and Surgeon
7 by Endorsement for Syed Fahad Shah, M.D.

8 CHAIR WOODLAND:

9 Do I have a motion?

10 DR. YEALY:

11 Moved.

12 DR. RIPCHINSKI:

13 Second.

14 CHAIR WOODLAND:

15 Any further discussion on this item?

16 Hearing none. Roll call, please.

17

18 Dr. Mark Woodland, yea; Mr. Arion
19 Claggett, yea; Dr. Donald Yealy, yea;
20 Mr. Gerard Dillon, nay; Mr. Walter
21 Eisenhauer, yea; Dr. Nazanin Silver,
22 yea; Dr. Paul Valigorsky, yea; Dr.
23 Michael Ripchinski, yea.

24

25 Hearing the roll call, I believe the

1 majority will move this motion forward.
2 [The motion carried. Mr. Gerard Dillon opposed the
3 motion.]

4 ***

5 MS. WUCINSKI:

6

7 I believe the Board would entertain a
8 motion to grant the requests for
9 Reconsideration and issue licenses for
10 the following: Aaron Krom, M.D., noting
11 Dr. Ripchinski is recused; Mohammed
12 Haseebuddin, M.D.; and Patrick
13 Lashbrook.

14 CHAIR WOODLAND:

15 Motion?

16 DR. YEALY:

17 Moved.

18 CHAIR WOODLAND:

19 Second?

20 DR. VALIGORSKY:

21 Second.

22 CHAIR WOODLAND:

23 Any further discussion on these items?

24 Hearing none. Roll call.

25

1 Dr. Mark Woodland, yea; Mr. Arion
2 Claggett, yea; Dr. Donald Yealy, yea;
3 Mr. Gerard Dillon, nay for Dr. Krom and
4 yea for the other two; Mr. Walter
5 Eisenhauer, yea; Dr. Nazanin Silver,
6 yea; Dr. Paul Valigorsky, yea; Dr.
7 Michael Ripchinski, yea with recusal as
8 previously noted.

9
10 Hearing the roll call, I believe those
11 motions move forward.

12 [The motion carried. Dr. Michael Ripchinski recused
13 himself from deliberations and voting on the motion
14 for Aaron Krom, M.D. Mr. Gerard Dillon opposed the
15 motion for Aaron Krom, M.D.]

16 ***

17 Motions - Applications from Committee on
18 Legislation/Policy Development and Review

19 MS. WUCINSKI:

20 I'm going to skip down to Claire Najim,
21 M.D. For this Application, I believe
22 the Board would entertain a motion to
23 grant the Application for Initial
24 License to Practice as a Physician and
25 Surgeon.

1 CHAIR WOODLAND:

2 Do I have a motion to move?

3 DR. YEALY:

4 Moved.

5 CHAIR WOODLAND:

6 Second?

7 DR. RIPCHINSKI:

8 Second.

9 CHAIR WOODLAND:

10 Any further discussion on this item?

11 Hearing none. Roll call, please.

12

13 Dr. Mark Woodland, yea; Mr. Arion

14 Claggett, yea; Dr. Donald Yealy, yea;

15 Mr. Gerard Dillon, yea; Mr. Walter

16 Eisenhower, yea; Dr. Nazanin Silver,

17 yea; Dr. Paul Valigorsky, yea; Dr.

18 Michael Ripchinski, yea.

19

20 Hearing the roll call, I believe that

21 motion carried.

22 [The motion carried unanimously.]

23

24 MS. WUCINSKI:

25 I believe the Board would entertain a

1 motion to send a standard reentry
2 letters to the following: Paul
3 Brubaker, M.D., noting Dr. Ripchinski is
4 recused on that; Lawrence Glen Adams,
5 M.D.; Stephanie Pearson, M.D., noting
6 Dr. Woodland is recused from that one;
7 Jeffrey Solomon, M.D., noting Dr.
8 Ripchinski and Dr. Woodland are both
9 recused; and Wayne Pritt, M.D.

10 CHAIR WOODLAND:

11 Could I have a motion?

12 DR. YEALY:

13 So moved.

14 CHAIR WOODLAND:

15 Second?

16 DR. RIPCHINSKI:

17 Second.

18 CHAIR WOODLAND:

19 Any further discussion on these items?

20 Hearing none. Roll call, please.

21

22 Dr. Mark Woodland, I vote yea and I
23 recuse myself on items 25 and 26; Mr.
24 Arion Claggett, yea; Dr. Donald Yealy,
25 yea; Mr. Gerard Dillon, yea; Mr. Walter

1 Eisenhauer, yea; Dr. Nazanin Silver,
2 yea; Dr. Paul Valigorsky, yea; Dr.
3 Michael Ripchinski, yea with recusals as
4 noted.

5
6 Hearing the roll call, I believe those
7 items will move forward with the
8 recusals as noted.

9 [The motion carried. Dr. Michael Ripchinski recused
10 himself from deliberations and voting on the motion
11 for Paul Brubaker, M.D. Dr. Mark Woodland recused
12 himself from deliberations and voting on the motion
13 for Stephanie Pearson, M.D. Dr. Michael Ripchinski
14 and Dr. Mark Woodland recused themselves from
15 deliberations and voting on the motion for Jeffrey
16 Solomon, M.D.]

17 ***

18 MS. WUCINSKI:

19 I believe the Board would entertain a
20 motion to provisionally deny the
21 Reactivation Applications for Gina
22 Gilbert and Si Van Do, M.D.

23 CHAIR WOODLAND:

24 Do we have a motion?

25 DR. YEALY:

1 Moved.

2 DR. RIPCHINSKI:

3 Second.

4 CHAIR WOODLAND:

5 Any further discussion on these two
6 items? Hearing none. Roll call,
7 please.

8

9 Dr. Mark Woodland, yea; Mr. Arion
10 Claggett, yea; Dr. Donald Yealy, yea;
11 Mr. Gerard Dillon, yea; Mr. Walter
12 Eisenhower, yea; Dr. Nazanin Silver,
13 yea; Dr. Paul Valigorsky, yea; Dr.
14 Michael Ripchinski, yea.

15

16 Hearing the roll call, I believe these
17 items will move forward.

18 [The motion carried unanimously.]

19

20 MS. WUCINSKI:

21 I believe the Board would entertain a
22 motion to deny the Reconsideration
23 Request of Roy Monsour, M.D.

24 MR. EISENHAUER:

25 So moved.

1 CHAIR WOODLAND:

2 Second?

3 DR. RIPCHINSKI:

4 Second.

5 CHAIR WOODLAND:

6 Any further discussion on this item?

7 Hearing none. Roll call, please.

8

9 Dr. Mark Woodland, yea; Mr. Arion

10 Claggett, yea; Dr. Donald Yealy, yea;

11 Mr. Gerard Dillon, yea; Mr. Walter

12 Eisenhauer, yea; Dr. Nazanin Silver,

13 yea; Dr. Paul Valigorsky, yea; Dr.

14 Michael Ripchinski, yea.

15

16 Hearing the roll call, I believe that

17 moves forward as well.

18 [The motion carried unanimously.]

19

20 Miscellaneous

21 [Dana Wucinski, Esquire, Board Counsel, noted agenda

22 item 31 is a Request for a Licensed Marriage and

23 Family Therapist (LMFT) Exam Exemption and would be

24 forwarded on to the State Board of Social Workers,

25 Marriage and Family Therapists, and Professional

1 Counselors.

2 Ms. Wucinski referred to the LifeGuard framework
3 for active retired physician assessment for the
4 Board's review. She stated the LifeGuard program has
5 created a new reentry program designed specifically
6 for those seeking reactivation or reinstatement to
7 active retired status, as opposed to a full
8 unrestricted status, following four or more years with
9 no clinical practice.

10 ***

11 Appointment - Maternal Mortality Review Committee

12 Recommendations Presentation

13 [Mark B. Woodland, M.S., M.D., FACOG, Chair,
14 introduced a colleague at the Reading Hospital Women's
15 Health Center, who he asked to share a story with the
16 Board.

17 Teena Lee, BSN, RN, CEN, Reading Hospital, shared
18 the story of her childhood with the loss of her mother
19 through suicide and how it affected her life. She
20 stated maternal mortality hits close to home, but it
21 is helpful to be able to share her story if it can
22 help another mom who is struggling and does not have
23 support.

24 Chair Woodland applauded the state of
25 Pennsylvania for having the Maternal Mortality Review

1 Committee.

2 Carolyn Byrnes, M.P.H., C.P.H., Senior Advisor to
3 the Physician General, thanked Ms. Lee for everything
4 she does in public health and for sharing her
5 experience.

6 Ms. Byrnes stated the Maternal Mortality Review
7 Committee (MMRC) was established in 2018 by Act 24 to
8 confidentially conduct a multidisciplinary review of
9 maternal mortality in Pennsylvania. She noted MMRC
10 reviews the identified summaries of all pregnancy-
11 associated deaths in the commonwealth regardless of
12 cause of death and including drug-related deaths,
13 homicides, and suicides.

14 Ms. Byrnes explained that MMRC determines if the
15 death is related to the pregnancy, identifies
16 contributing factors, determines if the death could
17 have been prevented, and makes recommendations to
18 prevent future deaths.

19 Ms. Byrnes stated a maternal mortality review is
20 an ongoing anonymous confidential process of data
21 collection; analysis; interpretation; and action
22 guided by policies, statutes, and rules. She noted it
23 is intent is to move from data collection to
24 prevention activity and is not a mechanism for
25 assigning blame or responsibility for any deaths,

1 research studies, peer review, or institutional
2 review.

3 Ms. Byrnes mentioned that there are stipulations
4 as to who should be on the committee and provided a
5 list.

6 Ms. Byrnes stated a maternal death can be defined
7 in different ways depending on the organization or the
8 group. She explained that MMRC's within Pennsylvania
9 and other states funded by the CDC define pregnancy-
10 associated deaths as within one year of pregnancy and
11 make up the universe and maternal mortality and within
12 that are pregnancy-related deaths and pregnancy-
13 associated, but not related deaths.

14 Ms. Byrnes further explained that a pregnancy-
15 related death is a death during pregnancy or within a
16 year, and a pregnancy associated but not related death
17 is a death during or within one year from a cause not
18 related to the pregnancy.

19 Ms. Byrnes addressed the action cycle, where
20 cases are first identified through matching of death
21 certificates with fetal death certificates, vital
22 records, and the pregnancy checkbox. She also noted
23 working with the Pennsylvania Health Care Cost
24 Containment Council to identify hospital
25 administrative data.

1 Ms. Byrnes stated records are requested after
2 cases are identified, noting Act 24 of 2018 provides
3 the department with the authority to request access to
4 the records. She mentioned that after the case
5 selection, the records are gathered and abstracted by
6 the MMRC staff and a de-identified case summary is
7 created. She reported PA MMRC is currently reviewing
8 2020 deaths and have approximately 100 potential
9 maternal deaths to review.

10 Ms. Byrnes noted a Maternal Mortality Review
11 Committee Decisions Form is completed, and she
12 provided an overview of the form.

13 Ms. Byrnes presented data from a recent report on
14 2018 deaths that were reviewed. She addressed
15 pregnancy-associated mortality ratio (PAMR) for non-
16 Hispanic black women compared to non-Hispanic white
17 women and age groups 40 years and older and those 30
18 to 34 years.

19 Ms. Byrnes reported accidental poisoning, which
20 includes overdose, was the highest cause of death
21 representing 51 percent of all maternal deaths.

22 Ms. Byrnes addressed contributing factors, noting
23 mental health conditions and substance use disorder
24 have the highest percentages as contributing factors
25 for 2018 maternal deaths.

1 Ms. Byrnes mentioned discrimination was also
2 added as a contributing factor.

3 Ms. Byrnes discussed pregnancy-relatedness and
4 preventability, where 25 of the deaths, 57 percent of
5 them are considered pregnancy-related and 92 percent
6 of the 25 deaths were determined to be preventable.

7 Ms. Byrnes reported new data from the National
8 Vital Statistics System, where different organizations
9 can be different when discussing maternal death. She
10 mentioned the World Health Organization (WHO) has a
11 definition that does not include accidental or
12 incidental causes and is what the National Vital
13 Statistics System uses. She reported an increase from
14 2018 to 2020 within the United States, noting it is
15 higher for those 40 and over and those that were non-
16 Hispanic black.

17 Ms. Byrnes stated the MMRC Report recommendations
18 focus on four key areas of mental health, substance
19 use, comprehensive medical care, and intimate partner
20 violence.

21 Ms. Byrnes addressed mental health, where MMRC
22 recommended, Medicaid be extended to one year
23 postpartum, privacy laws around mental health and
24 psychiatry be addressed to improve coordination and
25 communication, and public education regarding mental

1 health be increased to decrease stigma. MMRC also
2 recommended health care providers report pregnant and
3 postpartum patients for psychiatric or psychological
4 care to promote standards of care and guidelines for
5 treatment of mental health.

6 Ms. Byrnes also recommended a Medicaid extension
7 for substance use and to address privacy laws around
8 substance use disorders to allow providers to share
9 information. MMRC recommended health care providers
10 refer the patient for behavioral health and substance
11 use treatment and provide ongoing training and
12 education for providers, implementing universal
13 screenings, increase workforce capacity, and
14 standardize discharge plans for patients with opioid
15 use disorder (OUD) or a prescription for an opioid to
16 include distribution or a prescription for naloxone.

17 Ms. Byrnes noted MMRC recommended increasing
18 community knowledge of naloxone and procurement and
19 instructions for use.

20 Ms. Byrnes addressed comprehensive medical care
21 for policymakers, again by extending Medicaid. She
22 noted MMRC recommended health care providers establish
23 and implement protocols using national guidelines for
24 pregnant and postpartum hemorrhage and massive
25 transfusion, host drills, have emergency carts and

1 carts in obstetric units, emergency medical services
2 (EMS) protocols, and continue educational efforts
3 directed toward EMS providers. She mentioned MMRC
4 also wants to increase community knowledge of social
5 support available to improve outcomes.

6 Ms. Byrnes addressed intimate partner violence
7 (IPV) for policymakers to again include extending
8 Medicaid and increased available funding for evidence-
9 based IPV and domestic violence (DV) prevention
10 programs and training, including law enforcement and
11 first responders.

12 Ms. Byrnes stated MMRC also recommended health
13 care providers refer pregnant and postpartum patients
14 with IPV to support services and promote standards of
15 care and guidelines for addressing IPV and DV, provide
16 training, implement universal education and assessment
17 for pregnant and postpartum individuals, develop
18 guidelines around frequency and timing of education
19 and assessment, and have plans for care coordination
20 and communication.

21 Ms. Byrnes noted MMRC recommended community
22 organizations and law enforcement offices provide
23 referrals and linkage to services for individuals
24 experiencing IPV and DV and engage community partners
25 to provide public education on identifying IPV and DV.

1 Ms. Byrnes stated hospitals and providers can
2 help by improving documentation and records and
3 working with their staff to make records accessible
4 and implementing recommendations to address mental
5 health, substance use, intimate partner violence, and
6 access to care for pregnant patients. She mentioned
7 they can also improve awareness of implicit bias and
8 systemic racism within health care, understand the
9 level of care at their facility and region, and join
10 the PA Pennsylvania Perinatal Quality
11 Collaborative (PA PQC).

12 Ms. Byrnes stated the information was sent
13 through correspondence to associations, organizations,
14 and hospital administrators and through presentations
15 to boards, community groups, and hospitals.

16 Ms. Byrnes commented that MMRC's ultimate goal is
17 to reduce and eliminate preventable maternal deaths,
18 which would reduce maternal morbidities and improve
19 population health.

20 Ms. Byrnes thanked everyone who has been a part
21 of this, including Dr. Silver, and all the committee
22 members for their dedication and time to this effort.

23 Ms. Byrnes provided additional resources,
24 including the Philadelphia MMRC Report and a mock case
25 workbook.

1 Dr. Silver mentioned being part of the MMRC from
2 its inception up until this past January working hard
3 to figure out how to prevent maternal deaths. One of
4 the biggest take away is contributing factors. We
5 want to not focus as much as pregnancy-related deaths
6 versus pregnancy-associated deaths but changing the
7 contributing factors.

8 Dr. Silver stated mental health is a huge part of
9 this, noting the importance of destigmatizing mental
10 health by working on the privacy laws because
11 providers not being able to communicate about patient
12 care undermines the whole aspect of collaboration.
13 She stated there are stigma and privacy concerns about
14 mental health because confidentiality and
15 stigmatization continue to persist.

16 Dr. Silver commented that people often separate
17 mental health from substance abuse, but most people
18 who go toward substance abuse are suffering from
19 emotional pain 99 percent of the time. She noted the
20 importance of providers reflecting on their own biases
21 when looking at a patient who has a personality
22 disorder or anxiety.

23 Chair Woodland emphasized the inequity of
24 maternal mortality as a racist issue. He noted the
25 importance of the State Board of Medicine looking at

1 the implicit and explicit biases that providers have
2 in health care and changing the demographics to
3 provide services differently.

4 Chair Woodland thanked Ms. Byrnes for her
5 presentation and Ms. Lee for being a spokesperson for
6 the issue of maternal mortality.]

7 ***

8 Report of Acting Commissioner

9 [Arion R. Claggett, Acting Commissioner, Bureau of
10 Professional and Occupational Affairs, informed Board
11 members that the department is currently in the
12 process of replacing the Pennsylvania Licensing System
13 (PALS) and should have the new system identified and
14 running by the end of 2023.

15 Chair Woodland thanked Acting Commissioner
16 Claggett for his efforts in helping with the first
17 hybrid meeting.]

18 ***

19 Report of Department of Health

20 [Carolyn Byrnes, M.P.H., C.P.H., Senior Advisor to the
21 Physician General, on behalf of Denise A. Johnson,
22 M.D., Physician General, Department of Health,
23 announced the current Acting Secretary Keara
24 Klinepeter is stepping down and Governor Wolf named
25 Dr. Denise Johnson as Acting Secretary effective April

1 23.

2 Ms. Byrnes provided a COVID-19 update, noting
3 2,798,299 total cases in the state of Pennsylvania,
4 which increased 2,760 over three days for an average
5 of 920 per day. She reported 479 hospitalizations,
6 which is up 6 compared to Friday. She also reported
7 44,488 total deaths due to COVID in Pennsylvania.

8 Ms. Byrnes stated the Centers for Disease Control
9 and Prevention (CDC) released their COVID community
10 levels as of April 14, noting 67 counties are green
11 and a few counties in the northeast are yellow.

12 Ms. Byrnes reported 72 percent of those 5 years
13 of age or older are fully vaccinated with the United
14 States average at 70.1 percent. She noted that of the
15 18.9 million vaccines administered, 3.2 million are
16 considered additional doses or booster doses.
17 She mentioned the FDA and CDC have authorized a fourth
18 shot for those 50 and older and those 12 and older who
19 are immunocompromised to be administered at least four
20 months after the last shot.

21 Ms. Byrnes mentioned continuing to work to
22 address vaccine hesitancy and under vaccinated
23 populations. She noted working with the Department of
24 Human Services as well as community health organizers
25 within the Office of Health Equity and working to

1 address low vaccination rates within the Medicaid
2 population.

3 Ms. Byrnes addressed data from the CDC for the
4 week ending April 9, where it is estimated that the
5 Omicron BA.2 variant is the cause of more than 80
6 percent of COVID cases in the United States, including
7 Pennsylvania. She noted vaccination is expected to
8 protect against severe illness, hospitalizations, and
9 death from infection with the Omicron variant. She
10 also noted therapeutics are available, and details on
11 how to obtain authorized treatments can be found on
12 the Department of Health (DOH) website.

13 Ms. Byrnes informed everyone that influenza
14 activity in Pennsylvania and the United States is
15 considered moderate and has decreased slightly from
16 previous weeks, noting a total of 66,143 laboratory-
17 confirmed influenza cases this season with a total of
18 55 influenza-associated deaths.

19 Chair Woodland thanked Ms. Byrnes for all the
20 information and the changes concerning Dr. Johnson.]

21 ***

22 Report of Committee on Health-Related Professionals -
23 No Report

24 ***

25 Report of Committee on Legislation/Policy Development

1 and Review - No Report

2 ***

3 Report of Committee on Licensure Qualifications - No
4 Report

5 ***

6 Report of Vice Chair - No Report

7 ***

8 Report of Board Chair

9 [Mark B. Woodland, M.S., M.D., FACOG, Chair,
10 recognized ongoing situations in the world, including
11 the Ukraine-Russia issue and the hope of an amicable
12 resolution. He also mentioned the gun violence issue
13 in Pennsylvania and would provide information sometime
14 in the future.

15 Chair Woodland recognized and thanked Dr. Johnson
16 as she assumes the new role as Secretary of Health,
17 along with the position of Physician General. He also
18 thanked Ms. Byrnes for helping and assisting Dr.
19 Johnson and for all her support for the Board and
20 Department of Health.

21 Chair Woodland addressed Match Week 2022, noting
22 there were 42,549 active applicants for a total of
23 49,205 total positions, including around 1,083 more
24 OB/GYN positions this year. He noted the importance
25 of those physicians providing medical care because of

1 the provider and workforce shortage.

2 Chair Woodland informed Board members that the
3 National Board of Osteopathic Medical Examiners made
4 recommendations on their exam, which may or may not
5 affect licensure issues, including inclusion of skill
6 sets and long-term solutions on diversity, equity, and
7 inclusion assessment; emerging competencies; new test
8 content; and technology and test delivery advances.

9 Chair Woodland, the Federation of State Medical
10 Boards (FSMB) Annual Meeting is April 28-30. He noted
11 that he and Mr. Dillon are the designated delegates
12 from Pennsylvania. He also noted that he was
13 nominated and is a candidate for membership on the
14 FSMB and would inform everybody of the outcome of that
15 vote.

16 Chair Woodland provided a video link for campaign
17 information and mentioned Dr. Rachel Levine would be
18 the keynote speaker of the meeting to include specific
19 issues regarding licensure and impact on licensure
20 during the pandemic.

21 Chair Woodland addressed the FSMB Foundation
22 event for awareness to action, where the Dr. Lorna
23 Breen Heroes' Foundation featuring Cory Feist would be
24 talking about the commitment of being a frontline
25 provider. He commented that the community sometimes

1 does not realize how arduous the profession of
2 providing health care is, especially during a
3 pandemic, and the wellness issues are paramount right
4 now because providers are leaving in droves.

5 Chair Woodland noted there would also be
6 discussions regarding bending the truth;
7 misinformation; and physician misconduct as well as
8 diversity, equity, and inclusion.

9 Chair Woodland commented that the number of
10 people matched into residencies still does not reflect
11 the demographics of the country by means of race or
12 ethnicity.

13 Chair Woodland informed Board members that the
14 FSMB published their 2022 Physician Census on their
15 website, which breaks everything down by numbers of
16 physician providers and practitioner type as well as
17 gender, age distribution, and age statistics. He
18 mentioned one change over the years was the percentage
19 of female physicians in the state of Pennsylvania.

20 Chair Woodland stated that wellness continues to
21 be an issue amongst providers, and FSMB is also taking
22 that on as a major agenda item. He noted wellness is
23 also something state medical boards should remember to
24 make paramount because they are going to see the
25 maternal mortality statistics jump during COVID and

1 physician suicide jump during COVID as well because of
2 isolation and the devastation of working as a
3 frontline responder.

4 Mr. Dillon mentioned another document on the
5 federation's website that is published yearly
6 containing detailed information about all the state
7 boards in terms of the composition of the boards,
8 amount of responsibility, fiscal responsibilities, and
9 how independent they feel. He indicated that he would
10 share a link for the document.

11 Chair Woodland mentioned that there are issues
12 regarding budget authority and reserve fund
13 information in that report, but some of the
14 initiatives of the state board, such as their local
15 survey about demographics and fiscal issues, were not
16 in that report. He recommends the federation include
17 that next year at the national level to provide
18 additional information.]

19

20 Report of Board Counsel

21 [Dana M. Wucinski, Esquire, Board Counsel, referred to
22 Senate Bill 1151 of 2022, which amends the Mental
23 Health Procedures Act to add Section 111.1 to clarify
24 and codify a mental health care practitioner's duty to
25 warn of a specific and immediate threat of serious

1 bodily injury. She noted the cosponsorship memorandum
2 states the current law is too vague and ambiguous
3 regarding specific instances needed to trigger the
4 warning of individuals, law enforcement, and the
5 community.

6 Ms. Wucinski stated the bill was referred to the
7 Department of Health and Human Services on March 17,
8 2022, and she would be reaching out to Board members
9 if the bill gains any traction to gather comments or
10 concerns of the Board.

11 Dr. Yealy commented that the current language can
12 be broadly interpreted and is almost unachievable in
13 clinical practice and daily life, where it is not
14 possible to achieve all the positive goals of a
15 therapeutic relationship and meet those requirements.]

16 ***

17 For the Board's Information/Discussion - Old
18 Business/New Business

19 [Mark B. Woodland, M.S., M.D., FACOG, Chair, noted the
20 letter from the Food and Drug Administration to the
21 Federation of State Medical Boards regarding
22 ivermectin for the Board's review.

23 Chair Woodland referred to the Educational
24 Testing Service (ETS) Test of English as a Foreign
25 Language (TOEFL) internet-based test (iBT) Home

1 Edition. He mentioned the issue is the home edition
2 for this type of testing and whether the Board would
3 accept the outcomes of the home edition. He noted a
4 lot of the maintenance of certification examinations
5 for providers is moving to remote access, where this
6 is the wave of the future, and the testing sites are
7 all going to change.

8 Ms. Walter stated that Mr. Dillon brought up
9 concerns at the last meeting with the home edition of
10 the TOEFL and inquired about the Pennsylvania State
11 Board of Nursing and their position on the at-home
12 TOEFL. She noted talking with the Board of Nursing
13 counsel, who indicated the primary reason they are
14 opposed to the TOEFL home administration is centered
15 around security issues and that the National Council
16 of the State Boards of Nursing is also opposed to the
17 home edition of TOEFL.

18 Mr. Dillon mentioned wanting to know a little bit
19 more about why the Board of Nursing had concerns
20 before making any official declaration, but the
21 requirements for someone to take the examination at
22 home looks very strict and not a lot of people have
23 come through the system presenting TOEFL scores. He
24 noted struggling as to why someone would not accept
25 the home edition unless there are very specific issues

1 that have come up.

2 Ms. Zerbe explained that the TOEFL scores could
3 be placed on the agenda and presented on a case-by-
4 case basis as they receive them if the Board does not
5 want to do a broad policy.

6 Chair Woodland and Board members agreed to review
7 the TOEFL scores on a case-by-case basis.]

8 ***

9 For the Board's Information/Discussion - Old

10 Business/New Business

11 [Mark B. Woodland, M.S., M.D., FACOG, Chair, referred
12 to the Interstate Medical Licensure Compact for the
13 Board's information. He mentioned the Federation of
14 State Medical Boards almost monthly makes a comment
15 about where they are, what states are involved, and
16 how this is moving forward.

17 Ms. Walter stated the Interstate Medical
18 Licensure Compact (IMLC) passed in Pennsylvania. She
19 noted the component of the IMLC that cannot be
20 implemented is obtaining the Federal Bureau of
21 Investigation (FBI) criminal history check. She noted
22 presenting the IMLC, as well as other licensure
23 compacts to the FBI, and they have rejected them, most
24 recently a couple of weeks ago.

25 Ms. Walter stated the IMLC was rejected in 2019,

1 but they have been working with the state police
2 internally to provide some form of language that would
3 be acceptable to the FBI.

4 Mr. Dillon asked whether there was anything the
5 Board can learn from other states where it had been
6 approved and functioning that might help resolve the
7 problem in Pennsylvania.

8 Ms. Walter explained that many other states where
9 it was implemented have independent statutory
10 authority to request an FBI criminal record check, and
11 Pennsylvania does not include that in any of the
12 practice acts.

13 Chair Woodland referred to the letter from Dr.
14 Anshul Gambhir regarding aesthetic medicine.

15 Ms. Walter explained that the physician is
16 concerned about delegation to nurses regarding
17 aesthetic medicine that may not be appropriate and the
18 importance of following rules that apply to the
19 delegation by a physician to a licensed individual or
20 an individual who is not licensed. She encouraged
21 anyone who knows of an individual who may be doing
22 questionable delegation to file a complaint through
23 their website.

24 Chair Woodland mentioned that there is an
25 anonymous reporting system for any issues related to

1 anything as it refers to the practice of medicine in
2 the commonwealth.

3 Chair Woodland mentioned the FSMB Annual Meeting
4 had already been addressed.

5 Chair Woodland added one clarification as a
6 separate new business item regarding committees. He
7 noted the chair of the Probable Cause Screening
8 Committee is Dr. Yealy with Dr. Valigorsky as a
9 primary and Dr. Silver as an alternate.

10 Chair Woodland noted the chair of the Allied
11 Health-Related Professionals Committee is Mr.
12 Eisenhower and Dr. Yealy wo are also on the committee
13 with Mr. Dillon.

14 Chair Woodland noted the chair of the
15 Legislation/Policy Development and Review Committee is
16 Dr. Silver with Dr. Yealy also on that committee.

17 Chair Woodland noted the chair of the Licensure
18 Qualifications Committee is Mr. Dillon, along with Mr.
19 Eisenhower who also sits on the committee.]

20 ***

21 Upcoming Meeting Dates

22 [Mark B. Woodland, M.S., M.D., FACOG, Chair, noted
23 upcoming 2022 meeting dates are May 24, June 21, July
24 26, September 13, October 25, and December 13.

25 Chair Woodland mentioned the May 24, 2022,

1 meeting would be a hybrid meeting and thanked
2 everybody for their participation.]

3 ***

4 Adjournment

5 CHAIR WOODLAND:

6 I will entertain a motion to adjourn.

7 DR. RIPCHINSKI:

8 So moved.

9 MR. DILLON:

10 Second.

11 CHAIR WOODLAND:

12 All those in favor?

13 [The motion carried unanimously.]

14 ***

15 [There being no other business, the State Board of
16 Medicine Meeting adjourned at 11:59 a.m.]

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CERTIFICATE

I hereby certify that the foregoing summary minutes of the State Board of Medicine meeting, was reduced to writing by me or under my supervision, and that the minutes accurately summarize the substance of the State Board of Medicine meeting.



Derek Richmond,

Minute Clerk

Sargent's Court Reporting
Service, Inc.

STATE BOARD OF MEDICINE
REFERENCE INDEX

April 19, 2022

TIME	AGENDA
8:45	Executive Session
10:30	Return to Open Session
10:33	Official Call to Order
10:33	Introduction of Board Members/Attendees
10:40	Approval of Minutes
10:40	Report of Prosecution Division
10:44	Motions
10:54	Miscellaneous
10:55	Appointment - Maternal Mortality Review Committee Recommendations
11:30	Report of Acting Commissioner
11:30	Report of Department of Health
11:37	Report of Board Chair
11:45	Report of Board Counsel
11:47	For the Board's Information/Discussion
11:58	Upcoming Meeting Dates
11:59	Adjournment