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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 VIDEOCONFERENCE**

TIME: 10:47 A.M.

Tuesday, September 14, 2021

State Board of Medicine
September 14, 2021

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ALSO PRESENT:

- Andrew C. Harvan, Esquire, Pennsylvania Medical Society
- Angie Armbrust, Senior Associate, McNeese-Winter Group LLC
- Jen Smeltz, Republican Executive Director, Senate Consumer Protection & Professional Licensure Committee
- Marie Winters, ND, Pennsylvania Association of Naturopathic Physicians
- Mary Marshall, Director, Workforce & Professional Development, The Hospital and Healthsystem Association of Pennsylvania
- Nicole Sidle, Republican Executive Director, House Professional Licensure Committee
- Susan DeSantis, PA-C, Pennsylvania Society of Physician Assistants
- Tanya Miller, MS, LAT, ATC, Pennsylvania Athletic Trainers' Society
- Tyler Burke, Milliron & Goodman, LLC
- Wesley J. Rish, Esquire, Rish Law Office, LLC

1 State Board of Medicine

2 September 14, 2021

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 10:47 a.m.]

12 ***

13 The regularly scheduled meeting of the State
14 Board of Medicine was held on Tuesday, September 14,
15 2021. Mark B. Woodland, M.S., M.D., Chair, called the
16 meeting to order at 10:47 a.m.

17 ***

18 Introduction of Attendees

19 [Chair Woodland provided an introduction of
20 attendees.]

21 ***

22 Meeting Instructions

23 [Chair Woodland reminded everyone that the meeting was
24 being recorded, and voluntary participation
25 constituted consent to be recorded.]

1 Chair Woodland also provided instructions to be
2 followed during the virtual meeting.]

3 ***

4 Approval of minutes of the July 27, 2021 meeting

5 CHAIR WOODLAND:

6 The first item on the agenda is approval
7 of our July 27, 2021 minutes. They were
8 distributed, and I believe we received
9 complements back.

10 Do I have a motion to approve?

11 DR. YEALY:

12 So moved.

13 MR. DILLON:

14 Second.

15 CHAIR WOODLAND:

16 Any discussion about the minutes? All
17 those in favor, say yea. All those
18 opposed, say nay. Any abstentions?

19 [The motion carried unanimously.]

20 ***

21 Report of Prosecution Division

22 [Shana M. Walter, Esquire, Board Counsel, informed
23 everyone that the Board met in Executive Session prior
24 to the commencement of the meeting to conduct quasi-
25 judicial deliberations and receive advice of counsel.]

1 She noted the Board discussed consent agreements as
2 well as agenda items 22 through 35.

3 Ms. Walter also noted the Board waived the
4 presentation of the consent agreements.]

5 MS. WALTER:

6 I believe the Board would entertain a
7 motion to approve the Consent Agreements
8 at the following agenda item case
9 numbers: Item 2, Case No. 21-49-005522;
10 item 3, Case No. 20-49-006973; item 4,
11 Case No. 21-49-010285; item 5, Case No.
12 19-49-000546; item 6; Case No. 20-49-
13 011378; item 9, Case No. 19-49-018495;
14 item 10, Case No. 21-49-003407; item 11,
15 Case No. 19-49-002538.

16 DR. YEALY:

17 So moved.

18 CHAIR WOODLAND:

19 Do we have a second?

20 MR. EISENHAUER:

21 Second.

22 CHAIR WOODLAND:

23 Any discussion? Hearing no discussion.
24 All those in favor, say yea. All those
25 opposed, say nay. Any abstentions?

1 [The motion carried unanimously. The Respondent's
2 name in item 2 is Robert Raymond Harrie, M.D.; item 3,
3 Paul J. Termini, M.D.; item 4, Richard P. Fitzgibbons,
4 M.D.; item 5, Ashu T. Joshi, M.D.; item 6, Alexandar
5 Jovanovich, M.D.; item 9, Robert Simon Mathews, M.D.;
6 item 10, Vince Evan McAnallen, LRT; item 11, Arvinder
7 Uppal, M.D.

8 Chair Woodland noted appreciation for the work of
9 Board counsel on those cases.]

10 ***

11 MS. WALTER:

12 Item 7 on the agenda, Case No. 21-49-
13 004368, from which Dr. Woodland was
14 recused.

15 Is there a motion to approve the
16 Consent Agreement?

17 MR. EISENHAUER:

18 So moved.

19 DR. YEALY:

20 Second.

21 MS. WALTER:

22 All in favor, say yea. Opposed?

23 [The motion carried. Dr. Woodland recused himself
24 from deliberations and voting on the motion. The
25 Respondent's name in item 7 is Robert Edward Shapiro,

1 M.D.]

2

3 MS. WALTER:

4

Item 8 on the agenda, Case No. 20-49-
5 009648.

6

7

I believe the Board would entertain
a motion to approve the Consent
8 Agreement with the notation that Drs.
9 Domen and Valigorsky are recused.

10 MR. DILLON:

11

So moved.

12 DR. YEALY:

13

Second.

14 CHAIR WOODLAND:

15

16

17

Any further discussion on this one? All
those in favor, say yea. All those
opposed, say nay. Any abstentions?

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19

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[The motion carried. Dr. Domen and Dr. Valigorsky
recused themselves from deliberations and voting on
the motion. The Respondent's name is George Kirby.]

21

22 MS. WALTER:

23

Item 12 is VRP Case No. 21-49-010204.

24

25

I believe the Board would entertain
a motion to accept the Consent

1 Agreement.

2 DR. YEALY:

3 So moved.

4 MR. DILLON:

5 Second.

6 CHAIR WOODLAND:

7 Any further discussion? All those in
8 favor, say yea. All those opposed, say
9 nay. Any abstentions?

10 [The motion carried unanimously.]

11 ***

12 Report of Commissioner

13 [K. Kalonji Johnson, Commissioner, Bureau of
14 Professional and Occupational Affairs, informed the
15 Board of the return to in-person meetings beginning
16 October 1, 2021, at Penn Center. He noted that
17 Commonwealth of Pennsylvania's policies would be
18 observed with regard to masking, along with the
19 Centers for Disease Control and Prevention (CDC)
20 guidelines.

21 Commissioner Johnson announced the ban on
22 physical travel has been lifted and requests for
23 regional or national conferences are being accepted.
24 He encouraged Board members to submit paperwork early
25 due to staffing shortages. He mentioned the allowance

1 of two members for physical travel but noted everyone
2 could attend virtual meetings.

3 Chair Woodland asked Commissioner Johnson whether
4 there would be a virtual connection for public members
5 at the next meeting.

6 Commissioner Johnson explained that it would be
7 fully in person at the present time but is working on
8 being able to stream the meetings out to the public
9 and then being able to provide synchronous audiovisual
10 communications with members of the public. He
11 mentioned it to be a challenge moving forward with
12 respect to being able to accommodate an in-person
13 alongside a virtual platform and that they do not have
14 that capability in the board rooms but are looking for
15 solutions.

16 Chair Woodland commented that the virtual
17 platforms have allowed for a more robust attendance at
18 most meetings, which has been helpful for
19 disseminating information and allowing more access to
20 participation. He also expressed concern with
21 overcrowding of the board rooms at Penn Center.]

22

23 Appointment - Opioid Use Disorder Presentation
24 [Jared M. Shinabery, MPH, Deputy Secretary for Health
25 Resources and Services, Department of Health,

1 presented to the Board to discuss the Office of Drug
2 Surveillance and Misuse Prevention. He stated the
3 office serves a few different functions, including
4 surveillance. He noted data on nonfatal overdoses is
5 collected from virtually all the emergency departments
6 in Pennsylvania and data on fatal overdoses is
7 provided by coroners and medical examiners in
8 Pennsylvania.

9 Mr. Shinabery stated the information is analyzed
10 to obtain a better understanding of the nature of the
11 overdose epidemic, where it is heading, which
12 populations are most affected, and how to intervene to
13 save lives.

14 Mr. Shinabery addressed prevention programs,
15 where a lot of them are education-oriented by
16 educating prescribers, pharmacists, first responders,
17 and the public. He noted statewide media campaigns
18 about stigma around substance abuse disorder. He also
19 noted patient advocacy, looking out for patients who
20 are chronic pain patients or patients receiving
21 medication-assisted treatment (MAT), making sure they
22 are getting good care and not getting cut off from
23 their care.

24 Mr. Shinabery stated the Prescription Drug
25 Monitoring Program (PDMP) system itself serves as a

1 prevention role because it provides a lot of valuable
2 information to providers and pharmacists in
3 Pennsylvania concerning controlled substance history
4 of their patients to make more informed prescribing
5 decisions.

6 Mr. Shinabery also noted the PDMP is a tool for
7 giving notifications to prescribers about whether
8 their patient is receiving very high doses of opioids,
9 which may be coming from other providers but not aware
10 of that. He noted overdose monitoring, where alerts
11 are provided to local stakeholders on spikes of
12 overdoses in emergency departments.

13 Mr. Shinabery addressed recent data trends,
14 noting a dramatic drop of 40 percent in opioid
15 prescribing, along with a 27 percent drop in
16 benzodiazepine prescribing since the launch of PDMP in
17 2016.

18 Mr. Shinabery noted a 27 percent rise in Suboxone
19 (buprenorphine/naloxone) and an indication that more
20 people are receiving treatment they need for opioid
21 use disorder. Mr. Shinabery addressed longitudinal
22 analysis, specifically looking at Schedule II opioid
23 prescribing going back to 2012, noting to be currently
24 below the 2012 prescribing rate since 2019 and a sign
25 of progress.

1 Mr. Shinabery commented that the PDMP,
2 prescribing guidelines, and focus on education around
3 appropriate prescribing contributed to the drop in
4 prescribing. He noted the tracking of risky
5 prescribing measures, where people are receiving high
6 doses of opioids defined as over 90 morphine milligram
7 equivalents per day (MME/day) and is one of the
8 thresholds of the Centers for Disease Control and
9 Prevention (CDC) and their prescribing guidelines.

10 Mr. Shinabery mentioned a drop of nearly 58
11 percent in the number of individuals receiving high
12 doses of opioids since 2016 and a drop of 56 percent
13 in overlapping opioids and benzodiazepine
14 prescriptions over 30 days.

15 Mr. Shinabery addressed the importance of
16 tracking opioid naive patients, where it is believed
17 it is an entry point for opioid use and could
18 potentially be a driver of the opioid epidemic. He
19 mentioned that people who take opioids for the first
20 time longer than five days are a much higher risk for
21 continuing to take opioids long term. He noted a
22 downward trend overtime since 2018 when they began
23 tracking that metric and a significant drop in May
24 2020 toward the beginning of the COVID pandemic.

25 Mr. Shinabery addressed overdose metrics, noting

1 less overdoses today than in 2017. He noted that
2 overdose deaths were higher every month of 2020 than
3 the previous two years except in December and a clear
4 indication that overdose deaths are likely being
5 driven by hardship caused by the COVID-19 pandemic.

6 Mr. Shinabery commented that there is a lot of
7 work to be done on the rescue and treatment fronts to
8 make sure naloxone is more readily available and is
9 being used and first responders are carrying it.

10 Mr. Shinabery compared 2020 overdose deaths with
11 2019, noting 46 counties saw an increase of about 13.6
12 percent as of July 2021 when the analysis was
13 conducted but will release another report later this
14 year with updated numbers.

15 Mr. Shinabery addressed demographics as it
16 relates to overdose deaths to provide a better
17 understanding of which populations are being impacted
18 the most.

19 Mr. Shinabery addressed continuing medical
20 education from the Department of Health called
21 Evidence-Based Prescribing: Tools You Can Use to
22 Fight the Opioid Epidemic. He noted the courses were
23 developed in partnership with the University of
24 Pittsburgh and are offered online and in person
25 anywhere in Pennsylvania free of charge upon request.

1 Mr. Shinabery stated their education modules meet
2 Act 124 of 2016 requirements as well as patient safety
3 and risk management requirements. He noted educating
4 13,000 people since 2018 and 26,000 courses were
5 completed on TRAIN PA, which is their online platform.

6 Mr. Shinabery mentioned an adjacent program with
7 the Department of Aging, which is Academic Detailing,
8 and more of a one-on-one type of education with
9 providers as opposed to more continuing medical
10 education courses.

11 Mr. Shinabery addressed training in Pennsylvania
12 targeting first responders because they have always
13 been critical players in response to the opioid
14 epidemic and frequently encounter individuals in
15 crisis, such as a medical emergency like an overdose.
16 He also addressed intervention by first responders by
17 the administration of naloxone, compassionate
18 response, encouragement of treatment, and facilitation
19 of warm handoffs to treatment providers.

20 Mr. Shinabery discussed the implementation of a
21 peer-to-peer training model provided by first
22 responders themselves who have a passion for this
23 subject. He noted training is offered to both first
24 responder professional and to the leadership at the
25 respected agencies to assist with policy change. He

1 stated their provider education will train online and
2 in person if COVID safety protocols could be followed
3 and is available in all 67 counties completely free of
4 charge.

5 Mr. Shinabery stated the training started in
6 September 2020 and is relatively a new program with 79
7 trainings to date and over 1,200 first responders. He
8 stated trainings are conducted by trainers at Saint
9 Joseph's University as well as the University of
10 Pittsburgh. He noted the training is 4 hours and can
11 be broken up but also noted a truncated version is now
12 available.

13 Mr. Shinabery addressed the patient advocacy
14 program that was created in September 2019 and
15 designed to help opioid therapy patients and MAT
16 patients who are abruptly cut off. He stated there
17 are several situations that could cause a significant
18 number of patients to be displaced, including legal
19 action that results in an office or a pain clinic to
20 close and their provider surrendering their Drug
21 Enforcement Administration (DEA), medical license
22 suspensions, revocations, and provider arrests.

23 Mr. Shinabery stated sudden discontinuation of
24 prescription opioids or medications and treatment
25 often result in severe withdrawal symptoms, where

1 patients may end up in the emergency department or may
2 feel like they do not have any other option but to
3 turn to illicit opioids.

4 Mr. Shinabery commented that the goal of the
5 program is to help patients reestablish care as soon
6 as possible in a short window of time. He mentioned
7 partnerships at the federal, state, and local level
8 and even in the private sector. He noted partnering
9 with the DEA, Office of Attorney General, and
10 Department of State to help get notice as soon as
11 possible when something occurs or is going to take
12 place as far as a provider be arrested or a pain
13 clinic closing.

14 Mr. Shinabery also noted partnering with Medicaid
15 and commercial health insurers that can reach out and
16 assign case managers to help them get reestablished in
17 care as quickly as possible. He also noted working
18 with single county authorities, which are the local
19 drug and alcohol offices, and different health systems
20 to coordinate a rapid response.

21 Mr. Shinabery mentioned directly assisted 330
22 patients themselves since the launch from their own
23 patient advocates who answer phones and emails. He
24 noted that through partnership with the commercial
25 health plans and managed care organizations (MCOs),

1 1,791 patients were called, over 1,200 were sent a
2 letter, 417 were assigned a case manager, and 960 were
3 helped with reestablishing care.

4 Chair Woodland recognized the achievements
5 through the presentation and some of the limitations,
6 where opioid use disorder is still a problem and may
7 have gotten more complex with COVID. He also noted
8 the state can take solace in knowing something good
9 has happened as far as helping providers understand
10 the issue of opioid disorder.

11 Chair Woodland commented that it would be
12 interesting to see if the first responder program has
13 any impact on the overdose crisis and deaths.

14 Chair Woodland commented that the patient
15 advocacy program is great, noting that the Centers of
16 Excellence for Opioid Use Disorder were established by
17 grants and have been successful as far as helping
18 patients maintain sobriety with opioid use disorder.

19 Dr. Yealy commented that Mr. Shinabery's data
20 shows there can be an influence on prescribing
21 behavior and that changes in prescribing behavior
22 alone are not the singular or dominant solution to the
23 issue.

24 Mr. Eisenhauer asked Mr. Shinabery whether there
25 were any metrics from health plans or other sources

1 that look at the ability of providers to alleviate
2 pain and suffering in high-risk pain groups or any
3 patient perception of the impact of the health care
4 providers to alleviate pain considering this decrease
5 in prescribing.

6 Mr. Shinabery had no hard data to provide. He
7 noted anecdotally around 2016 and 2017 that there was
8 a perception that the pendulum was starting to swing
9 too far in the other direction and patients who were
10 already on chronic pain medication were having a much
11 harder time getting access to that medication, but he
12 has not heard that as much over the last year or two.

13 Mr. Shinabery commented that part of the reason
14 the patient advocacy program was started was to help
15 patients reestablish care and educate providers in
16 those instances of the prescribing guidelines.

17 Chair Woodland thanked Mr. Shinabery for the
18 information and presentation. He noted Mr. Shinabery
19 is available to chat further offline with anyone who
20 may have questions about other initiatives and other
21 data.]

22 ***

23 Report of Department of Health

24 [Denise A. Johnson, M.D., Acting Physician General,
25 provided a COVID-19 update, noting a total of

1 1,350,719 cases as of Monday and averaging around
2 3,000 to 4,000 cases a day. She reported over 2000
3 hospitalizations with 500 people in intensive care
4 units. She also reported 33 deaths over the three-day
5 period.

6 Dr. Johnson stated 12.4 million vaccines have
7 been administered, noting 67 percent of Pennsylvania
8 adults over the age of 18 are fully vaccinated, and
9 Pennsylvania is fifth of all the states in terms of
10 doses administered. She reported more than 14,000
11 doses administered per day over the past seven days.

12 Dr. Johnson mentioned an increase in the younger
13 age group with an uptick in kids presenting with
14 positive cases of COVID. She provided a comparison of
15 cases for the first week in September between
16 September 4 and September 10, comparing it from 2020
17 to 2021, noting a greater than 10 times increase in
18 school-aged children.

19 Dr. Johnson informed the Board that the Delta
20 variant is causing the surge and reminded everyone
21 that people who are fully vaccinated are still highly
22 protected. She emphasized the fact that vaccinations
23 are working, and most of the cases are primarily in
24 the unvaccinated. She also noted cases being seen in
25 some vaccinated individuals, but hospitalizations and

1 severe outcomes are mainly the unvaccinated.

2 Dr. Johnson addressed the continuation of media
3 campaigns and outreach in nontraditional areas using
4 mobile clinics and working with local organizations in
5 communities to educate as well as provide access to
6 vaccines. She addressed awareness of monoclonal
7 antibody treatment that could be helpful, especially
8 in people who are high risk and COVID positive early
9 in the course of their illness.

10 Dr. Johnson announced a shift in monoclonal
11 antibody treatment distribution, where organizations
12 were able to order that directly, but Health and Human
13 Services is shifting that to distribution on the state
14 level.

15 Dr. Johnson noted the Food and Drug
16 Administration (FDA) has authorized a third vaccine of
17 Pfizer or Moderna to boost immunity for people who are
18 immunocompromised and at higher risk. She noted
19 awaiting CDC and FDA determination for those who are
20 not immunocompromised.

21 Dr. Johnson announced that the Department of
22 Human Services will extend the postpartum coverage for
23 eligible mothers for Medicaid after pregnancy from 60
24 days postpartum to one year postpartum, which will
25 begin April 1, 2022.

1 Chair Woodland thanked Dr. Johnson for being
2 supportive of the maternal mortality initiatives and
3 postpartum care. He commented that some of the
4 statistics put out by the Department of Health in view
5 of maternal mortality highlights that as another issue
6 and thanked Dr. Johnson for the COVID update.]

7

8 Report of Committee on Health-Related Professionals -
9 No Report

10

11 Report of Committee on Legislation/Policy Development
12 and Review - No Report

13

14 Report of Committee on Licensure Qualifications - No
15 Report

16

17 Report of Vice Chair - No Report

18

19 Report of Board Chair

20 [Mark B. Woodland, M.S., M.D., Chair, thanked Suzanne
21 Zerbe for her years of service. He mentioned that she
22 has been covering both the division chief and board
23 administrator positions but would be handing over the
24 board administrator position to Jasmira Hunter. He
25 welcomed Ms. Hunter and stated the Board looked

1 forward to getting to know her and have her
2 participate in helping facilitate the process of the
3 State Board of Medicine.

4 Ms. Zerbe commented that she would be helping Ms.
5 Hunter learn the process. She thanked the Board for
6 their support over the years and enjoyed working with
7 everyone.

8 Chair Woodland informed everyone that Dr. Johnson
9 hosted a kickoff meeting between the leaders of the
10 State Board of Medicine and State Board of Osteopathic
11 Medicine with the idea of bringing the two medical
12 providers together to discuss common themes and
13 actions, make sure they are aligned on state
14 initiatives in a positive way, and to look at other
15 opportunities for collaboration in the future.

16 Chair Woodland announced that there would be a
17 recurring periodic meeting hosted again by Dr. Johnson
18 and her office. He thanked Dr. Johnson for
19 orchestrating and bringing it together.

20 Chair Woodland mentioned there may be an
21 occasional opportunity to include a member or
22 representative from the Osteopathic Board of Medicine
23 to provide an update to the Board about what is going
24 on in their Board.

25 Dr. Johnson thanked Dr. Woodland for initiating

1 the meeting. She noted the goal is to build
2 collaborative relationships among different boards and
3 ensure a forum for ongoing conversation to be aware of
4 each other's struggles and challenges.

5 Chair Woodland addressed a couple news items from
6 the Federation of State Medical Boards (FSMB). He
7 announced they are redoing their bylaws and open for
8 comment by different state boards. He noted comments
9 and information could be sent directly to the
10 federation regarding bylaw changes.

11 Chair Woodland also noted the Federation of State
12 Medical Boards has undergone an evaluation of their
13 diversity, equity, and inclusion (DEI) initiatives and
14 looking at it specifically at the federation level,
15 which may or may not trickle down to recommendations
16 at the state level. He stated FSMB is looking at what
17 diversity means, how it is clearly defined, and to
18 know when inclusiveness has been achieved.

19 Chair Woodland stated FSMB is also looking at
20 barriers to advancing DEI, especially when it applies
21 to providers and what achievable actions can be taken
22 now that would make a positive difference in the
23 pursuit of social justice and equal access to health
24 care in the future.

25 Chair Woodland informed the Board of a series of

1 webinars open to members of the community that the
2 Federation of State Medical Boards is hosting. He
3 mentioned that the next webinar will be on September
4 20, 2021, exploring the Trends in the U.S. Physician
5 Workforce.

6 Chair Woodland provided highlights of the
7 National Commission on Certification of Physician
8 Assistants (NCCPA) 2020 Annual Report on the
9 statistical profile of PAs in the United States. He
10 reported Pennsylvania ranks three in states behind New
11 York and California as far as the number of certified
12 PAs and ranks two as far as PAs per 100,000
13 population.

14 Chair Woodland noted an increase in the number of
15 PAs who provide telemedicine at 21 percent. He
16 reported that 73 percent of PAs are very satisfied
17 with their job and encouraged anyone interested to
18 look at programs because they are a much-needed part
19 of the workforce as providers. He also reported
20 burnout is low at 27 percent, whereas other careers
21 and physicians could be as high as 50 percent. He
22 noted Ms. Zerbe has the full report for anyone
23 interested.]

24 ***

25 MOTIONS

1 MS. WUCINSKI:

2 Agenda item 22. I believe the board
3 would entertain a motion to direct Board
4 counsel to draft an Adjudication and
5 Order as discussed in Executive Session
6 for Kimberly Parker Eaton, PA-C, Case
7 No. 20-49-010579.

8 DR. YEALY:

9 So moved.

10 DR. DOMEN:

11 Second.

12 CHAIR WOODLAND:

13 Any further discussion? All those in
14 favor, say yea. Any opposed, nay? Any
15 abstentions?

16 [The motion carried unanimously.]

17 ***

18 MS. WUCINSKI:

19 For agenda items 23 through 25, I
20 believe the Board would entertain a
21 motion to direct Board counsel to draft
22 an Adjudication and Order as discussed
23 in Executive Session for the following:
24 Alan M. Geringer, M.D., Case No. 20-49-
25 013220; Alexander Jerome Harmatz, M.D.,

1 Case No. 18-49-02833; Hein Q. Nguyen,
2 M.D., Case No. 20-49-000264.

3 DR. YEALY:

4 So moved.

5 MR. DILLON:

6 Second.

7 CHAIR WOODLAND:

8 Any further discussion? Hearing no
9 further discussion, all those in favor,
10 say yea. Any opposed, nay? Any
11 abstentions?

12 [The motion carried unanimously.]

13 ***

14 MS. WUCINSKI:

15 At agenda item 26, I believe the Board
16 would entertain a Motion to
17 Provisionally Deny the Initial
18 Application for a License to Practice as
19 a Physician and Surgeon for Gurpoonam
20 Jatana, M.D.

21 CHAIR WOODLAND:

22 Could I have a motion?

23 MR. DILLON:

24 So moved.

25 DR. DOMEN:

1 Second.

2 CHAIR WOODLAND:

3 Any further discussion? All those in
4 favor, say yea. Any opposed, say nay.
5 Any abstentions?

6 [The motion carried unanimously.]

7 ***

8 MS. WUCINSKI:

9 I believe the Board would entertain a
10 Motion to Grant the Application for an
11 Initial License to Practice as a
12 Physician and Surgeon by Endorsement for
13 Muhammed Al Areef, M.D.

14 DR. YEALY:

15 So moved.

16 MR. DILLON:

17 Second.

18 CHAIR WOODLAND:

19 Any discussion? All those in favor, say
20 yea. Opposed, say nay. Any
21 abstentions?

22 [The motion carried unanimously.]

23 ***

24 MS. WUCINSKI:

25 Agenda item 28. I believe the Board

1 DR. YEALY:

2 So moved.

3 CHAIR WOODLAND:

4 Could we have a second?

5 MR. DILLON:

6 Second.

7 CHAIR WOODLAND:

8 Any further discussion? All those in
9 favor, say yea. Anybody opposed, say
10 nay. Any abstentions?

11 [The motion carried unanimously.]

12 ***

13 MS. WUCINSKI:

14 At agenda item 32, I believe the Board
15 would entertain a Motion to Deny the
16 Request of Patricia Sinclair to
17 Reconsider the Board's Standard Reentry
18 Requirement.

19 DR. YEALY:

20 So moved.

21 MR. DILLON:

22 Second.

23 CHAIR WOODLAND:

24 Any further discussion? Hearing none.
25 All those in favor, say yea. All those

1 opposed, nay? Any abstentions?

2 [The motion carried unanimously.]

3 ***

4 MS. WUCINSKI:

5 The last vote is for agenda item 36. I
6 believe the Board would obtain a Motion
7 to Deny the Request of Devesh Taskar,
8 J.D., M.D.

9 CHAIR WOODLAND:

10 Could we have a motion?

11 DR. YEALY:

12 So moved.

13 DR. DOMEN:

14 Second.

15 CHAIR WOODLAND:

16 Any further discussion? All those in
17 favor, say yea. All those opposed, nay?
18 Any abstentions?

19 [The motion carried unanimously.]

20 ***

21 For the Board's Information/Discussion - Old/New
22 Business

23 [Dana M. Wucinski, Esquire, Board Counsel, referred to
24 Senate Bill 815, which would prohibit pelvic, rectal,
25 and prostate exams without explicit consent from the

1 patient. She mentioned prior discussion concerning
2 medical students currently performing examinations on
3 patients under anesthesia without their consent. She
4 noted the bill was referred to Health and Human
5 Services on July 27, 2021.

6 Chair Woodland stated the bill now includes all
7 patients and all training providers, which is a lot
8 more equitable and much more comprehensive and
9 supportive as advocates for the patient population.

10 Ms. Wucinski addressed House Bill 1818 regarding
11 empowering teens to protect their health, which would
12 allow minors 14 and over to consent to CDC recommended
13 immunizations. She mentioned that minors who are 14
14 and older may currently consent to inpatient medical
15 health treatment. She noted the bill was referred to
16 the Pennsylvania House Health Committee on August 31,
17 2021.

18 Ms. Wucinski referred to the letter received from
19 The Hospital and Healthsystem Association of
20 Pennsylvania and the Pennsylvania Medical Society on
21 September 1, 2021, requesting the Board consider a
22 regulatory change to section § 17.3(d) of the Board's
23 regulations, which applies to institutional licenses.

24 Ms. Wucinski explained that The Hospital and
25 Healthsystem Association of Pennsylvania (HAP) and the

1 Pennsylvania Medical Society (PAMED) are looking
2 specifically for a permanent regulatory change that
3 would allow physicians with institutional licenses to
4 practice at multiple affiliated facilities as opposed
5 to two. She informed the Board that the waiver
6 allowing licensees to practice at multiple facilities
7 due to COVID is set to expire on September 30, 2021.

8

9 Andrew C. Harvan, Esquire, Pennsylvania Medical
10 Society, stated that hospitals and physicians have
11 indicated that flexibility to practice at multiple
12 affiliated facilities has been beneficial to patients
13 who rely on their services and has expanded access to
14 care. He commented that given the number of hospital
15 health systems within the Commonwealth of
16 Pennsylvania, several facilities may have affiliations
17 with the same system, and waiving the two-facility
18 restriction will allow institutional license holders
19 to practice at multiple affiliated facilities within
20 the same system and increase access to care.

21 Dr. Yealy stated the two-site restriction does
22 not make much sense anymore given the way health care
23 is delivered and how systems are involved, and this is
24 a smart and practical way to deal with it. Chair
25 Woodland noted the importance of defining affiliated

1 institutions. He expressed concern, where there would
2 be a chain of urgent care centers as an institution
3 but would all 20 of those count as an affiliated
4 institution and what would the supervision of
5 providers be under an institutional license.

6 Chair Woodland also addressed the positive side,
7 where opening this up, especially as the number of
8 providers drop in the state and reach a crisis for
9 access to care, might be important in allowing
10 providers to move between affiliated institutions to
11 accommodate access.

12 Ms. Wucinski offered to provide a draft annex for
13 discussion at the next Board meeting.

14 Ms. Walter commented that the definition of
15 "affiliate" is already in the Medical Practice Act and
16 any change would require legislative action. She
17 provided the definition and suggested the Board keep
18 in mind that "affiliate" is already statutorily
19 defined when having further discussion.

20 Mr. Harvan commented that the initial reasoning
21 for the two-facility limitation seems to be a little
22 unclear as to why the number was two to begin with and
23 thanked the Board for their consideration regarding
24 their request.

25 Ms. Wucinski referred to the *Academic Medicine*

1 article regarding United States Medical Licensing
2 Examination (USMLE) attempts and its tie to
3 disciplinary actions for the Board's review. She
4 noted it was published in the September 2021 edition
5 of *Academic Medicine* and is a collaborative effort
6 between FSMB and the National Board of Medical
7 Examiners.

8 Chair Woodland commented that there probably is
9 no way of looking at that within the states as far as
10 a dashboard of some of the demographic issues on
11 disciplinary actions and would be interesting for the
12 Board to be able to drill down on that at some point.
13 He noted the article basically looks at the number of
14 attempts on passing an exam and its correlation to
15 disciplinary action within state medical boards.]

16 ***

17 Report of Board Counsel

18 [Shana M. Walter, Esquire, Board Counsel, referred to
19 the annex for 16A-4951 regarding fees that she
20 provided after receiving information from the Bureau
21 of Finance and Operations. She noted some increases
22 that reflect the waiver of the renewal fee for the
23 2020 renewal cycle.

24 Ms. Walter also noted there are some fees that
25 are in the regulations currently that were actually

1 removed from the annex to consistently provide for
2 fees for different license types, specifically the
3 respiratory therapist temporary license. She
4 mentioned the addition of a new fee of \$60 for all
5 reactivations, which would apply to any reactivation
6 fee and be in addition to the renewal fee and any late
7 fees.

8 Chair Woodland noted that fees would be attached
9 to the minutes.]

10 MS. WALTER:

11 At this time, I'd like to request a vote
12 from the Board to approve the annex for
13 the regulation.

14 DR. YEALY:

15 So moved.

16 CHAIR WOODLAND:

17 This is specifically for 13. Thank you,
18 Don, for moving.

19 Do we have a second?

20 DR. DOMEN:

21 Second.

22 CHAIR WOODLAND:

23 Any further discussion?

24 [Ms. Walter addressed a question presented by Mr.
25 Dillon regarding BFO changes to fee structure. Ms.

1 Walter explained updates to 16A-4951 were based on
2 revenue and expenses previously presented to the
3 Board.]

4 CHAIR WOODLAND:

5 We have a motion. All those in favor,
6 say yea. Any opponents, say nay. Any
7 abstentions?

8 [The motion carried unanimously.]

9

10 [Shana M. Walter, Esquire, Board Counsel, referred to
11 16A-4954 regarding the perfusionist temporary permit
12 preamble. She noted the annex was on the Board's last
13 agenda.]

14 MS. WALTER:

15 This is the preamble, so at this time, I
16 request a vote from the Board to move
17 forward with the final-omitted
18 rulemaking.

19 CHAIR WOODLAND:

20 Shana, just defining, because I had
21 missed the last discussion. Basically,
22 the preamble talks about failure leads
23 to expiration of the license.

24 Is that right?

25 MS. WALTER:

1 That is correct. The statute relating
2 to temporary permits for a perfusionist
3 used to say that that temporary license
4 would expire as soon as the individual
5 failed the exam, so that means they
6 would not be able to retake the exam and
7 use the equipment or practice on the
8 equipment.

9 I believe it was in 2016, there was
10 an act of the legislature that removed
11 that immediate expiration to temporary
12 permit, so the annex that was drafted
13 renews the similar provisions in the
14 regulation, so it is consistent with the
15 recent statutory change.

16 CHAIR WOODLAND:

17 Do I have a motion for this one?

18 DR. YEALY:

19 So moved.

20 CHAIR WOODLAND:

21 Second?

22 MR. EISENHAUER:

23 Second.

24 CHAIR WOODLAND:

25 I do appreciate this it helps facilitate

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Second.

CHAIR WOODLAND:

Any further discussion? Hearing none.
All those in favor, say yea. Anybody
oppose? Any abstentions?

[The motion carried unanimously.]

[There being no other business, the State Board of
Medicine Meeting adjourned at 12:14 p.m.]

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

September 14, 2021

TIME

AGENDA

1		
2		
3		
4		
5		
6		
7		
8		
9	8:45	Executive Session
10	10:47	Return to Open Session
11		
12	10:47	Official Call to Order
13		
14	10:47	Introduction of Attendees
15		
16	10:50	Approval of Minutes
17		
18	10:51	Report of Prosecution Division
19		
20	10:55	Report of Commissioner
21		
22	11:00	Appointment - Jared M. Shinabery, MPH,
23		Deputy Secretary for Health Resources
24		and Services, Department of Health
25		
26	11:31	Report of Department of Health
27		
28	11:39	Report of Board Chair
29		
30	11:47	Motions
31		
32	11:53	For the Board's Information/Discussion
33		- Old/New Business
34		
35	11:54	Report of Board Counsel
36		
37	12:11	For the Board's Information/Discussion
38		- Board Committee List and Meeting
39		Dates
40		
41	12:14	Adjournment
42		
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