

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

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: 10:52 A.M.

Tuesday, February 1, 2022

State Board of Medicine
February 1, 2022

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, PA-C
- Denise A. Johnson, M.D., Physician General
- Nazanin E. Silver, M.D.
- Paul J. Valigorsky II, M.D. - Absent
- Ronald E. Domen, M.D., Vice Chair

BUREAU PERSONNEL:

- Dana M. Wucinski, Esquire, Board Counsel
- Shana M. Walter, Esquire, Board Counsel
- Carolyn DeLaurentis, Deputy Chief Counsel, Prosecution Division
- Dean F. Picarella, Esquire, Senior Board Counsel
- Jason T. Anderson, Esquire, Board Prosecution Liaison
- Adam Williams, Esquire, Board Prosecutor
- Jonelle Harter Eshbach, Esquire, Board Prosecutor
- Mark R. Zogby, Esquire, Board Prosecutor
- Kelsey Ashworth, Esquire, Board Prosecutor
- Holly Hoffman, Law Clerk, Department of State
- Jasmira Hunter, Board Administrator
- Suzanne Zerbe, Board Administrator
- Danie Bendesky, Director of Intergovernmental Affairs, Department of State
- Deena Parmelee, Legal Office Administrator 1, Department of State
- Marc Farrell, Deputy Policy Director, Department of State
- Amanda Richards, Chief of Fiscal Management, Bureau of Finance and Operations, Department of State

State Board of Medicine
February 1, 2022

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50

ALSO PRESENT:

- David Buono Acting Deputy Insurance Commissioner -
Office of Market Regulation, Pennsylvania Insurance
Department
- Katie Merritt, LSW, Director of Policy and Planning,
Pennsylvania Insurance Department
- Sandy Ykema, J.D., Department Counsel, Pennsylvania
Insurance Department
- Jen Smeltz, Republican Executive Director, Senate
Consumer Protection & Professional Licensure
Committee
- Kathryn Witherow
- Nicole Sidle, Republican Executive Director, House
Professional Licensure Committee
- Susan DeSantis, PA-C, Pennsylvania Society of
Physician Assistants
- Ted Mowatt, CAE, Vice President, Wanner Associates
- Timothy Clark
- Wesley J. Rish, Esquire, Rish Law Office, LLC
- Xiu Hua Ye, M.D.
- Colleen Lane
- Matt Grisley

1 State Board of Medicine

2 February 1, 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, February 1,
15 2022. Mark B. Woodland, M.S., M.D., FACOG, Chair,
16 called the meeting to order at 10:52 a.m.

17 ***

18 Meeting Instructions

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

22 ***

23 Introduction of Attendees

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

1 ***

2 Approval of minutes of the December 14, 2021 meeting

3 CHAIR WOODLAND:

4 Next is approval of minutes.

5 DR. YEALY:

6 So moved.

7 MR. DILLON:

8 Second.

9 CHAIR WOODLAND:

10 Any further discussion? All those in
11 favor? Any opposed? Any recusals or
12 abstentions?

13 [The motion carried unanimously.]

14 ***

15 Report of Prosecution Division

16 [Chair Woodland noted extensive discussion during
17 Executive Session and being able to move forward with
18 review.]

19 Shana M. Walter, Esquire, Board Counsel, reminded
20 everyone that the meeting was being recorded, and
21 those who continued to participate were giving their
22 consent to being recorded.]

23 MS. WALTER:

24 Pursuant to Section 708(a)(5) of the
25 Sunshine Act, the Board entered into

1 Executive Session this morning at
2 8:45 a.m. for the purpose of conducting
3 quasi-judicial deliberations on a number
4 of matters currently pending before the
5 Board and to receive the advice of
6 counsel.

7 The Board has discussed consent
8 agreements as well as agenda items 18
9 through 39 in Executive Session. The
10 Board members waived a presentation, so
11 I will proceed with agenda items 2, 3,
12 7, and 8.

13 I believe the Board would entertain
14 a motion to approve these Consent
15 Agreements at the following agenda and
16 case numbers: number 2, Case No. 21-49-
17 005195; number 3, Case No. 21-49-010683;
18 number 7, Case No. 20-49-001874; number
19 8, Case No. 20-49-003051.

20 DR. YEALY:

21 Move.

22 MR. EISENHAUER:

23 Second.

24 CHAIR WOODLAND:

25 Any further discussion? All those in

1 favor, say yea. Any opposed, say nay.

2 Any recusals or abstentions?

3 [The motion carried unanimously. The Respondent's
4 name in number 2 is Sean Yutaka Takeuchi, M.D.; number
5 3, Manoj K. Dhariwal, M.D.; number 7, Thomas L.
6 Whitten, M.D.; and number 8 is Michael Barry Judkins.]

7 ***

8 MS. WALTER:

9 Agenda items 4 through 6. I believe the
10 Board would entertain a motion to
11 approve the VRP Agreements at Case No.
12 21-49-019005; number 5, Case No. 21-49-
13 018099; number 6, Case No. 21-49-017931.

14 MR. DILLON:

15 Move.

16 DR. YEALY:

17 Second.

18 CHAIR WOODLAND:

19 Any further discussion? All those in
20 favor, say yea. All those opposed, say
21 nay. Any recusals or abstentions?

22 [The motion carried unanimously.]

23 ***

24 [Jason T. Anderson, Esquire, Board Prosecution
25 Liaison, introduced Kelsey Ashworth as a new

1 prosecuting attorney and provided a summary of her
2 professional background.

3 Ms. Ashworth noted being excited to be part of
4 the team.

5 Chair Woodland welcomed Ms. Ashworth to the
6 Board.]

7 ***

8 Appointment - Pennsylvania Insurance Department - No
9 Surprises Act

10 [Katie Merritt, LSW, Director of Policy and Planning,
11 Pennsylvania Insurance Department (PID), stated the No
12 Surprises Acts was enacted by Congress in 2020 and
13 took effect on January 1, 2022.

14 David Buono, Deputy Insurance Commissioner,
15 Office of Market Regulation, Pennsylvania Insurance
16 Department (PID), informed the Board that material
17 presented today was prepared by the Commonwealth of
18 Pennsylvania Insurance Department based on law,
19 regulations, and guidance as of December 1, 2021. He
20 addressed the No Surprises Act (NSA), noting that the
21 disclosure requirement, provider directory
22 requirement, and Good Faith Estimate applies to all
23 health care providers who are in-network for major
24 medical insurance policies.

25 Mr. Buono addressed which facilities and services

1 must follow the No Surprises Act. He commented that
2 if a health plan covers any benefits for emergency
3 services, including air ambulance, the No Surprises
4 Act requires emergency services to be covered without
5 any prior authorization regardless of whether a
6 provider or facility is in-network. He also commented
7 that if a health plan covers any benefits for
8 nonemergency services related to the visit in an in-
9 network facility, the No Surprises Act requires that
10 patients are protected when they have little or no
11 control over who provides their care.

12 Mr. Buono stated ancillary providers, such as
13 labs or doctors, involved in a surgery that the
14 patient does not select may not balance bill. He
15 noted cost sharing for ancillary providers is treated
16 as in-network. He commented that the No Surprises Act
17 protects people from unexpected bills for emergency
18 services, air ambulance services, and certain
19 nonemergency services related to a visit to a
20 facility.

21 Mr. Buono stated nonemergency services at an in-
22 network facility is treated as in-network in all
23 circumstances. He reported that other nonemergency
24 services may only be billed if it is out of network
25 with advanced notice and consent from the patient.

1 Mr. Buono noted the No Surprises Act limits the
2 high out-of-network cost sharing, where patient cost
3 sharing, such as coinsurance or deductible, cannot be
4 higher than if such services were provided by an in-
5 network doctor and any coinsurance or deductible must
6 be based on in-network provider rates.

7 Mr. Buono stated No Surprises Act billing
8 protection applies if coverage is through an employer,
9 state-based marketplace Pennie, or directly through an
10 individual market health insurance company. He
11 mentioned that the act does not apply to Medicare,
12 Medicaid, Indian Health Services, Veterans Affairs, or
13 TRICARE.

14 Mr. Buono addressed plans that do not have the
15 balance billing protection, including indemnity or
16 accepted benefit plan enrollees because it is not
17 individual market coverage and does not typically have
18 a network. He noted short-term limited duration plan
19 enrollees, health care sharing ministries, or the
20 Amish are not in the individual market coverage.

21 Mr. Buono addressed uninsured individuals, noting
22 providers are required to provide a Good Faith
23 Estimate upon request or scheduling an item or
24 service. He stated uninsured and self-pay patients
25 must receive a Good Faith Estimate at least 72 hours

1 before services. He also noted that a Good Faith
2 Estimate must be given at least 3 hours ahead of time
3 if a service is scheduled within three days. He
4 stated the federal government is taking a non-
5 enforcement approach to this provision, along with
6 Pennsylvania.

7 Mr. Buono stated providers are encouraged to
8 coordinate with co-providers to present a single Good
9 Faith Estimate, but Health and Human Services (HHS) is
10 exercising enforcement discretion and flexibility to
11 allow for technical coordination required.

12 Mr. Buono provided a summary of providers that
13 may not balance bill. He stated providers and
14 facilities must have a business process to give
15 provider directory and network information to plans
16 anytime there is a material change. He commented that
17 provider directories may, by contract, impose on plans
18 the duty to keep the directory current in the event of
19 contract termination. He noted that the provider or
20 facility must reimburse the patient plus interest if a
21 provider or facility bills a patient more than the in-
22 network cost-sharing amount and the patient pays it.

23 Mr. Buono addressed continuity of care, where a
24 contract with a plan terminates and the provider or
25 facility is no longer in-network, the provider must

1 accept the continuing care patient, including cost-
2 sharing calculated on an in-network basis for the
3 duration of the continuity of care.

4 Mr. Buono stated providers with complaints about
5 a plan should contact the Pennsylvania Insurance
6 Department or HHS. He mentioned that providers with
7 complaints about a patient should first make sure the
8 patient understands the act and are encouraged to
9 contact the Pennsylvania Insurance Department. He
10 noted that patients who do understand the act should
11 be handled the way they did before but with the
12 understanding in the case of a surprise medical bill,
13 the provider may not collect more than the in-network
14 cost sharing.

15 Sandy Ykema, Esquire, J.D., Department Counsel,
16 Pennsylvania Insurance Department, addressed
17 disclosure requirements, noting they apply to all
18 providers and all facilities so if a scenario occurs
19 where a balance bill may be involved the consumer has
20 notice.

21 Ms. Ykema stated the disclosure requirements has
22 to explain balance billing and explain the protections
23 of the law and include how to contact the appropriate
24 agencies to remedy any concern. She noted the
25 information has to be publicly available and the

1 Pennsylvania Insurance Department has a model notice
2 on their webpage. She also noted the federal website
3 contains information.

4 Ms. Ykema addressed notice and consent, which
5 allows a provider to balance bill if they are not on
6 that list and if they provide appropriate notice. She
7 stated notice and consent is a notice that must be
8 provided in advance to give a patient time to decide
9 if they want a provider to provide the service knowing
10 they could be responsible for more than the in-network
11 rate.

12 Ms. Ykema stated the notice has to be given in
13 advance and on a separate document using a federally
14 sanctioned form, signed and dated, retained for seven
15 years, and a copy given to the patient.

16 She commented explained that the notice and
17 consent has to give notice that the provide does not
18 participate as an in-network provider, have a Good
19 Faith Estimated amount that the provider will charge
20 for all of the services provided, and explain that
21 there might need to be prior authorization or other
22 approval, and clear that it is optional that a person
23 does not have to consent to an out-of-network
24 provider.

25 Ms. Ykema emphasized that a person has to be able

1 to get services from an available in-network provider,
2 but if there is no available in-network provider, then
3 notice and consent does not work.

4 Ms. Ykema addressed payment, where the provider
5 will need to confirm the patient's coverage. She
6 explained that a provider who has a surprise medical
7 service can collect in-network cost sharing from the
8 patient and bill the patient's plan for remaining
9 charges, where the plan will pay a qualifying payment
10 amount. She noted a provider and plan may negotiate
11 if the provider is not satisfied with the amount
12 directly and then through a federally administered
13 independent dispute resolution process.

14 Ms. Ykema addressed disputes with uninsured and
15 self-pay patients, where the provider may bill the
16 patient. She stated the patient may access the
17 patient provider dispute resolution process if there
18 is a difference in the Good Faith Estimate more than
19 \$400. She noted that the patient will pay a small
20 administrative fee around \$25 to start the process
21 within 120 days and will get that money back if the
22 patient prevails.

23 Ms. Ykema addressed enforcement, noting that
24 anyone with concerns about the No Surprises Act should
25 contact the Pennsylvania Insurance Department, which

1 is a Commonwealth of Pennsylvania agency coordinating
2 enforcement with all of the state agencies, including
3 the Department of State, Department of Health, and
4 Department of Drug and Alcohol. She mentioned that
5 the Pennsylvania Insurance Department has a process to
6 review the complaint and expeditiously handle it,
7 where the response time may be delayed using the
8 federal process.

9 Ms. Ykema stated the state law applies unless it
10 prevents the application of the federal law, where the
11 federal government is looking to the state to exercise
12 responsibilities through state laws.

13 Ms. Ykema commented that agencies can access the
14 Pennsylvania Insurance Department's webpage for
15 guidance. She noted that complaints are assigned to a
16 consumer services representative and work with other
17 state agencies. She noted that the state agencies
18 will collaborate with the federal agency if the issue
19 could not be addressed completely.

20 Ms. Ykema noted working with the Department of
21 Health and Human Services regarding insurance plans,
22 providers, and facilities and the Department of Labor
23 for self-funded plans. She also noted working with
24 the Office of Personnel Management for the Federal
25 Employees Health Benefits (FEHB) program.

1 Ms. Ykema encouraged everyone to visit the
2 Pennsylvania Insurance Department webpage for more
3 information.

4 Chair Woodland thanked the Pennsylvania Insurance
5 Department for their presentation.

6 Dr. Yealy asked whether the Pennsylvania
7 Insurance Department had any planned surveillance,
8 noting one of the concerns by some professional
9 organizations may be that this well-intended act could
10 dampen the enthusiasm for essentially fair network
11 contracts for providers because of the adjudication
12 measures. He asked whether there is a built-in
13 surveillance and reassessment to ensure individual
14 providers or collections of providers were not put in
15 unusual circumstance because of the intent.

16 Ms. Ykema explained that there would initially be
17 a lot of education and monitoring to assess the
18 rolling out at the federal and state levels. She
19 noted the Pennsylvania Insurance Department does have
20 network adequacy requirements to assure there are
21 sufficient providers in every network. She commented
22 on keeping an eye on the implementation to address
23 developing concerns.]

24 ***

25 Appointment - Prosecution Division Annual Report

1 Presentation

2 [Carolyn A. DeLaurentis, Esquire, Deputy Chief
3 Counsel, Prosecution Division, provided a summary of
4 the prosecution division's caseload during 2021.

5 Ms. DeLaurentis informed the Board that 4,190
6 cases were opened in 2021 and is up from 2020 with
7 1,942 for the State Board of Medicine. She noted
8 closing 2,903 cases, which was an increase from 2020
9 where 2,273 cases were closed and thanked all of the
10 prosecutors for their work.

11 Ms. DeLaurentis stated 2,231 of the 4,190 cases
12 opened last year were the Medical Care Availability
13 and Reduction of Error (MCARE) Act cases or failure to
14 report an MCARE suit, noting Mr. Anderson made those
15 cases priority. She also reported 578 of the opened
16 cases were unprofessional conduct, 378 were Abortion
17 Control Act violations, 301 had a patient abuse or
18 neglect code, and 283 had a disciplinary action in
19 another state.

20 Chair Woodland thanked Ms. DeLaurentis for the
21 breakdown and requested a copy of the written report.

22 Ms. DeLaurentis reported 3,090 open cases for the
23 State Board of Medicine as of January 1, 2022. She
24 expressed appreciation for the accomplishments made
25 last year.

1 Ms. DeLaurentis addressed enforcement actions
2 with 94 total cases that resulted in discipline, 11
3 fines, 46 suspensions, 22, reprimands, 25 revocations
4 or voluntary surrenders, and 18 probations. She also
5 reported 233 warning letters in 2021 and 193 in 2020.

6 Mr. Anderson addressed a question from a Board
7 member regarding how licensees in Pennsylvania compare
8 with other states, noting it is not an easy one-to-one
9 correlation on exactly how they compare because other
10 licensing jurisdictions have different priorities.

11 Ms. DeLaurentis stated one complaint may result
12 in more than one case being opened. She noted 1,223
13 cases were opened in the prosecution division
14 regarding COVID complaints in 2020, noting 112 of
15 those were for the State Board of Medicine. She
16 reported business complaints have dropped off and most
17 of the current complaints are health care-related
18 complaints. She reported 543 complaints in 2021,
19 noting 156 of those for the Board.

20 Chair Woodland asked how things get referred for
21 complaints related to COVID misinformation or
22 disinformation.

23 Ms. DeLaurentis commented that the COVID
24 complaint link on the Department of Health's website
25 is no longer active, but the Department of State link

1 has stayed the same at pals.pa.gov under file a
2 complaint. She mentioned that anonymous complaints
3 are accepted, and their administrative assistants are
4 opening anything related to COVID within days.

5 Ms. DeLaurentis commented that the prosecution
6 division hit a record for the number of cases opened
7 in 2021 and thanked all of the administrative
8 assistants and staff for handling those cases. She
9 noted that 18,363 cases were opened in 2021, which is
10 an increase from 2020 at 13,394.

11 Ms. DeLaurentis reported 15,994 cases were closed
12 in 2021 and 13,274 in 2020. She thanked the Board,
13 Board counsel, and prosecutors for their combined
14 effort. She reported 15,141 open cases as of January
15 1, 2022, and thanked prosecution and counsel for
16 continuing to tackle those cases.

17 Chair Woodland thanked Ms. DeLaurentis for all of
18 the information, noting he is looking forward to the
19 written reports. He commented that the prosecution
20 division is very busy and getting things through
21 smoothly.]

22 ***

23 Report of Commissioner

24 [Arion R. Claggett, Acting Commissioner, Bureau of
25 Professional and Occupational Affairs, informed the

1 Board that the department is currently working on
2 setting up Board member training and will be able to
3 provide an update at the next meeting.]

4 ***

5 Report of Department of Health

6 [Denise A. Johnson, M.D., Physician General,
7 Department of Health, provided a COVID-19 update
8 utilizing data from Monday showing 2,661,481 cases
9 with a seven-day average around 8,000, which has come
10 down dramatically. She reported hospitalizations are
11 4,759 and came down 23 percent over the past week.
12 She noted Pennsylvania is over the 40,000 mark now for
13 deaths and still averaging over 100 deaths per day.

14 Dr. Johnson noted that the Moderna vaccine now
15 has full FDA approval, along with the Pfizer vaccine
16 for adults. She reported that the Pfizer pediatric
17 vaccine for 6-month-old to 4-year-old children has
18 just been submitted and hopefully will be authorized
19 soon.

20 Dr. Johnson reported over 18 million vaccines
21 have been given with a fully vaccinated rate for
22 Pennsylvania at 65 percent. She noted the United
23 States average is 63 percent with a little over 42
24 percent receiving boosters. She also noted about 38
25 percent of the population over age 5 has been

1 vaccinated with at least 1 dose and 31 percent fully
2 vaccinated.

3 Dr. Johnson stated the Centers for Disease
4 Control and Prevention (CDC) strongly recommends
5 COVID-19 vaccinations for people before or during
6 pregnancy but less than one-third of eligible pregnant
7 women are vaccinated and it is much lower in African-
8 American and Hispanic populations.

9 Dr. Johnson addressed data from the COVID-19-
10 Associated Hospital Surveillance Network (COVID-NET)
11 in 2021 that indicated 97 percent of the pregnant
12 people hospitalized with COVID-19 were unvaccinated.

13 Dr. Johnson noted that the January 2022 Morbidity
14 and Mortality Weekly Report (MMWR) on COVID
15 vaccinations in pregnancy found that there was no
16 increase in preterm or small for gestational age
17 infants in people who were vaccinated compared to
18 people who were unvaccinated. She mentioned working
19 with provider groups, such as the American College of
20 Obstetricians and Gynecologists (ACOG), to educate
21 members and improve vaccinations in that population.

22 Dr. Johnson addressed hospital capacity, noting
23 hospitals have been overburdened with high cases of
24 COVID and other respiratory illnesses, delayed care,
25 and staffing shortages.

1 Dr. Johnson mentioned that Pennsylvania has
2 received two federal strike teams and have been
3 deployed at Scranton Regional and WellSpan York to
4 decompress the region. She also noted adding
5 Crozer Health utilizing state-led strike teams.

6 Dr. Johnson discussed efforts put into regional
7 support for long-term care and facilities that just
8 come onboard hoping to decompress hospitals by
9 allowing patients to be discharged when they no longer
10 need hospital care and expanding the capacity.

11 Dr. Johnson stated Governor Wolf signed a
12 legislation that appropriates \$225 million in the
13 federal American Rescue Plan Act funding to support
14 health care workforce. She noted the Department of
15 Health is working with federal strike teams, state-led
16 strike teams, and expanding COVID testing in counties
17 all across the Commonwealth of Pennsylvania to make
18 sure schools have access to testing and working with
19 municipalities and counties so they know how to access
20 federal dollars.

21 Dr. Johnson addressed hesitancy work, where
22 grants are available to organizations for hesitancy
23 messages and media campaigns. She noted working to
24 match up providers with organizations for small
25 clinics and focusing on equity efforts.

1 Dr. Johnson addressed therapeutics, where several
2 products authorized by the FDA for emergency use. She
3 noted that pre-exposure prevention Evusheld is
4 available for people not mounting a good immune
5 response with the vaccine.

6 Dr. Johnson reported Merck's Lagevrio
7 (molnupiravir) and Pfizer's Paxlovid (nirmatrelvir)
8 oral antivirals had been rolled out and were located
9 throughout the Commonwealth of Pennsylvania but
10 supplies had been quite limited. She mentioned the
11 Department of Health's website at healthpa.gov under
12 therapeutics provides a list of pharmacies with those
13 therapeutics.

14 Dr. Johnson discussed monoclonal antibodies,
15 noting that bamlanivimab/etesevimab (bam/ete) and
16 REGEN-COV (casirivimab/imdevimab) have not been
17 effective with Omicron and only sotrovimab is
18 available in limited supply.

19 Dr. Johnson addressed the flu season, noting over
20 30,000 confirmed cases from every county in the
21 Commonwealth of Pennsylvania with 23 confirmed deaths
22 and recommended individuals get a flu vaccination in
23 addition to the COVID vaccination and booster.

24 Chair Woodland thanked Dr. Johnson for the
25 presentation and addressing the issues of stress and

1 burnout previously. He referred to the 2022 Physician
2 Burnout & Depression Report, where it was astounding
3 to see frontline providers; emergency medicine;
4 critical care; and OB/GYN had such a high level of
5 reporting stress, anxiety, anger, and total burnout.
6 He asked Dr. Johnson whether there was anything could
7 be done as a state to help those in critical areas.

8 Dr. Johnson stated providing relief in terms of
9 additional staffing and hopefully getting hospitals
10 decompressed will help. She mentioned the importance
11 of providing an avenue for help when needed and
12 destigmatizing reaching out for help. She mentioned
13 that administrators and supervisors have to
14 proactively reach out to see if people need help
15 instead of waiting for them to come forward.

16 Chair Woodland thanked Dr. Johnson for helping
17 with the statewide Maternal Health Awareness Day. He
18 mentioned that the least vaccinated population are
19 reproductive-age women and the most important
20 population to get vaccinations.

21 Dr. Silver informed everyone of a physician
22 support line that has a 1-888 toll free number with
23 800 plus psychiatric volunteers helping physician
24 colleagues and medical students navigate through. She
25 mentioned that it was started at the beginning of the

1 pandemic by psychiatrists and is free, confidential,
2 and available 8 a.m. until 1 a.m. seven days a week.

3 Chair Woodland suggested posting it on the
4 Department of Health's website as a great resource
5 given the extent of what is going on.

6 Chair Woodland addressed the workforce crisis and
7 nationwide resignation, where many providers later in
8 their career are retiring, who would not normally
9 retire at this point, just due to exhaustion.]

10 ***

11 Report of Committee on Health-Related Professionals
12 [Donald M. Yealy, M.D., mentioned having a
13 conversation during Executive Session concerning some
14 of the ancillary licensure issues but had nothing else
15 to share.]

16 ***

17 Report of Committee on Legislation/Policy Development
18 and Review
19 [Nazanin E. Silver, M.D., provided an update regarding
20 telehealth in response to COVID among the US states
21 and territories. She noted that there are currently
22 23 states with waivers, 27 states without waivers, and
23 19 states with long-term or permanent interstate
24 telemedicine waivers. She mentioned that telehealth
25 has become very permanent with COVID-19, so offering

1 health and seeing patients without needing to get
2 licensed in another state is something they are
3 looking to do.

4 Dr. Silver addressed the Journal of Medical
5 Regulation, where the Federation of State Medical
6 Boards (FSMB) wants to conduct a focus group interview
7 as part of its strategic planning for its peer-
8 reviewed quarterly publication in the Journal of
9 Medical Regulation and are recruiting any state
10 medical board members and staff to participate in a
11 structured 60-minute group conversation focused on the
12 Journal of Medical Regulation (JMR). She noted that
13 the conversation will include results from a recent
14 leadership survey, such as discussing strategic
15 consideration for JMR.

16 Dr. Silver informed the Board that they are also
17 looking for book reviewers among state medical board
18 members and staff to review recently published books
19 on the current issues impacting medical regulations.

20 Chair Woodland thanked Dr. Silver for the
21 information and encouraged anyone interested in
22 participating to go to the FSMB website but suggested
23 Dr. Silver also send everyone the information.]

24 ***

25 Report of Committee on Licensure Qualifications

1 [Gerard F. Dillon, Ph.D., Public Member, commented
2 that other than providing some information on minor
3 changes in the licensing exam requirements of some of
4 their sister organizations, which happens offline, he
5 did not have anything else to report.

6 Dr. Yealy noted having many conversations walking
7 through implementation of some of the licensure and
8 qualification issues but reported no substantive
9 change in those.]

10 ***

11 Report of Vice Chair - No Report

12 ***

13 Report of Board Chair

14 [Mark B. Woodland, M.S., M.D., FACOG, Chair, thanked
15 past Commissioner Kalonji Johnson for his service as
16 they welcome in their new Acting Commissioner Arion
17 Claggett and recognize all of the efforts of
18 Commissioner Johnson.

19 Chair Woodland commented that the Association of
20 American Medical Colleges (AAMC) and the Association
21 of Academic Health Centers approved a merger agreement
22 on January 20, 2022, and provided a memorandum for the
23 Board's review.

24 Chair Woodland reported good news on the
25 diversity, equity, and inclusion (DEI) aspect of

1 enrollment for 2021 in medical schools from the AAMC,
2 where it was the most diverse class they have ever
3 seen, especially in areas of black or African-American
4 first-year students; first-year students who are
5 Hispanic, Latino, or of Spanish origin; and also in
6 the number of women who are in this class.

7 Chair Woodland mentioned more work needs to be
8 done in the American Indian and Alaska Native areas,
9 where enrollment has declined. He reported seeing the
10 most new applications to medical schools than ever
11 before, which is outstanding when looking at the
12 perspective of providers of the future and what
13 inclusion and diversity looks like for the future.

14 Chair Woodland noted Build Back Better Act
15 applies to some expansion of practical medical
16 education slots and is important regarding workforce
17 shortages.

18 Chair Woodland informed the Board that his
19 nomination to be a candidate for the FSMB Board of
20 Directors was approved and will move forward. He
21 noted that everyone would be informed after the annual
22 meeting and the votes are in whether he was successful
23 or not. He commented that it is nice to get national
24 attention for the Pennsylvania State Board of
25 Medicine.

1 Chair Woodland noted the 2022 FSMB Annual Meeting
2 April 28-30, 2022, in New Orleans.]

3 CHAIR WOODLAND:

4 We need to entertain a vote for us to
5 send two members. As a candidate, I
6 need to go. Mr. Dillon has also
7 volunteered to go.

8 I need a motion to approve those
9 two members.

10 DR. YEALY:

11 So moved.

12 DR. DOMEN:

13 Second.

14 CHAIR WOODLAND:

15 Any further discussion? All those in
16 favor? Any abstentions or recusals?

17 [The motion carried unanimously.]

18 ***

19 [Mark B. Woodland, M.S., M.D., Chair, announced that
20 the FSMB Roundtable webinar is on Thursday, February
21 10, 2022, and would be looking at new American Board
22 of Medical Specialties (ABMS) standards for
23 certification in the 24 member boards that they
24 certify and what that looks like going forward. He
25 offered to put the new standards in his report.]

1 ***

2 Appointment - Bureau of Finance and Operations

3 Annual Budget Presentation

4 [Amanda Richards, Chief of Fiscal Management, Bureau
5 of Finance and Operations, Department of State,
6 informed the Board that the Bureau of Finance and
7 Operations (BFO) looks at the licensee population on a
8 biennial basis, noting the Board renews in
9 December of even years. She reported a license count
10 in FY16-17 of 67,946, FY18-19 of 72,067 and FY20-21 of
11 79,304. She stated the most recent license count was
12 78,861 and increased another 233 licenses this morning
13 for a total of 79,094.

14 Ms. Richards noted a total biennial revenue of
15 \$2,027,417.69 with 72% of revenue coming from renewals
16 and applications. She commented that revenue is
17 brought in from other categories but cannot count on
18 it because it is not consistent.

19 Ms. Richards addressed the two main categories of
20 Board expenses, administrative and legal costs. She
21 stated expenses incur through direct charges,
22 timesheet charges, and license population. She
23 referred to expenses for FY19-20 and FY20-21, as well
24 as the budget for FY21-22 and actual expenses for
25 FY21-22 as of January 19, 2022. She reported on a

1 recent increase in expenses.

2 Ms. Richards reviewed revenues and expenses,
3 noting a projected remaining balance for FY21-22. She
4 referred to the projection into FY24-25, where the
5 Board continues to have a healthy balance.

6 Ms. Richards noted Board member expenses in FY19-
7 20, FY20-21, and FY21-22 as of January 19, 2022. She
8 stated the \$8,000 budget was adequate for FY21-22 and
9 has been carried over to FY22-23.

10 Ms. Richards reminded Board that anything not
11 spent would be returned to the restricted account for
12 the Board's use at a later time.

13 Dr. Yealy commented that there was a tremendous
14 return on investment with the State Board of Medicine
15 members, where it was an exceptionally low expense for
16 a group so dedicated.

17 Chair Woodland thanked Ms. Richards for the
18 report, noting the information helps the Board be able
19 to plan ahead.]

20 ***

21 Report of Board Counsel - Act 100 of 2021

22 Modernization of BPOA State Board Meetings and
23 Functions

24 [Shana M. Walter, Esquire, Board Counsel, addressed
25 Act 100 of 2021 regarding the modernization of state

1 board meetings and provide for distance education.
2 She stated each board is required to promulgate
3 regulations relating to distance education, and it
4 provides for virtual supervision. She noted a virtual
5 platform is now permitted to establish a quorum for
6 board meetings, and it requires the option of virtual
7 participation in board meetings that are otherwise in
8 person at Penn Center or location otherwise indicated
9 in the statute.

10 Chair Woodland mentioned having prior preliminary
11 discussion about how it effects future in-person Board
12 meetings and having some virtual and not virtual
13 meetings. He noted the Board recognized the virtual
14 platform allows the Board to interface with many
15 people; however, there are also regulations regarding
16 their presence.

17 Acting Commissioner Claggett informed the Board
18 of the department's work on a hybrid option and a test
19 run would soon occur at Penn Center to see how the
20 hybrid option would operate but are prepared to meet
21 back in person April 1, 2022.

22 Dr. Johnson commented that the pandemic made
23 everyone realize more could be done virtually, without
24 the burden of the expense and time of travel, along
25 with allowing more participation. She mentioned

1 hybrid meetings are cumbersome and hard to do well and
2 moving forward thinking of more virtual and maybe in
3 person for the special events but not as a matter of
4 course.

5 Chair Woodland addressed the attendance of
6 virtual meetings, where 30 people could be
7 participating at any given time compared to the room
8 capacity of an in-person meeting. He referred the
9 earlier comment made by Dr. Yealy, where many
10 individuals in the meeting were basically donating
11 their time to participate on the state Board and give
12 their expertise. He mentioned the hours of driving
13 and safety issues and suggested having a thorough
14 discussion about possibly having one meeting in the
15 fall and spring in person and then maybe the rest
16 virtual.]

17 ***

18 Report of Board Counsel - Proposed Regulatory Changes
19 to Implement Act 79

20 [Dana M. Wucinski, Esquire, Board Counsel, noted
21 receiving proposed draft regulations from the
22 Pennsylvania Society of Physician Assistants (PSPA)
23 through their counsel, Wesley Rish, regarding Act 78
24 and Act 79. She stated the draft from PSPA is being
25 treated as a petition to enact regulations under the

1 general rules of administrative procedures since Board
2 counsel is the one responsible for actually doing the
3 drafting.

4 Ms. Wucinski informed the Board that Act 41
5 regulations are about to go out as proposed. She
6 noted that counsel will take PSPA's proposed draft
7 under advisement as Board Counsel draft their
8 rulemaking. She offered to provide the proposal to
9 the Committee on Legislation/Policy Development for
10 preliminary feedback.

11 Chair Woodland noted the importance of being
12 careful of unintended consequences and suggested Dr.
13 Silver look at the proposal. He commented that the
14 changes apply to physician assistants but to remember
15 that there will be other groups now going down that
16 same path to get their permanent positions on the
17 Board as well.

18 Mr. Eisenhauer commented that PSPA's
19 recommendations were quite solid and interpretive of
20 the intent of the changes that Act 79 were intended to
21 do. He noted looking forward to seeing the
22 interpretation from counsel and moving forward.]

23

24 For the Board's Information/Discussion - Board
25 Committee List

1 [Dana M. Wucinski, Esquire, Board Counsel, noted the
2 current committee list.]

3 ***

4 For the Board's Information/Discussion - Old/New
5 Business

6 [Dana M. Wucinski, Esquire, Board Counsel, informed
7 the Board of the need to vote in another member of the
8 Probable Cause Screening Committee due to Dr. Domen's
9 spot soon opening.]

10 Chair Woodland thanked Dr. Domen for all of his
11 work and contributions to the Board.

12 Chair Woodland noted Dr. Valigorsky and Dr.
13 Silver are the remaining individuals on the committee.

14 CHAIR WOODLAND:

15 We had a volunteer and a suggestion for
16 Dr. Yealy to be placed on the committee.

17 MR. EISENHAUER:

18 So moved.

19 MR. DILLON:

20 Second.

21 CHAIR WOODLAND:

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

24 Any recusals or abstentions?

25 [The motion carried unanimously.]

1 ***

2 For the Board's Information/Discussion - Old/New
3 Business

4 [Gerard F. Dillon, Ph.D., Public Member, addressed the
5 Licentiate of the Medical Council of Canada (LMCC).
6 He stated the Medical Council of Canada Qualifying
7 Examination (MCCQE) Part II is most akin to what was
8 seen on the test for the United States Medical
9 Licensing Examination (USMLE) Step 2 Clinical Skills
10 Examination, which has gone away. He noted that the
11 Medical Council of Canada Qualifying Examination
12 (MCCQE) Part II has also gone away.

13 Mr. Dillon addressed requirements for someone
14 coming through the Canadian pathway who might be
15 seeking licensure in the United States, noting that he
16 did not think change would be a problem after
17 reviewing the language in the Pennsylvania regulations
18 but deferred to counsel and others.

19 Ms. Walter commented that the Board's regulations
20 do not list the MCC in steps, and as long as the MCC
21 certifies the individual received a passing score,
22 that is what is accepted, just like with the USMLE,
23 where there is a passing score and whether there is a
24 component to step 2 is irrelevant.

25 Ms. Wucinski referred to the Prescription Drug

1 Monitoring Program (PDMP) vendor transition for the
2 Board's information. She stated the PDMP is
3 transitioning from PMP AWARxE and PMP Clearinghouse to
4 LogiCoy. She referred to the December 17, 2021 letter
5 that outlined the enhancements of LogiCoy and what
6 prescribers and pharmacists would need to do to
7 transfer their account. She mentioned that the
8 transition began on January 10, 2022, and would end on
9 February 14, 202. She encouraged all to have their
10 prescribers follow the steps.

11 Chair Woodland commented that it was not just
12 provider-specific but institution-specific medical
13 records and wondered how it would interface with the
14 electronic medical records (EMRs) because the current
15 vendor actually interfaces with many EMRs to make it
16 easier to query.

17 Dr. Yealy commented on using both Cerner and
18 Epic, where it was actually easier and nothing needed
19 to be done.

20 Chair Woodland noted the Board had already taken
21 care of item 15 on the agenda regarding the 2022 FSMB
22 Annual Meeting in New Orleans.

23 Ms. Wucinski noted the FSMB Emergency
24 Preparedness and Response and FSMB Professional
25 Expectations Regarding Medical Misinformation and

1 Disinformation draft reports for the Board's
2 information.

3 Chair Woodland informed the Board to provide any
4 comments to April Evans at the Federation of State
5 Medical Boards by February 15.]

6 ***

7 MOTIONS

8 MS. WUCINSKI:

9 Agenda item 18 was placed on the agenda
10 in error.

11 ***

12 MS. WUCINSKI:

13 I believe the Board would entertain a
14 motion to approve the Draft Adjudication
15 as Final for Thomas S. Newmark, M.D.,
16 Case No. 21-49-012841.

17 MR. EISENHAUER:

18 So moved.

19 DR. YEALY:

20 Second.

21 CHAIR WOODLAND:

22 Any further discussion? Hearing none.
23 All those in favor? Any opposed, say
24 nay. Any recusals or abstentions?

25 [The motion carried unanimously.]

1 ***

2 MS. WUCINSKI:

3 Agenda item 20. I believe the Board
4 would entertain a motion to ratify the
5 vote and grant the Initial Application
6 to Practice as a Physician and Surgeon
7 by Endorsement for Seetharam Bhat Kulthe
8 Ramesh, M.D.

9 DR. YEALY:

10 Move.

11 MR. DILLON:

12 Second.

13 CHAIR WOODLAND:

14 Any further discussion? Hearing none.
15 All those in favor, say yea. Any
16 opposed, say nay. Any recusals or
17 abstentions?

18 [The motion carried unanimously.]

19 ***

20 MS. WUCINSKI:

21 I believe the Board would entertain a
22 motion to offer the following applicants
23 to apply for an Institutional License:
24 Pranav Modi, M.D.; Xiu Hua Ye, M.D.

25 DR. YEALY:

1 Move.

2 MR. EISENHAUER:

3 Second.

4 CHAIR WOODLAND:

5 Any further discussion on these two?

6 All those in favor, say yea. Any

7 opposed, say nay. Any recusals or

8 abstentions?

9 [The motion carried. Dr. Woodland and Dr. Yealy
10 opposed the motion regarding agenda item 25, Xiu Hua
11 Ye, M.D.]

12 ***

13 MS. WUCINSKI:

14 I believe the Board would entertain a
15 motion to grant the following
16 Applications for Initial Licensure by
17 Endorsement to Practice as a Physician
18 and Surgeon: Jaime Herrera Caceres,
19 M.D., noting Dr. Domen is recused from
20 this one; Talha Ali Siddiqui, M.D.;
21 Margaret Johnson Gregorczyk, M.D.;
22 Gerard Deib, M.D.; Simon Horslen, M.D.,
23 noting Dr. Yealy is recused; Ayca
24 Karaosmanoglu, M.D.

25 MR. EISENHAUER:

1 So moved.

2 DR. SILVER:

3 Second.

4 CHAIR WOODLAND:

5 Any further discussion on these
6 candidates, noting the recusals? All
7 those in favor, say yea. Opposed, say
8 nay. Any other recusals or abstentions,
9 please identify yourself now.

10 [The motion carried. Dr. Domen recused himself from
11 deliberations and voting on the motion regarding Jaime
12 Herrera Caceres, M.D. Dr. Yealy recused himself from
13 deliberations and voting on the motion regarding Simon
14 Horslen, M.D.]

15 ***

16 MS. WUCINSKI:

17 I believe the Board would entertain a
18 motion to grant the Application for an
19 Initial License by Endorsement to
20 Practice as a Physician and Surgeon
21 pending verification of licensure in
22 other states in good standing for agenda
23 item 21, Haseebuddin Ahmed, M.D.

24 DR. YEALY:

25 Move.

1 MR. EISENHAUER:

2 Second.

3 CHAIR WOODLAND:

4 Any further discussion? All those in
5 favor, say yea. Any opposed, say nay.
6 Any recusals or abstentions, please
7 identify yourself.

8 [The motion carried unanimously.]

9 ***

10 MS. WUCINSKI:

11 Agenda item 30. I believe the Board
12 would entertain a motion to
13 provisionally deny the Application for a
14 License to Practice as a Behavioral
15 Specialist for Isaac Ujam.

16 MR. EISENHAUER:

17 So moved.

18 MR. DILLON:

19 Second.

20 CHAIR WOODLAND:

21 Any further discussion? All those in
22 favor, say yea. All those opposed, say
23 nay. Any recusals or abstentions?

24 [The motion carried unanimously.]

25 ***

1 MS. WUCINSKI:

2 Agenda item 31 has been tabled for the
3 next meeting to allow Board staff to
4 obtain additional information.

5 ***

6 MS. WUCINSKI:

7 Agenda item 32. I believe the Board
8 would entertain a motion to approve the
9 Application for a License to Practice as
10 a Behavioral Specialist for Shane
11 Chamberlin.

12 DR. YEALY:

13 Move.

14 DR. DOMEN:

15 Second.

16 CHAIR WOODLAND:

17 Any further discussion on this one? All
18 those in favor, say yea. Any opposed,
19 say nay. Any recusals or abstentions?

20 [The motion carried unanimously.]

21 ***

22 MS. WUCINSKI:

23 Agenda item 33. I believe the Board
24 would entertain a motion to send a
25 standard reentry letter to Si Van Do,

1 M.D.

2 DR. YEALY:

3 Move.

4 DR. DOMEN:

5 Second.

6 CHAIR WOODLAND:

7 Any further discussion on this one?

8 Hearing none. All those in favor, say

9 yea. Any opposed, nay? Any recusals or

10 abstentions?

11 [The motion carried unanimously.]

12 ***

13 MS. WUCINSKI:

14 Agenda items 34 through 36. I believe

15 the Board would entertain a motion to

16 approve the Reactivation Applications

17 for the following: Jeremy Verrillo,

18 Justin Hoffert, and Jamie Kostialik.

19 MR. EISENHAUER:

20 So moved.

21 DR. DOMEN:

22 Second.

23 CHAIR WOODLAND:

24 Any further discussion on these three?

25 All those in favor, say yea. All those

1 opposed, nay? Any recusals or
2 abstentions?

3 [The motion carried unanimously.]

4 ***

5 MS. WUCINSKI:

6 Agenda item 37. I believe the Board
7 would entertain a motion to deny the
8 Request of Philomena Akoh to Sponsor her
9 to Retake Step 3 of the USMLE.

10 DR. YEALY:

11 Move.

12 MR. EISENHAUER:

13 Second.

14 CHAIR WOODLAND:

15 Any further discussion on this one? All
16 those in favor, say yea. Any opposed,
17 nay? Any recusals or abstentions?

18 [The motion carried unanimously.]

19 ***

20 MS. WUCINSKI:

21 Agenda item 38. I believe the Board
22 would entertain a motion to issue an
23 order in accordance with discussions in
24 Executive Session for Timothy Clark,
25 Case No. 21-49-005382.

1 DR. YEALY:

2 Move.

3 MR. EISENHAUER:

4 Second.

5 CHAIR WOODLAND:

6 Any further discussion on this one? All
7 those in favor, say yea. Any opposed,
8 nay? Any recusals or abstentions?

9 [The motion carried unanimously.]

10 ***

11 MS. WUCINSKI:

12 Agenda item 39. I believe the Board
13 would entertain a motion to grant a
14 Nonpublic Nondisciplinary License to
15 Practice Medicine and Surgery Subject to
16 a Preceptorship for Gangadhar Madupu,
17 M.D.

18 The Board would further direct that
19 Dr. Madupu complete an eight-month
20 preceptorship with Dr. Jarod John, as
21 his preceptor as outlined in Dr.
22 Madupu's letter, at Case No. 18-49-
23 010224.

24 MR. EISENHAUER:

25 So moved.

1 DR. YEALY:

2 Second.

3 CHAIR WOODLAND:

4 Any further discussion on this one? All
5 those in favor, say yea. All those
6 opposed, nay? Any recusals or
7 abstentions?

8 [The motion carried unanimously.]

9 ***

10 [Mark B. Woodland, M.S., M.D., Chair, referred to the
11 2022 Board meeting dates listed on the agenda, noting
12 the next Board meeting on March 15.

13 Chair Woodland also mentioned 2023 Board meeting
14 dates were listed as well.]

15 ***

16 Adjournment

17 CHAIR WOODLAND:

18 Could I have a motion to adjourn?

19 DR. YEALY:

20 Move.

21 CHAIR WOODLAND:

22 Do I have a second?

23 DR. DOMEN:

24 Second.

25 CHAIR WOODLAND:

1 I assume there is no further discussion
2 except to say thank you all for all of
3 your work that you do constantly.

4 I know the pandemic has been long
5 and arduous for us, and as we enter into
6 this spring out of the blizzards of the
7 winter, hopefully the future will be
8 very promising for all of us. I want to
9 express my thanks to all of you.

10 All those in favor to end the
11 meeting, say yea. All those opposed,
12 nay? Any abstentions or recusals?

13 [The motion carried unanimously.]

14 ***

15 [There being no other business, the State Board of
16 Medicine Meeting adjourned at 12:45 p.m.]

17 ***

18

19

20

21

22

23

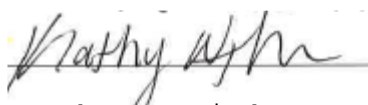
24

25

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

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.



Kathryn Witherow,

Minute Clerk

Sargent's Court Reporting
Service, Inc.

STATE BOARD OF MEDICINE
REFERENCE INDEX

February 1, 2022

TIME

AGENDA

1		
2		
3		
4		
5		
6		
7		
8		
9	8:45	Executive Session
10	10:30	Return to Open Session
11		
12	10:52	Official Call to Order
13		
14	10:53	Introduction of Attendees
15		
16	10:57	Approval of Minutes
17		
18	10:58	Report of Prosecution Division
19		
20	11:03	Appointment - Pennsylvania Insurance
21		Department
22		
23	11:27	Appointment - Carolyn A. DeLaurentis,
24		Esquire, Deputy Chief Counsel,
25		Prosecution Division Annual Report
26		Presentation
27		
28	11:44	Report of Commissioner
29		
30	11:45	Report of Department of Health
31		
32	11:58	Report of Committee on Health-Related
33		Professionals
34		
35	12:00	Report of Committee on Legislation/ Policy Development Review
36		
37		
38	12:02	Report of Board Chair
39		
40	12:06	Report of Committee on Licensure
41		Qualifications
42		
43	12:08	Appointment - Bureau of Finance and
44		Operations Annual Budget Presentation
45		
46	12:18	Report of Board Counsel
47		
48		
49		
50		
51		

STATE BOARD OF MEDICINE
REFERENCE INDEX
(Continued)

February 1, 2022

TIME

AGENDA

12:26	For the Board's Information/Discussion
12:34	Motions
12:45	Adjournment