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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: 10:31 A.M.

Tuesday, June 22, 2021

State Board of Medicine
June 22, 2021

BOARD MEMBERS:

Mark B. Woodland, M.S., M.D., Chair
K. Kalonji Johnson, Commissioner, Bureau of
Professional and Occupational Affairs
Ronald E. Domen, M.D., Vice Chair
Gerard F. Dillon, Ph.D., Public Member
Walter A. Eisenhauer, PA-C
Denise A. Johnson, M.D., Acting Physician General
Nazanin E. Silver, M.D.
Paul J. Valigorsky II, M.D.
Donald M. Yealy, M.D.

BUREAU PERSONNEL:

Dana M. Wucinski, Esquire, Board Counsel
Shana M. Walter, Esquire, Board Counsel
Cynthia K. Montgomery, Esquire, Deputy Chief
Counsel/Regulatory Counsel, Department of State
Carolyn DeLaurentis, Deputy Chief Counsel, Prosecution
Division
Jason T. Anderson, Esquire, Board Prosecution Liaison
Keith E. Bashore, Esquire, Board Prosecutor
Matthew Anderson, Esquire, Board Prosecutor
Mark R. Zogby, Esquire, Board Prosecutor
Suzanne Zerbe, Board Administrator
Marc Farrell, Deputy Policy Director, Department of
State
Theodore Stauffer, Executive Assistant, Bureau of
Professional and Occupational Affairs
Brian Lentes, Director of Office of Operational
Excellence, Pennsylvania Department of Health
Doug Jacobs, M.D., MPH, Chief Medical Officer and
Chief Innovation Officer, Pennsylvania Department of
Human Services

State Board of Medicine
June 22, 2021

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ALSO PRESENT:

- Andrea Wandling, Human Resources Manager, Pennsylvania Association of Community Health Centers
- Haley Ast, ND
- Holleigh Austin
- Jen Smeltz, Republican Executive Director, Senate Consumer Protection & Professional Licensure Committee
- Susan DeSantis, PA-C, Pennsylvania Society of Physician Assistants
- Ted Mowatt, CAE, Vice President, Wanner Associates
- Wesley J. Rish, Esquire, Rish Law Office, LLC
- Randy Stevens, Pennsylvania Orthotic & Prosthetic Society
- Charles Hartwell, Esquire, Dethlefs-Pykosh Law Group
- Lisa Claypool Stevenson, Senior Associate Counsel, University of Pittsburgh Medical Center

1 State Board of Medicine

2 June 22, 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 10:30 a.m.]

12 ***

13 The regularly scheduled meeting of the State Board of
14 Medicine was held on Tuesday, June 22, 2021. Mark B.
15 Woodland, M.S., M.D., Chair, called the meeting to
16 order at 10:31 a.m.

17 ***

18 Acknowledge Public - Turn Off Electronic Devices
19 [Chair Woodland requested all electronic devices be
20 turned off. He also noted the meeting was being
21 recorded, and those who remained on the line were
22 giving their consent to be recorded.]

23 ***

24 Introduction of Board Members/Audience

25 [Chair Woodland announced everyone in attendance. He

1 also requested anyone who may have been missed during
2 attendance to put their identification in the chat.]

3 ***

4 Approval of minutes of the May 25, 2021 meeting

5 CHAIR WOODLAND:

6 The first item on the agenda is approval
7 of minutes from May 25, 2021. I know
8 that the Board has had time to review
9 these minutes and made comments.

10 Do I have a motion to approve the
11 minutes?

12 DR. YEALY:

13 So moved.

14 MR. EISENHAUER:

15 Second.

16 CHAIR WOODLAND:

17 Any discussion about the minutes?

18 Hearing no discussion.

19 All in favor, say yea. All
20 opposed, say nay. Any abstentions?

21 [The motion carried unanimously.]

22 ***

23 Report of Prosecution Division

24 [Mark B. Woodland, M.S., M.D., Chair, noted prior
25 discussion during Executive Session and no need for a

1 formal report at this time.]

2 MS. WALTER:

3 Pursuant to Section 708(a)(5) of the
4 Sunshine Act, the Board entered into
5 Executive Session this morning at
6 8:45 a.m. for the purpose of conducting
7 quasi-judicial deliberations on a number
8 of matters that are currently pending
9 before the Board and to receive advice
10 of counsel.

11 The Board discussed the Consent
12 Agreements presented today, along with
13 agenda items 14 through 24 in Executive
14 Session. Item 2 is Case No. 20-49-
15 004471, and item 3 is Case No. 21-49-
16 003939.

17 I believe the Board would entertain
18 a motion to accept the Consent
19 Agreements.

20 DR. YEALY:

21 So moved.

22 MR. DILLON:

23 Second.

24 CHAIR WOODLAND:

25 Any further discussion on these two

1 issues? Hearing no further discussion.
2 All in favor, say yea. All opposed, say
3 nay. Any abstentions?

4 [The motion carried unanimously. The Respondent's
5 name in item 2 is Douglas Andrew Dougherty, M.D. The
6 Respondent's name in item 3 is Donald K. Wilkerson,
7 M.D.]

8 ***

9 MS. WALTER:

10 Items 4 through 6 on the agenda are Case
11 No. 21-49-004482, Case No. 21-49-004483,
12 and Case No. 21-49-006472.

13 I believe the Board would entertain
14 a motion to accept these VRP Agreements.

15 CHAIR WOODLAND:

16 Do I have a motion?

17 DR. DOMEN:

18 So moved.

19 MR. EISENHAUER:

20 Second.

21 CHAIR WOODLAND:

22 Any further discussion on these three
23 items? Hearing no further discussion.
24 All in favor, say yea. Any opposed, say
25 nay. Any abstentions?

1 [The motion carried unanimously.]

2 ***

3 Report of Commissioner

4 [K. Kalonji Johnson, Commissioner, Bureau of
5 Professional and Occupational Affairs, formally
6 welcomed Dr. Johnson to the Board.

7 Commissioner Johnson announced Board meetings
8 would be held virtually through September 30, and a
9 new equilibrium was being worked on beyond that.

10 Commissioner Johnson addressed physical travel
11 requests, noting physical travel is considered up to
12 the pre-COVID limit of two members with the rest of
13 the Board having the option of attending virtually.

14 Chair Woodland mentioned that many people were
15 looking for the balance between meetings in person and
16 virtually, noting the Board will await additional
17 information about whether a hybrid meeting could be
18 possible, where some members meet in person and some
19 members stay on virtually.

20 Chair Woodland commented that some of the Board
21 members hold national positions, and further
22 discussion concerning exemptions may be necessary when
23 things start opening up in the future.]

24 ***

25 Report of Department of Health

1 [Denise A. Johnson, M.D., Acting Physician General,
2 provided a COVID-19 update, noting a total of
3 1,210,646 cases and 27,570 deaths in Pennsylvania.
4 She reported 406 patients are hospitalized with 67 of
5 those on ventilators. She commented that the Centers
6 for Disease Control and Prevention (CDC) tracker
7 reports 59 percent of Pennsylvanians over age 18 are
8 fully vaccinated and 74.5 percent of Pennsylvanians
9 older than 18 received their first dose of vaccine.

10 Dr. Johnson mentioned that Pennsylvania is eighth
11 among states with the percentage of the whole
12 population that has had a first dose, noting the
13 United States average is 53 percent.

14 Dr. Johnson noted mitigation orders were lifted
15 on May 31, 2021, and the masking order is due to be
16 lifted on June 28, 2021. She reported that the Delta
17 variant seems to be increasing and is projected to be
18 the dominant variant in the next couple of weeks,
19 noting vaccines have been effective against the
20 variants.

21 Dr. Johnson discussed working on addressing areas
22 that are under vaccinated and gearing efforts with
23 media campaigns to many areas to make sure vaccines
24 are widely available.

25 Dr. Johnson mentioned the rollout of a grant

1 program to help outreach and spread the message. She
2 discussed a weekly Vax Facts webinar to address
3 hesitancy issues.

4 Dr. Johnson reported the Department of Health has
5 convened a workgroup that includes rural and urban
6 health systems, various stakeholder organizations, and
7 consumer groups that are working on updating
8 regulations from 1997.

9 Chair Woodland stated the evolution of the
10 Department of Health from disease reporting to now
11 vaccine reporting and mitigation statistics is quite
12 impressive. He mentioned appreciating the periodic
13 updates that allows providers and staff in all of the
14 facilities aware of the current situation and aware of
15 what still needs to be done.

16 Chair Woodland commented that the vaccine is now
17 being exercised in postpartum patients to reach that
18 population as well.]

19 ***

20 Report of Committee on Health-Related

21 Professionals - No Report

22 ***

23 Report of Committee on Legislation/Policy Development

24 and Review - No Report

25 ***

1 Report of Committee on Licensure Qualifications
2 [Donald M. Yealy, M.D., noted the Committee on
3 Licensure Qualifications has been having extensive
4 preliminary conversations about potential
5 opportunities for the Board to consider but has
6 nothing to share at the present time.]

7 ***

8 Report of Vice Chair - No Report

9 ***

10 Report of Board Chair

11 [Mark B. Woodland, M.S., M.D., Chair, addressed the
12 Association of American Medical Colleges (AAMC)
13 workforce predictions. He stated there is a lot of
14 information put out to state boards of medicine about
15 projected shortages by the AAMC workforce by 2034 of
16 around 124,000 physicians. He mentioned the majority
17 are actually a balance between primary care and non-
18 primary care specialties.

19 Chair Woodland reported that the Federation of
20 State Medical Boards (FSMB) updated their U.S. Medical
21 Regulatory Trends and Actions and their website is
22 offering new areas, including a Guide to Medical
23 Regulation in the United States, the State Medical
24 Board Data, and the U.S. Medical Licensing and
25 Disciplinary Data Report.

1 Chair Woodland stated FSMB also has a fourth area
2 that looks at additional policies and issues of
3 telemedicine, out-of-state physicians, dispensing
4 schedule drugs, etc., noting there is a plethora of
5 information on that website and the information is in
6 his full report sent to the Board.

7 Chair Woodland announced the Federation of State
8 Medical Boards (FSMB) Annual Meeting will be held
9 April 28-30, 2022, in New Orleans.

10 Chair Woodland commented that a meeting with the
11 State Board of Osteopathic Medicine leadership has not
12 been orchestrated.

13 Chair Woodland addressed the Community Health
14 Needs Assessment that typically focuses on things like
15 the obesity epidemic, opioid use disorder, epidemics,
16 social injustice, and the pandemic. He also offered
17 information in his formal report regarding gun safety
18 as well.]

19

20 Report of Board Counsel - Regulatory Status Report
21 [Cynthia K. Montgomery, Esquire, Deputy Chief
22 Counsel/Regulatory Counsel, Department of State,
23 presented a revised annex with the changes requested
24 by the Board for child abuse recognition and reporting
25 requirements.

1 Ms. Montgomery stated the only revisions from
2 last month are in § 17.1 regarding a license without
3 restriction, where a cross-reference was added to the
4 requirement to meet the general qualifications for a
5 license, including having completed at least 3 hours
6 of continuing education in child abuse recognition and
7 reporting in accordance with § 16.108 relating to the
8 child abuse recognition and reporting mandatory
9 training requirement.

10 Ms. Montgomery noted it was also added to §§ 17.1,
11 17.2 licensure by endorsement, 17.3 institutional
12 license, 17.4 extraterritorial license, 17.5 graduate
13 license, 17.6 temporary license, and 17.7 interim
14 limited license. She also noted the cross-reference
15 to § 16.108, the requirement of having completed 3
16 hours of training in child abuse recognition
17 reporting, was added to all of those sections.

18 Ms. Montgomery presented the preamble, which
19 includes the comments from the Independent Regulatory
20 Review Commission (IRRC) and all of the responses and
21 a description of the amendments made to the final-form
22 rulemaking.

23 Ms. Montgomery requested the Board approve the
24 final-form rulemaking as drafted to be promulgated
25 through the regulatory review process.]

1 CHAIR WOODLAND:

2 I would entertain a motion to approve
3 this.

4 DR. VALIGORSKY:

5 So moved.

6 COMMISSIONER JOHNSON:

7 Second.

8 CHAIR WOODLAND:

9 Any further discussion on this?

10 [Dr. Yealy expressed concern with the time-based
11 initial and ongoing approach to assessing or ensuring
12 recognition capability amongst providers.

13 Ms. Montgomery noted statutory requirements are
14 being implemented and a provision in § 16.109 requires
15 course providers to include knowledge checks or
16 quizzes to make sure people understand the information
17 that is presented in the course.

18 Chair Woodland stated this raises awareness to
19 the situation for all providers and to consider things
20 that are sometimes not always considered.]

21 CHAIR WOODLAND:

22 Any further discussion? Hearing no
23 further discussion.

24 All in favor, say yea. Any
25 opposed, say nay. Any abstentions?

1 [The motion carried. Dr. Yealy opposed the motion.]

2

3 Provider Diversity, Equity, and Inclusion (DEI)

4 Dashboard

5 [Mark B. Woodland, M.S., M.D., Chair, requested a
6 Board presentation after prior discussion with Mr.
7 Lentes regarding diversity, equity, and inclusion.

8 Brian Lentes, MPA, Director of Office of
9 Operational Excellence, Pennsylvania Department of
10 Health, presented to the Board to discuss the
11 Pennsylvania State Health Assessment, State Health
12 Improvement Plan, and the Health Equity Analysis Tool.

13 Mr. Lentes stated the State Health Assessment
14 looks at the health of populations and populations
15 most impacted and is created every five years through
16 the Department of Health to identify contributing
17 factors that lead to poor health disparities to look
18 for ways to identify methods to improve population
19 health.

20 Mr. Lentes noted the State Health Assessment
21 follows the Public Health Accreditation Board
22 Standards and Measures to set priorities to help
23 organizations plan where hospitals and health systems
24 can use this for program development and helps
25 coordinate resources and new ways to collaboratively

1 use state assessments to improve public health.

2 Mr. Lentes stated the Pennsylvania State Health
3 Assessment (SHA) process ended in January 2021 and was
4 approved and published. He mentioned that prior to
5 that there was a five-year assessment in place with
6 annual updates.

7 Mr. Lentes noted 125 SHA indicators with the
8 initial indicators coming from other state health
9 assessments, Healthy People Indicators, stakeholder
10 meetings, and focus groups. He addressed the
11 importance of making sure Healthy People 2020 Leading
12 Health Indicators can be tracked.

13 Mr. Lentes noted the eight new themes in the SHA
14 decided upon by community partners and the biggest
15 health disparities. He noted the cornerstone to be
16 social determinants of health and health equity. He
17 mentioned a lens of health equity and a dedicated
18 section that will lead to an interactive dashboard
19 around social determinants of health.

20 Mr. Lentes addressed how social determinants
21 influence health by beginning the assessment with the
22 age group, race, ethnicity, and causes of death
23 information from the census; Behavioral Risk Factor
24 Surveillance System; Healthy People; and Centers for
25 Disease Control and Prevention (CDC).

1 Mr. Lentes stated black and Hispanic Pennsylvania
2 households were three times as likely to live in
3 poverty as white households, and in 2018, over 1
4 million people struggled with hunger and about 13,000
5 people experienced homelessness. He noted other
6 social determinants that were key standouts.

7 Mr. Lentes addressed the access to care indicator
8 by race and ethnicity, stating minority populations
9 are at the higher percentage of population in total.
10 He noted barriers to access to care, where lower
11 levels of education are associated with lower
12 prevalence of seeking a doctor's care.

13 Mr. Lentes stated some of their sources come from
14 the 2020 Lesbian, Gay, Bisexual, Transgender, and
15 Queer (LGBTQ) Needs Assessment as well, where one in
16 three feared seeking health care services because of
17 past negative reactions from providers. He noted
18 access to broadband also plays a big part in access to
19 care.

20 Mr. Lentes addressed mental health, where high
21 school students who felt sad or hopeless increased
22 from 28 percent in 2015 to 35 percent in 2019, and
23 suicide rates increased over the past decade with 12
24 per 100,000 residents to 15 per 100,000 residents in
25 2018. He commented that Hispanic adults are more

1 likely to report having poor mental health compared to
2 whites.

3 Mr. Lentes mentioned that the diversity, equity,
4 inclusion dashboard will be coming out at the
5 Department of Health (DOH) very shortly. He mentioned
6 that the State Health Assessment is a static document
7 that is updated annually and will now be available on
8 the DOH website.

9 Mr. Lentes addressed the State Health Improvement
10 Plan, noting it to be a five-year strategic document
11 that implements evidence-based strategies to improve
12 health outcome, which is the goal of the State Health
13 Improvement Plan. He noted they not only focus their
14 programmatic work within DOH but also look at
15 leveraging the communities more, working with health
16 systems that maybe have a community health aspect to
17 provide initiatives to improve public health.

18 Mr. Lentes explained that the strategies are
19 documented to try to measure the performance based on
20 what feeds the State Health Assessment. He commented
21 that the new State Health Improvement Plan is being
22 developed this summer and will be published in March
23 2022. He noted it to be a road map of what objectives
24 will be moving forward and what needs improve based on
25 findings in the State Health Assessment.

1 Mr. Lentes noted annual status reports are
2 available on the DOH website and a new report was
3 recently produced that shows if the needle is moving
4 in the right direction that uses all of the different
5 sources that went into the State Health Assessment.

6 Mr. Lentes commented that the current State
7 Health Improvement Plan (SHIP) priorities are obesity,
8 physical activity, nutrition, primary care
9 preventative services, mental health, and substance
10 use. He reported leisure time activities remain flat
11 from 26% in 2013 to 26% in 2019 and is something to
12 work on with the programs in DOH and community
13 partners to implement solutions or activities around
14 the findings.

15 Mr. Lentes noted the importance of structure when
16 thinking through opportunities for the DEI Dashboard
17 and reporting. He stated the Healthy Pennsylvania
18 Partnership is the agencies for the state level,
19 community organization, academia, health systems, and
20 providers in the community and helps put in place the
21 next activities to come out of the SHA and what will
22 be implemented in the State Health Improvement Plan.

23 Mr. Lentes stated different taskforces meet at
24 least every month, along with a management team at DOH
25 that he oversees as the director of operational

1 excellence and an executive committee. He requested
2 anyone interested in being a part of the Healthy
3 Pennsylvania Partnership (HPP) to contact him.

4 Chair Woodland noted the need for further
5 discussion regarding where they have the State Health
6 Assessment and State Health Improvement Plan and
7 communications and whether there is a box there about
8 provider status or provider, just to link the means
9 with the providers to see what the dashboard looks
10 like. He mentioned the importance of Mr. Lentes
11 communicating with the Board periodically.

12 Doug Jacobs, M.D., MPH, Chief Medical Officer and
13 Chief Innovation Officer, Pennsylvania Department of
14 Human Services, addressed differences in life
15 expectancy in Philadelphia and across the
16 commonwealth, where there is a 23 life year difference
17 based on the block you are born.

18 Dr. Jacobs referred to a redline map of
19 Philadelphia, when during the New Deal programs, the
20 housing loan corporation went to certain communities,
21 predominantly racial and ethnic minority individuals,
22 where they could not get loans, employment, access to
23 food, and stable housing that hurt people's health.
24 He also reported a profound level of housing
25 segregation by neighborhood in Pennsylvania today.

1 Dr. Jacobs addressed maps of the variables
2 regarding the prevalence of health and mental
3 conditions in Philadelphia, noting the same areas
4 suffered disproportionately from COVID-19 linking
5 together race, place, and health. He noted it to be
6 the same story in Harrisburg.

7 Dr. Jacobs addressed Pennsylvania Health Equity
8 Analysis Tool (HEAT) that was created to examine
9 health equity concerning neighborhood and zip code to
10 allow any provider organizations in communities to
11 identify issues in communities. He noted HEAT
12 combines three years of Medicaid data from the
13 Department of Human Services with public population
14 health data.

15 Dr. Jacobs discussed Medicaid outcomes in
16 Harrisburg, where there are profound levels indicating
17 worse population outcomes and worse Medicaid outcomes.
18 He reviewed Population Health Index disease scores and
19 Medicaid outcomes.

20 Chair Woodland mentioned the issue of gun
21 violence and gun safety and referred to the Community
22 Health Needs Assessment, where gun deaths outweigh
23 motor vehicle deaths in the state.

24 Mr. Lentz noted gun violence and safety to be a
25 topic that is a focus of the Department of Health,

1 where there is a specific area within the new State
2 Health Assessment of about two pages and provides the
3 opportunity when the new State Health Improvement Plan
4 is being developed that it could be raised as a focus.

5 Chair Woodland commented that the Community
6 Health Needs Assessment is critical state boards but
7 also in making sure the right providers are available,
8 noting provider representation does affect equity of
9 care for individuals.

10 Chair Woodland addressed the Federation of State
11 Medical Boards regarding developing dashboards to look
12 at not only health equity needs but also educating
13 providers to make sure the right services are provided
14 in the right communities. He thanked Mr. Lentes and
15 Dr. Jacobs for their efforts and wanted to keep the
16 conversation going to ensure a drill down on provider
17 status.]

18

19 Report of Board Counsel (Continued)

20 [Dana M. Wucinski, Esquire, Board Counsel, requested
21 Board approval of the final rulemaking for 16A-4947
22 regarding orthotic fitter temporary permits and
23 training.]

24 CHAIR WOODLAND:

25 We need a motion to approve the draft

1 final rulemaking.

2 DR. YEALY:

3 So moved.

4 MR. DILLON:

5 Second.

6 CHAIR WOODLAND:

7 Any further discussion on the orthotic
8 fitter temporary permits and training
9 final annex and preamble? Hearing none.

10

11 All in favor, say yea. Any
12 opposed, say nay. Any abstentions?

13 [The motion carried unanimously.]

14

15 For the Board's Information/Discussion - Current
16 Committee List

17 [Mark B. Woodland, M.S., M.D., Chair, reported no
18 changes to the current committee list. He mentioned
19 discussion concerning the process of urgent
20 legislative review documents, noting the utilization
21 of some of the committee structure to facilitate that
22 process for Board counsel as well as for advice. He
23 commented that anything done in committee will be
24 reported back to the state Board in public session.]

25

1 For the Board's Information/Discussion - Board Meeting
2 Dates

3 [Mark B. Woodland, M.S., M.D., Chair, mentioned the
4 upcoming Board meetings will remain virtual as per
5 Commissioner Johnson. He also noted the 2022 meeting
6 dates for the Board's review.

7 Chair Woodland reminded everyone there is no
8 Board meeting in the month of August.]

9 ***

10 For the Board's Information/Discussion - Old/New
11 Business

12 [Shana M. Walter, Esquire, Board Counsel, addressed
13 Senate Bill 705 regarding telemedicine and encouraged
14 everyone to provide comments.

15 Chair Woodland stated the bill is a telemedicine
16 act and presumes comprehension to include televideo
17 medicine but should have some delineation of what that
18 means because of the wide expanse of telemedicine and
19 televideo medicine.

20 Dr. Yealy commented that there is an opportunity
21 for clarity in the language because many people may
22 view this differently, where telemedicine is a broad
23 term that encompasses different forms of the
24 nonphysical contact care provision.

25 Ms. Walter referred to page 7 under Section

1 6(a)(1) relating to insurance coverage and
2 reimbursement, where insurance shall provide coverage
3 for medically necessary telemedicine delivered by a
4 participating network provider, and questioned whether
5 there are any comments on medical necessity because it
6 is not defined in the bill.

7 Dr. Yealy noted the concern is twofold regarding
8 "what is medical necessity" and "determined by who,"
9 which is an opportunity for clarity.

10 Chair Woodland mentioned the importance of
11 knowing what is covered by insurance versus not
12 covered. He commented that the pandemic opened up the
13 opportunity to have a different venue to provide
14 medical care, whether it was televideo or
15 telemedicine, but insurance providers are ratcheting
16 back what they are going to pay.

17 Chair Woodland stated telemedicine and televideo
18 medicine have the opportunity to enhance access to
19 care but to allow insurance providers to determine
20 what they are going to pay and what they are not going
21 to pay is a little difficult for widespread
22 acceptance.

23 Ms. Wucinski addressed House Bill 1444 of 2021
24 regarding the Protection of Patient Trust Act to
25 protect the doctor-patient relationship from

1 government interference for the Board's review. She
2 stated the bill prevents the commonwealth and all
3 political subdivisions from requiring the health care
4 practitioner to provide certain information to their
5 patients that are not medically accurate or medically
6 appropriate and defines medically accurate and
7 medically appropriate.

8 Ms. Wucinski commented that the legislation is
9 meant to ensure doctors are not forced to provide
10 information if it is medically inaccurate.

11 Chair Woodland addressed obstetrics and
12 gynecology, where a lot of off-label medicine for
13 therapeutic agents are utilized during pregnancy,
14 labor and delivery, or postpartum. He mentioned being
15 careful about unintended consequences, where the bill
16 could put an obstacle to utilization of different
17 therapeutics for specific reasons. He noted the need
18 to dive further into the definitions of evidence
19 based, medically accurate, and medically appropriate.

20 Chair Woodland referred to a comment in chat,
21 where the Pennsylvania Society of Physician Assistants
22 (PSPA) is in full support of Senate Bill 705.]

23 ***

24 MOTIONS

25 MS. WUCINSKI:

1 At agenda item 14, I believe the Board
2 would entertain a motion to adopt as
3 final the proposed Adjudication and
4 Order for Nicole Paier-Mullan, M.D.,
5 Case No. 20-49-007067.

6 CHAIR WOODLAND:

7 Do I have a motion?

8 DR. YEALY:

9 So moved.

10 CHAIR WOODLAND:

11 Second?

12 DR. SILVER:

13 Second.

14 CHAIR WOODLAND:

15 Any further discussion on this case?

16 Hearing none. All those in favor, say
17 yea. All those opposed, say nay. Any
18 abstentions?

19 [The motion carried unanimously.]

20 ***

21 MS. WUCINSKI:

22 I believe the Board would entertain a
23 motion to direct Board counsel to draft
24 a Final Adjudication and Order
25 addressing exceptions as discussed in

1 executive session for Cheryl D.
2 Ackerman, M.D., Case No. 20-49-004468.
3 CHAIR WOODLAND:
4 Do I have a motion?
5 MR. EISENHAUER:
6 So moved.
7 CHAIR WOODLAND:
8 Second?
9 DR. DOMEN:
10 Second.
11 CHAIR WOODLAND:
12 Any further discussion? All those in
13 favor, say yea. All those opposed, say
14 nay. Any abstentions?
15 [The motion carried unanimously.]
16 ***
17 MS. WUCINSKI:
18 I believe the Board would entertain a
19 motion to grant the Application to
20 Practice as a Physician and Surgeon for
21 Joseph Froilan Yurich, M.D.
22 CHAIR WOODLAND:
23 Do I have a motion?
24 DR. YEALY:
25 So moved.

1 CHAIR WOODLAND:

2 Second?

3 MR. DILLON:

4 Second.

5 CHAIR WOODLAND:

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

9 [The motion carried unanimously.]

10 ***

11 MS. WUCINSKI:

12 I believe the Board would entertain a
13 motion to grant the Application for a
14 License to Practice as a Physician and
15 Surgeon by Endorsement for Philipp
16 Hendrix, M.D.

17 DR. YEALY:

18 So moved.

19 DR. SILVER:

20 Second.

21 CHAIR WOODLAND:

22 Any further discussion? Hearing no
23 further discussion about this candidate.
24 All those in favor, say yea. Any
25 opposed? Any abstentions?

1 [The motion carried unanimously.]

2 ***

3 MS. WUCINSKI:

4 I believe the Board would entertain a
5 motion to deny the USMLE Waiver
6 Requirement Request but to grant the
7 Application for a License to Practice as
8 a Physician and Surgeon by Endorsement
9 for Valeriy Chernov, M.D.

10 DR. YEALY:

11 So moved.

12 MR. EISENHAUER:

13 Second.

14 CHAIR WOODLAND:

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

18 [The motion carried unanimously.]

19 ***

20 MS. WUCINSKI:

21 The Board has tabled agenda item 19 so
22 that the Board administrator can send a
23 letter requesting additional information
24 concerning direct patient care for Nancy
25 Bridges, M.D.

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MS. WUCINSKI:

I believe the Board would entertain a motion to grant the Reconsideration Request of Allison Kunkel, LAT, and to grant her Reactivation Application.

MR. EISENHAUER:

So moved.

CHAIR WOODLAND:

Second?

MR. DILLON:

Second.

CHAIR WOODLAND:

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

[The motion carried unanimously.]

MS. WUCINSKI:

I believe the Board would entertain a motion to grant the Reconsideration Request of Paul Mark Paris, M.D. and to grant the Reactivation to Active Retired Status with a note that Dr. Yealy has recused.

1 CHAIR WOODLAND:

2 Do I have a motion?

3 MR. DILLON:

4 So moved.

5 DR. SILVER:

6 Second.

7 CHAIR WOODLAND:

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

11 [The motion carried. Dr. Yealy recused himself from
12 deliberations and voting on the motion.]

13 ***

14 MS. WUCINSKI:

15 I believe the Board would entertain a
16 motion to grant the Application to
17 Practice as a Physician Surgeon for
18 Hersh Shah, M.D.

19 DR. YEALY:

20 So moved.

21 DR. VALIGORSKY:

22 Second.

23 CHAIR WOODLAND:

24 Any further discussion? All those in
25 favor, say yea. All those opposed, say

1 nay. Any abstentions?

2 [The motion carried unanimously.]

3 ***

4 MS. WUCINSKI ASSUMED THE CHAIR

5 ***

6 MS. WUCINSKI:

7 I believe the Board would entertain a
8 motion to deny the request of Reed
9 Oxman, M.D., to accept the non-passing
10 score on his SPEX Examination. I am
11 also going to note that Dr. Woodland has
12 recused.

13 DR. YEALY:

14 So moved.

15 MR. DILLON:

16 Second.

17 MS. WUCINSKI:

18 All in favor? Oppose? Abstentions?

19 [The motion carried. Dr. Woodland recused himself
20 from deliberations and voting on the motion.]

21 ***

22 CHAIR WOODLAND RESUMED THE CHAIR

23 ***

24 MS. WUCINSKI:

25 I believe the Board would entertain a

1 motion to grant the Application for an
2 Unrestricted License to Practice as a
3 Physician and Surgeon for Elizabeth
4 Howell, M.D.

5 MR. EISENHAUER:

6 So moved.

7 MR. DILLON:

8 Second.

9 CHAIR WOODLAND:

10 Any further discussion on this one? All
11 those in favor, yes? Any opposed, nay?
12 Any abstentions?

13 [The motion carried unanimously.]

14 ***

15 [Mark B. Woodland, M.S., M.D., Chair, noted the next
16 scheduled Board meeting is July 27. He again reminded
17 the Board of the no August meeting.]

18 ***

19 Adjournment

20 CHAIR WOODLAND:

21 Do I have a motion to adjourn?

22 DR. YEALY:

23 So moved.

24 DR. SILVER:

25 Second.

1 CHAIR WOODLAND:

2 Any further discussion? All those in
3 favor, say yea. Any opposed?

4 [The motion carried unanimously.]

5 ***

6 [There being no other business, the State Board of
7 Medicine Meeting adjourned at 11:51 a.m.]

8 ***

9

10 CERTIFICATE

11

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

17

18

19



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Evan Bingaman,

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Minute Clerk

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Sargent's Court Reporting

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Service, Inc.

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STATE BOARD OF MEDICINE
REFERENCE INDEX

June 22, 2021

| TIME | AGENDA |
|-------|--|
| 8:45 | Executive Session |
| 10:30 | Return to Open Session |
| 10:31 | Official Call to Order |
| 10:31 | Introduction of Board Members/Audience |
| 10:35 | Approval of Minutes |
| 10:36 | Report of Prosecution Division |
| 10:42 | Report of Department of Health |
| 10:48 | Report of Committees |
| 10:48 | Report of Board Chair |
| 10:53 | Report of Board Counsel |
| 11:00 | Appointment - Provider DEI Dashboard |
| 11:30 | Report of Board Counsel (Continued) |
| 11:31 | For the Board's Information/Discussion |
| 11:42 | Motions |
| 11:51 | Adjournment |