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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

TIME: 10:41 A.M.

Held at

PENNSYLVANIA DEPARTMENT OF STATE

2601 North Third Street

One Penn Center, Board Room C

Harrisburg, Pennsylvania 17110

as well as

VIA MICROSOFT TEAMS

Tuesday, October 25, 2022

State Board of Medicine
October 25, 2022

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BOARD MEMBERS:

- Mark B. Woodland, M.S., M.D., FACOG, Chair
- Arion R. Claggett, Acting Commissioner, Bureau of Professional and Occupational Affairs
- Donald M. Yealy, M.D., Vice Chair
- Gerard F. Dillon, Ph.D., Public Member
- Walter A. Eisenhauer, MMS, M.Ed., PA-C
- Carolyn Byrnes, M.P.H., C.P.H., Department of Health
- Michael Ripchinski, M.D., MBA, CPE, FAAFP

BUREAU PERSONNEL:

- Dean F. Picarella, Esquire, Senior Board Counsel
- Dana M. Wucinski, Esquire, Board Counsel
- Shana M. Walter, Esquire, Board Counsel
- Jason T. Anderson, Esquire, Board Prosecution Liaison
- Keith E. Bashore, Esquire, Board Prosecutor
- Mark R. Zogby, Esquire, Board Prosecutor
- Adam J. Williams, Esquire, Board Prosecutor
- Kelsey Ashworth, Esquire, Board Prosecutor
- Jasmira L. Hunter, Board Administrator
- Marc Farrell, Deputy Policy Director, Department of State
- Holly Hoffman, Law Clerk, Department of State

State Board of Medicine
October 25, 2022

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ALSO PRESENT:

- Kerry E. Maloney, Esquire - UPMC
- Satti Mustafa
- Tanya Miller, MS, LAT, ATC, Pennsylvania Athletic Trainers' Society
- Susan DeSantis, PA-C, Pennsylvania Society of Physician Assistants
- Lauren Knepp
- Danielle Darius, Medical Student, Drexel University College of Medicine
- Misha Patel, M.D., Curriculum Education Assistant, Geisinger Commonwealth School of Medicine
- Danie Bendesky, Director of Intergovernmental Affairs, Department of State
- Jennifer Smeltz, Republican Executive Director, Senate Consumer Protection & Professional Licensure Committee
- Nicole Sidle, Republican Executive Director, House Professional Licensure Committee
- Ted Mowatt, CAE, Vice President/Lobbyist, Wanner Associates
- Lisa Claypool Stevenson, Senior Associate Counsel, University of Pittsburgh Medical Center
- Shauna Boscaccy, Esquire, Vice President, GSL Public Strategies Group
- Mark Weaver, Esquire, The Mazza Law Group, P.C.
- Randy Stevens, Director of Legislative Affairs, Pennsylvania Orthotic and Prosthetic Society
- Belinda Williams, Public Health Program Administrator, Department of Health
- Tony Norwood, Program Administrator, Department of Health
- Linda Moore
- Joe Schwartz
- Lori A. Behe

1 ***

2 State Board of Medicine

3 October 25, 2022

4 ***

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

13 ***

14 The regularly scheduled meeting of the State
15 Board of Medicine was held on Tuesday, October 25,
16 2022. Mark B. Woodland, M.S., M.D., FACOG, Chair,
17 called the meeting to order at 10:41 a.m.

18 ***

19 Acknowledge Public - Turn Off Electronic Devices
20 [Chair Woodland welcomed everyone to the State Board
21 of Medicine Meeting. He reminded everyone that the
22 meeting was being recorded, and voluntary
23 participation constituted consent to be recorded. He
24 also provided instructions for those in attendance.]

25 ***

1 Introduction of Board Members/Attendees

2 [Chair Woodland provided an introduction of Board
3 members and attendees.]

4 ***

5 Approval of minutes of the September 13, 2022 meeting

6 CHAIR WOODLAND:

7 The first order of business on the
8 agenda is approval of minutes from
9 September 13, 2022.

10 I would take a motion to approve.

11 DR. YEALY:

12 So moved.

13 CHAIR WOODLAND:

14 Second?

15 MR. EISENHAUER:

16 Second.

17 CHAIR WOODLAND:

18 Any further discussion or corrections?

19 Hearing none.

20 Jasmira, could we have a roll call,
21 please?

22

23 Mark Woodland, yea; Arion Claggett,
24 abstain; Donald Yealy, yea; Gerard
25 Dillon, aye; Walter Eisenhower, aye;

1 Carolyn Byrnes, aye; Michael
2 Ripchinski, yea.
3 [The motion carried. Arion Claggett abstained from
4 voting on the motion.]

5 ***
6 Report of Prosecution Division
7 [Jason T. Anderson, Esquire, Board Prosecution
8 Liaison, presented the VRP Consent Agreements for
9 Case No. 22-49-007680, Case No. 22-49-008657, Case
10 No. 22-49-012990, and Case No. 22-49-013208.]

11 MS. WALTER:

12 I believe the Board would entertain a
13 motion to accept the Consent Agreements
14 at items 2 through 5 on the agenda.
15 Number 2 is Case No. 22-49-007680;
16 number 3, Case No. 22-49-008657; number
17 4, Case No. 22-49-012990; and number 5,
18 Case No. 22-49-013208.

19 DR. YEALY:

20 So moved.

21 MR. EISENHAUER:

22 Second.

23 CHAIR WOODLAND:

24 Any further discussion? Hearing none.
25 Jasmira, could you do a roll call?

1

2

Mark Woodland, yea; Arion Claggett,

3

aye; Donald Yealy, aye; Gerard Dillon,

4

aye; Walter Eisenhower, aye; Carolyn

5

Byrnes, aye; Michael Ripchinski, yea.

6

[The motion carried unanimously.]

7

8

[Keith E. Bashore, Esquire, Board Prosecutor,

9

presented the Consent Agreements for Case No. 21-49-

10

020222 and Case No. 21-49-012057.]

11

MS. WALTER:

12

I believe the Board would entertain a

13

motion to accept the Consent Agreements

14

at items 6 and 7 on the agenda. Number

15

6 is Case No. 21-49-020222, and number

16

7 is Case No. 21-49-012057.

17

DR. YEALY:

18

So moved.

19

MR. EISENHAUER:

20

Second.

21

CHAIR WOODLAND:

22

Any further discussion on these?

23

Hearing none.

24

25

Jasmira, could we have a roll call,

1 please?

2

3 Mark Woodland, yea; Arion Claggett,
4 aye; Donald Yealy, aye; Gerard Dillon,
5 aye; Walter Eisenhower, aye; Carolyn
6 Byrnes, aye; Michael Ripchinski, yea.

7 [The motion carried unanimously. The Respondent's
8 name in number 6 is Zachary Michael Downey, LAT, and
9 number 7 is David Ari Lapidés, M.D.]

10

11 Appointment - Health Care Workforce Shortages and

12 Health Professional Shortage Areas (HPSAs)

13 [Belinda Williams, Public Health Program

14 Administrator, Primary Care Office, Pennsylvania

15 Department of Health, addressed health care

16 professional shortage areas. She noted identifying

17 areas of shortage within the state based on analysis

18 of demographics and provider data that fall into

19 three different categories, including facility HPSAs,

20 population, and geographics.

21 Ms. Williams addressed the three HPSA categories

22 that include primary care, where there is an analysis

23 of the areas that provide comprehensive primary care

24 with dental designations looking at fluoridation

25 provider dentists who take low-income patients and

1 also mental health, where there is an analysis of
2 psychiatrists only in Pennsylvania with the focus on
3 providing care to a specific geographic area or low-
4 income population.

5 Ms. Williams stated the designations require a
6 certain level of analysis, and according to the
7 Health Resources and Services Administration, a
8 service area must be considered rationale, and the
9 population of providers to the population must be
10 considered.

11 Ms. Williams addressed geographic designation,
12 where there is an assessment of the entire population
13 and the entire number of full-time equivalents (FTEs)
14 being provided to that population. She stated that
15 providers giving care to a population at 200 percent
16 of poverty would be a low-income area.

17 Ms. Williams mentioned looking at surrounding
18 areas considered contiguous areas for issues where it
19 may be too far to get providers in that area because
20 of travel difficulties, too many patients are seeing
21 providers in that area, and whether it is
22 inaccessible due to physical constraints or
23 demographic barriers.

24 Ms. Williams addressed the population provider
25 ratio, noting those ratios may vary depending on the

1 discipline and type of designation. She stated, when
2 there is a score against the designation, that
3 population ratio is double, so that delivers a very
4 high impact on the score of that particular
5 designation.

6 Ms. Williams stated a low-income population would
7 have one provider for every 3,000 low-income
8 patients. She addressed mental health, for
9 psychiatrists only, where the ratio is 30,000:1,
10 where a population in a service area of 29,000:1
11 would not meet the criteria for designation. She
12 noted the ratio for a dentist is 5000:1 for
13 geographics and 4,000:1 for population, where a small
14 decrease in the population can impact the ratios.

15 Chair Woodland commented that the mental health
16 ration seems extraordinarily high and asked who
17 determines the ratio.

18 Ms. Williams explained that the ratios are
19 determined by Health Resources and Services
20 Administration (HRSA) and are from federal criteria
21 that cannot be changed. She mentioned that the
22 ratios had been around since 1991 and are directed to
23 reach out to their senators or representatives with
24 complaints about how the designations are determined
25 because these individuals are the ones who wrote and

1 passed the law based on information at the time.

2 Ms. Williams reported frustration with all of the
3 primary care offices in all of the states regarding
4 some of the criteria being used for the designations,
5 but until the federal criteria changes, that is what
6 is used for the analysis.

7 Ms. Williams commented that not all providers are
8 counted in that ratio when analyzing primary care,
9 where there is a comparison at Doctors of Medicine
10 (MDs) and doctors of osteopathic medicine (DOs). She
11 noted specialties include family practice, internal
12 medicine, obstetrics, and gynecology (OB/GYN), and
13 pediatricians. She noted that nurse practitioners
14 and physician assistants are not counted.

15 Ms. Williams noted that psychiatrists are counted
16 in Pennsylvania and in most states because it is
17 easier to gather data on psychiatrists than it is of
18 the other mental health providers available in the
19 state. She mentioned that they review dentists who
20 see pediatric patients, general dentists, and also
21 the dental assistant if they directly assist the
22 dentist.

23 Ms. William stated the socioeconomic information
24 is reviewed when developing service areas, where much
25 of the data is already in the application system and

1 based on federal data. She addressed having a travel
2 polygon designed depending on what kind of
3 designation is being looked at and travel times to
4 the nearest provider, which is also included when
5 calculating the scores.

6 Ms. Williams emphasized the importance of
7 information being complete and accurate even though
8 it is a voluntary survey because it impacts who gets
9 designated in the state and their ultimate score.

10 Ms. Williams explained that receiving a HPSA
11 designation allows participation in certain state and
12 federal programs. She mentioned that having a
13 primary care geographic HPSA would allow
14 participation in a lower payment program through the
15 National Health Service Corps and Nurse Corps.

16 Ms. Williams informed Board members of a Medicare
17 incentive program for those who have a geographic
18 primary care designation, where doctors are eligible
19 for a 10 percent bonus. She also noted there is a J-
20 1 Visa Waiver Program, Community-Based Health Care
21 Program, and State Loan Repayment Program that
22 requires a HPSA designation or medically underserved
23 area or population designation.

24 Tony Norwood, Program Administrator, Primary Care
25 Office, Pennsylvania Department of Health, informed

1 Board members that he focuses on HPSA management
2 analysis and the point of contact between the
3 Department of State and Department of Health
4 regarding the survey. He noted relying on critical
5 information for updating their Shortage Designation
6 Management System (SDMS), to identify, analyze,
7 manage, and designate HPSA.

8 Mr. Norwood explained that the main vehicle for
9 getting information is from attaching their
10 Department of Health survey to an online relicensing
11 process. He noted the survey is about 35 questions
12 and that complaints had been received in the past.
13 He mentioned that a survey is maintained but it is
14 provided to Acting Commissioner Claggett, where staff
15 programs the information into the Pennsylvania
16 Licensing System (PALS) to be seen by practitioners
17 when apply for relicensure.

18 Mr. Norwood noted the survey obtains information
19 needed for the Shortage Designation Management System
20 and also allow them to obtain useful information that
21 can be published. He informed everyone that it is
22 currently in transition over to a dashboard format.

23 Mr. Norwood provided a summary of some of the
24 questions used for shortage analysis, including their
25 practice address, specialty, inpatient or private

1 practice, how many hours per week are they delivering
2 direct patient care, how many patients are paying
3 with Medicaid, and how many patients are paying on
4 sliding-fee scale support.

5 Mr. Norwood commented that the relicensure survey
6 is their main vehicle for gathering information
7 because MDs, DOs, registered nurses, practical
8 nurses, dentists, dental hygienists, and
9 psychiatrists signing into PALS would see their
10 survey. He mentioned that a consideration to reduce
11 the questions and making the process more efficient.

12 Mr. Norwood noted the exploration of the
13 possibility of connecting with the Medicaid Office at
14 the Department of Human Services to obtain
15 information on practitioners who are providing
16 services through Medicaid but was proven problematic
17 because of not necessarily having the detailed
18 information.

19 Chair Woodland thanked Ms. Williams and Mr.
20 Norwood for their presentation. He noted sending the
21 half report summarizing physician shortage issues in
22 Pennsylvania. He addressed comments stating
23 Pennsylvania has two times the number of HPSAs than
24 other states, there are one-third more HPSAs in
25 Pennsylvania than other states, and that Pennsylvania

1 would be greater than 1,000 physician providers short
2 by 2030. He asked whether those statistics are
3 accurate.

4 Ms. Williams explained that she has never
5 personally sized Pennsylvania up against other states
6 but heard from other organizations that think
7 Pennsylvania actually has fewer HPSAs than other
8 states and would be something interesting to look at
9 by their office.

10 Mr. Norwood also heard Pennsylvania has fewer
11 HPSAs than surrounding states but could not be
12 certain. He explained that it is more difficult for
13 the big states to track and monitor all of the
14 practitioners, where a smaller state can maybe just
15 tap into a university or medical school and track
16 most of their practitioners.

17 Ms. Williams commented that many provider names
18 and data was being obtained from the National
19 Provider Identifier (NPI), but much of the data is
20 out of date.

21 Mr. Norwood stated there is a weekly download
22 that occurs between the Centers for Medicare &
23 Medicaid Services (CMS) Office and HRSA's Office for
24 the Shortage Designation Management System (SDMS).
25 He mentioned that providers are loaded in the system

1 once a week but is left to each state to clean up the
2 mess. He noted not having control over that and not
3 being able to add a practitioner.

4 Chair Woodland commented that the greatest areas
5 of demand in their institution is anesthesia, OB/GYN,
6 pathology, psychology, and primary care and that
7 shortages lead to workforce issues in the future and
8 impacts the well-being of providers.

9 Acting Commissioner Claggett also mentioned that
10 he and Mr. Norwood are working on scaling back a
11 number of questions on the survey. He reported
12 receiving many complaints from licensees about the
13 length of the survey and is working to reduce the
14 number of questions by focusing on questions required
15 to participate.

16 Chair Woodland commented that the Federation of
17 State Medical Boards has recommended the Board look
18 at demographics to address issues of diversity,
19 equity, and inclusion (DEI). He noted that bias
20 affects clinical care, noting the importance of
21 having a diverse pool of providers and similar data
22 to compare state to state.

23 Chair Woodland suggested Acting Commissioner
24 Claggett, Ms. Williams, and Mr. Norwood look at the
25 information as far as a standardized way to approach

1 comprehensive information concerning ethnicity and
2 other areas that may impact health inequities.

3 Chair Woodland thanked Ms. Williams and Mr.
4 Norwood for their presentation and survey.]

5 ***

6 Appointment - Federation of State Medical Boards

7 Sexual Misconduct Paper Presentation

8 [Mark B. Woodland, M.S., M.D., FACOG, Chair, noted
9 item 53 was on the agenda erroneously because he and
10 Ms. Byrnes provided that presentation at the last
11 meeting.]

12 ***

13 Motions - Report of Board Counsel - Proposed

14 Adjudications and Orders of Hearing Examiner

15 MS. WALTER:

16 Pursuant to Section 708(a)(5) of the
17 Sunshine Act, the Board entered into
18 quasi-judicial deliberations on a
19 number of matters pending before the
20 Board and to receive advice of Counsel.

21

22 Items 17 and 18 on the agenda. I
23 believe the Board would entertain a
24 motion to adopt the Proposed
25 Adjudications and Orders of the

1 following item numbers: Number 17 is
2 Ivan Dario Baraque, M.D., Case No. 21-
3 49-020101. Number 18 is Robert A.
4 Campbell, M.D., Case No. 22-49-002185.

5 DR. YEALY:

6 So moved.

7 MR. EISENHAUER:

8 Second.

9 CHAIR WOODLAND:

10 Any further discussion on these two
11 items? Hearing none.

12 Jasmira, could you go ahead with
13 the roll call, please?

14
15 Mark Woodland, yea; Arion Claggett,
16 aye; Donald Yealy, aye; Gerard Dillon,
17 aye; Walter Eisenhower, aye; Carolyn
18 Byrnes, aye; Michael Ripchinski, yea.

19 [The motion carried unanimously.]

20 ***

21 Motions - Report of Board Counsel - Final

22 Adjudications for Board Approval

23 MS. WALTER:

24 I believe the Board would entertain a
25 motion to adopt the following Final

1 Adjudications and Orders: Number 19,
2 George Fisher, M.D., Case No. 21-49-
3 010814; number 21, Janette Chilson,
4 LRT, Case No. 20-49-014111; number 22,
5 Donald Chung, LRT, Case No. 21-49-
6 020121; number 23, Christy Tappert,
7 LRT, Case No. 20-49-00434; Fuhai Li,
8 M.D., Case No. 17-49-12473; number 25,
9 Richard P. Paczynsk, M.D., Case No. 22-
10 49-001069.

11 DR. YEALY:

12 So moved.

13 MR. EISENHAUER:

14 Second.

15 CHAIR WOODLAND:

16 Any further discussion on any of these
17 items? Hearing none.

18 Jasmira, could we have a roll call,
19 please?

20
21 Mark Woodland, yea; Arion Claggett,
22 aye; Donald Yealy, aye; Gerard Dillon,
23 aye; Walter Eisenhower, aye; Carolyn
24 Byrnes, aye; Michael Ripchinski, yea.

25 [The motion carried unanimously.]

1 ***

2 MS. WALTER:

3 I believe the Board would entertain a
4 motion at item 20 on the agenda to
5 approve the Final Adjudication and
6 Order of Alexander Harmatz, M.D., Case
7 No. 18-49-002833.

8 DR. YEALY:

9 So moved.

10 MR. EISENHAUER:

11 Second.

12 CHAIR WOODLAND:

13 Any further discussion on this?

14 Hearing none.

15 Jasmira, could we have a roll call,
16 please?

17
18 Mark Woodland, yea; Arion Claggett,
19 aye; Donald Yealy, aye; Gerard Dillon,
20 aye; Walter Eisenhower, aye; Carolyn
21 Byrnes, aye; Michael Ripchinski, yea.

22 [The motion carried unanimously.]

23 ***

24 Motions - Application

25 MS. WUCINSKI:

1

2

Mark Woodland, yea; Arion Claggett,

3

aye; Gerard Dillon, yea; Walter

4

Eisenhauer, aye; Carolyn Byrnes, aye;

5

Michael Ripchinski, yea.

6

[The motion carried. Donald Yealy recused himself

7

from deliberations and voting on the motion.]

8

9

MS. WUCINSKI:

10

I believe the Board would entertain a

11

motion to invite the following

12

Applicants to apply for an

13

Institutional License: Agenda item 28,

14

Joga Rao Chaganti, M.D.; agenda item

15

29, Oya Yalcin Cok, M.D.

16

DR. YEALY:

17

So moved.

18

MR. EISENHAUER:

19

Second.

20

CHAIR WOODLAND:

21

Any further discussion on these two

22

items? Hearing no further discussion.

23

Could we have a roll call, Jasmira,

24

please?

25

1 Mark Woodland, yea; Arion Claggett,
2 aye; Donald Yealy, aye; Gerard Dillon,
3 aye; Walter Eisenhower, aye; Carolyn
4 Byrnes, aye; Michael Ripchinski, yea.

5 [The motion carried unanimously.]

6 ***

7 MS. WUCINSKI:

8 Agenda item 30. I believe the Board
9 would entertain a motion to grant the
10 Application for a License to Practice
11 as a Graduate Medical Trainee for
12 Sudeep Nugooru, M.D.

13 DR. YEALY:

14 So moved.

15 MR. EISENHAUER:

16 Second.

17 CHAIR WOODLAND:

18 Any further discussion? Hearing none.
19 Could we have a roll call, Jasmira,
20 please?

21

22 Mark Woodland, yea; Arion Claggett,
23 aye; Donald Yealy, aye; Gerard Dillon,
24 aye; Walter Eisenhower, aye; Carolyn
25 Byrnes, aye; Michael Ripchinski, yea.

1 [The motion carried unanimously.]

2 ***

3 MS. WUCINSKI:

4 We are going to do a vote for agenda
5 items 31 through 34 together. I
6 believe the Board entertain a motion to
7 provisionally deny the following:
8 Initial Orthotic Fitter Application of
9 Maksym Zhytnytskyy, Initial Orthotic
10 Fitter Application of Melanie Elizabeth
11 Reinhard, Initial Orthotic Application
12 of Abigail Anne Brightbill, Initial
13 Orthotist Application of Courtney Lynn
14 Tani.

15 DR. YEALY:

16 So moved.

17 MR. EISENHAUER:

18 Second.

19 CHAIR WOODLAND:

20 Any further discussion? Hearing none.
21 Jasmira, could we have a roll call,
22 please?

23
24 Mark Woodland, yea; Arion Claggett,
25 aye; Donald Yealy, aye; Gerard Dillon,

1 Second.

2 CHAIR WOODLAND:

3 Any further discussion on this?

4 Hearing none. Jasmira, could we have a
5 roll call, please?

6

7 Mark Woodland, yea; Arion Claggett,

8 aye; Gerard Dillon, nay; Walter

9 Eisenhauer, aye; Carolyn Byrnes, aye;

10 Michael Ripchinski, yea.

11 [The motion carried. Donald Yealy recused himself
12 from deliberations and voting on the motion. Gerard
13 Dillon opposed the motion.]

14 ***

15 MS. WUCINSKI:

16 Item 37 is tabled for the Board to
17 obtain additional information regarding
18 the applicant's certification through
19 the NCCPA.

20 ***

21 MS. WUCINSKI:

22 Moving on to 38, I believe the Board
23 would entertain a motion to send a
24 standard reentry letter to James Meyer,
25 M.D.

1 DR. YEALY:

2 So moved.

3 MR. EISENHAUER:

4 Second.

5 CHAIR WOODLAND:

6 Any further discussion on this one?

7 Hearing none. Could we have a roll
8 call, please, Jasmira?

9

10 Mark Woodland, yea; Arion Claggett,
11 aye; Donald Yealy, aye; Gerard Dillon,
12 aye; Walter Eisenhower, aye; Carolyn
13 Byrnes, aye; Michael Ripchinski, yea.

14 [The motion carried unanimously.]

15

16 Motions - Report of Committee on Licensure

17 Qualifications

18 MS. WALTER:

19 I believe the Board would entertain a
20 motion to ratify granting of the
21 following Applications for Initial
22 Physician and Surgeon by Endorsement:
23 Number 39, Ahmed Alkaram, M.D.; number
24 40, Bhavana Budigi, M.D.; number 41,
25 Ramchandani Santosh, M.D.; number 42,

1 Richard Chudacoff, M.D.; number 43,
2 Naveed Nabizadeh, M.D.; number 44,
3 Indraneel Banerjee, M.D.; number 45,
4 Meghal Gagrani, M.D.; number 46, Sylvia
5 Edelstein, M.D.

6 DR. YEALY:

7 So moved.

8 MR. EISENHAUER:

9 Second.

10 CHAIR WOODLAND:

11 Any further discussion on these items?

12 Jasmira, would you like to do a roll
13 call, please?

14

15 Mark Woodland, yea; Arion Claggett,
16 aye; Donald Yealy, aye; Gerard Dillon,
17 aye; Walter Eisenhower, aye; Carolyn
18 Byrnes, aye; Michael Ripchinski, yea.

19 [The motion carried unanimously.]

20

21 Miscellaneous

22 MS. WUCINSKI:

23 Agenda item 47. I believe the Board
24 would entertain a motion to approve the
25 Reentry Evaluation submitted on behalf

1 of Eva Zak Lubera, M.D., and to grant
2 her a license to practice as a
3 Physician and Surgeon. I also note
4 here that Dr. Yealy is recused.

5 MR. DILLON:

6 So moved.

7 MR. EISENHAUER:

8 Second.

9 CHAIR WOODLAND:

10 Any further discussion on this?
11 Hearing none. Could we have a roll
12 call, please, Jasmira?

13

14 Mark Woodland, yea; Arion Claggett,
15 aye; Gerard Dillon, aye; Walter
16 Eisenhauer, aye; Carolyn Byrnes, aye;
17 Michael Ripchinski, yea.

18 [The motion carried. Donald Yealy recused himself
19 from deliberations and voting on the motion.]

20

21 MS. WUCINSKI:

22 I believe the Board would entertain a
23 motion to remove the practice
24 restriction for the License to Practice
25 Medicine and Surgery that was granted

1 to Gangadhar Madupu, M.D.

2 DR. YEALY:

3 So moved.

4 MR. EISENHAUER:

5 Second.

6 CHAIR WOODLAND:

7 Any further discussion on this one?

8 Hearing none. I'd like to have a roll
9 call, please, Jasmira?

10

11 Mark Woodland, yea; Arion Claggett,
12 aye; Donald Yealy, aye; Gerard Dillon,
13 aye; Walter Eisenhower, aye; Carolyn
14 Byrnes, aye; Michael Ripchinski, yea.

15 [The motion carried unanimously.]

16

17 MS. WUCINSKI:

18 At agenda item 49, I believe the Board
19 would entertain a motion to approve the
20 Reentry Evaluation submitted by Aditi
21 Shruti, M.D., pending confirmation from
22 Dr. Rathore of their willingness to
23 perform this evaluation.

24 DR. YEALY:

25 So moved.

1 MR. EISENHAUER:

2 Second.

3 CHAIR WOODLAND:

4 Any further discussion on this one?

5 Hearing none. Jasmira, could we have a
6 roll call, please?

7

8 Mark Woodland, yea; Arion Claggett,
9 aye; Donald Yealy, aye; Gerard Dillon,
10 aye; Walter Eisenhower, aye; Carolyn
11 Byrnes, aye; Michael Ripchinski, yea.

12 [The motion carried unanimously.]

13

14 MS. WUCINSKI:

15 Moving down to agenda item 51. I
16 believe the Board would entertain a
17 motion to provisionally deny the
18 request of Marlene Edmonds to grant her
19 an Extension of her Temporary
20 Provisional Genetic Counselor license.

21 DR. YEALY:

22 So moved.

23 MR. EISENHAUER:

24 Second.

25 CHAIR WOODLAND:

1 Any further discussion? Hearing none.
2 Let's go ahead with the roll call,
3 Jasmira, please?

4
5 Mark Woodland, yea; Arion Claggett,
6 aye; Donald Yealy, aye; Gerard Dillon,
7 aye; Walter Eisenhower, aye; Carolyn
8 Byrnes, aye; Michael Ripchinski, yea.

9 [The motion carried unanimously.]

10 ***

11 MS. WUCINSKI:

12 The final vote is agenda item 52. I
13 believe the Board would entertain a
14 motion to deny the request to waive the
15 CME requirements for the 2020-2022
16 renewal cycle for Angela Anderson, M.D.

17 DR. YEALY:

18 So moved.

19 MR. EISENHAUER:

20 Second.

21 CHAIR WOODLAND:

22 Any further discussion? Hearing none.
23 Could we have a roll call, please,
24 Jasmira?

25

1 Mark Woodland, yea; Arion Claggett,
2 aye; Donald Yealy, aye; Gerard Dillon,
3 aye; Walter Eisenhower, aye; Carolyn
4 Byrnes, aye; Michael Ripchinski, yea.

5 [The motion carried unanimously.]

6 ***

7 Report of Acting Commissioner - No Report

8 ***

9 Report of Department of Health

10 [Carolyn Byrnes, M.P.H., C.P.H., Department of
11 Health, reported 3.3 million total COVID cases, which
12 is up 1,757 on average per day as of October 19. She
13 noted 1,228 hospitalizations and 47,582 deaths. She
14 addressed COVID community levels, noting 37 counties
15 in Pennsylvania are green, 29 are yellow, and 1 is
16 red as of yesterday.

17 Ms. Byrnes reported over 25.5 million COVID
18 vaccinations have been administered with 75.3 percent
19 of those 5 and up fully vaccinated and 72.4 percent
20 of the United States population fully vaccinated.

21 Ms. Byrnes informed everyone that the updated
22 bivalent boosters are now available and could be
23 received at least two months after the last COVID
24 dose. She noted individuals 12 and up are eligible
25 for the updated Pfizer and 18 and up for the updated

1 Moderna but reported a lower uptake in boosters for
2 all ages. She mentioned the Novavax booster was just
3 recently approved. She informed everyone that the
4 Centers for Disease Control and Prevention (CDC) has
5 added COVID vaccines to its list of vaccines for
6 children, noting the vaccine is not mandatory, but
7 the program will pay for the vaccine for those
8 without insurance.

9 Ms. Byrnes addressed COVID variants, where the
10 CDC is estimating BA.5 comprised 75 percent of COVID
11 cases, 17 percent were BA.4.6, 6 percent were BF.7, 2
12 percent were BA.2.75, and 1 percent was BA.4 for the
13 Department of Health and Human Services (HHS) Region
14 3 for the week ending October 8.

15 Ms. Byrnes addressed monkeypox, noting over
16 75,000 cases globally as of October 31 from 109
17 countries, including a little over 27,800 confirmed
18 in the United States. She reported 823 confirmed
19 cases in Pennsylvania as of October 21 and that more
20 information could be found on the Department of
21 Health (DOH) website. She stated clinicians should
22 consider monkeypox as a potential diagnosis, and all
23 suspected monkeypox cases should be referred to the
24 Pennsylvania Department of Health at 717-787-3350 and
25 encouraged everyone to contact their Division of

1 Infectious Disease Epidemiology or their local health
2 department.

3 Ms. Byrnes noted the JYNNEOS vaccine is
4 available, and Pennsylvania received nearly 13,500
5 vials as of October 21 with Philadelphia receiving
6 over 6,600.

7 Ms. Byrnes informed everyone that seasonal
8 influenza activity in Pennsylvania and throughout the
9 United States is considered low, although higher than
10 the same time of the year during the past flu season.
11 She reported a total of 1,149 laboratory-confirmed
12 influenza cases from 48 of the 67 counties in the
13 state. She mentioned that emergency department
14 visits associated with flu illness is low with one
15 confirmed influenza-associated death. She noted the
16 information is updated weekly and could be found on
17 the Department of Health (DOH) website, along with
18 being able to find the flu vaccine at the
19 vaccines.gov website.

20 Ms. Byrnes reiterated the information from DOH's
21 Office of Primary Care concerning areas in
22 Pennsylvania with health care professional shortages.
23 She encouraged everyone to read the March of Dimes
24 *Maternity Care Deserts Across the U.S.* update. She
25 explained that a maternity care desert is a county

1 where there is no hospital providing obstetric care,
2 no birth centers, no obstetrician or gynecologist,
3 and no certified nurse midwife.

4 Ms. Byrnes reported that areas where there are no
5 or low access to maternity care affect up to 6.9
6 million women in the United States and almost 500,000
7 births. She stated Pennsylvania has six counties
8 considered maternity care deserts, which is up from
9 five counties in the 2020 report, along with many
10 counties with moderate access. She also noted the
11 Association of American Medical Colleges Center for
12 Health Justice also recently released a report, *It*
13 *Takes a Village: A Multisector Approach to Health*
14 *Equity for Women and Birthing People.*

15 Ms. Byrnes informed Board members that the
16 Independent Regulatory Review Commission voted to
17 approve the final-form regulations for the medical
18 marijuana program on October 21, which represented a
19 crucial step toward permanent regulations for the
20 program. She mentioned that nursing home regulations
21 would also be presented to IRRC soon. She reported
22 several COVID-19 waivers are set to expire October
23 31. She offered to provide a link in chat for several
24 items presented.

25 Chair Woodland requested more information

1 regarding the frequency of COVID-19 boosters.

2 Dr. Yealy stated there were no concrete
3 recommendations to the best of his knowledge due to
4 being just beyond a year full cycle of being able to
5 assess the impact of vaccination.

6 Chair Woodland thanked Ms. Byrnes for the
7 information concerning maternity care deserts. He
8 commented that the state of Pennsylvania looks at a
9 50-mile access as being a limitation but reported
10 some states in the country having 200 miles as an
11 access limitation for maternity care. He stated
12 Pennsylvania saw a closing of labor and delivery
13 units because of the expenses before the Medical Care
14 Availability and Reduction of Error (MCARE) Act was
15 placed and that one of those things was actually the
16 issue of venue.

17 Chair Woodland mentioned that the venue issue has
18 come back to Pennsylvania because the restrictions on
19 changing venue have changed, noting the cost of doing
20 obstetrical care may be extraordinary if the
21 malpractice situation increases again because of the
22 venue changes.

23 Chair Woodland asked whether there was any
24 information available concerning the tridemic now
25 with the respiratory syncytial virus (RSV).

1 Ms. Byrnes noted providers are seeing more RSV
2 and COVID cases, especially in pediatrics.]

3

4 Report of Committee on Health-Related Professionals -
5 No Report

6

7 Report of Committee on Legislation/Policy Development
8 and Review

9 [Michael Ripchinski, M.D., MBA, CPE, FAAFP, informed
10 Board members that the committee did not meet. He
11 referred to the *Journal of Medical Regulation* for
12 July and pointed out an article on "Physicians and
13 Cognitive Decline: A Challenge for State Medical
14 Boards" and provided a link in chat. He stated the
15 article discusses the challenges of monitoring
16 cognitive decline, where the author took a position
17 that state medical boards would be wise to adopt late
18 career screening programs to balance the interest of
19 clinicians and patient safety.

20 Dr. Ripchinski mentioned that the argument was
21 around state boards facing fewer legal barriers by
22 implementing age-based testing programs. He noted
23 state boards are not as concerned as health systems
24 regarding liability and income. He mentioned the
25 importance of ensuring they have research-based

1 preliminary testing and comprehensive follow up to
2 make job-related cognitive decline impairment
3 assessments and is something the Board could continue
4 to follow.

5 Chair Woodland also discussed the provider
6 workforce aging issue and mentioned the Great
7 Resignation. He mentioned that national boards are
8 looking at how to make cognitive assessments in
9 surgical subspecialties and that it would take
10 legislation to facilitate doing something statewide
11 but would not be an unheard-of situation for the
12 Board to maybe consider looking at the issue.

13 Mr. Anderson commented that there is already a
14 procedure set up at their office to handle complaints
15 regarding any level of issue. He noted there is a
16 requirement in the act for a facility to report any
17 individual they believe is impaired, whether from an
18 addiction or cognitive condition. He addressed
19 probable cause and the Disciplinary Monitoring Unit
20 (DMU). He stated individuals with cognitive
21 assessment issues go through a mental and physical
22 examination, where evaluators have the ability to
23 send the individual for a cognitive evaluation
24 specialized usually through a psychologist.

25 Dr. Yealy noted that to be a useful tool, but the

1 challenge is that it requires someone to suspect or
2 report cognitive decline. He commented that age
3 alone does not equal cognitive decline, but it does
4 happen more frequently with age and also with other
5 conditions. He mentioned the importance of finding
6 the threshold that ensures safety when it is
7 difficult to balance the goods of looking
8 aggressively before versus maintaining the trust of
9 colleagues.

10 Chair Woodland noted the struggles of dealing
11 with reactive versus proactive, where many times they
12 are dealing with reactive issues because something
13 had to happen. He noted that individuals may not be
14 aware of deficits, where cognitive testing would show
15 those, although it would be hard to set up
16 legislative requirements to cognitive function. He
17 thanked Dr. Ripchinski for bringing the topic
18 forward.]

19

20 Report of Committee on Licensure Qualifications
21 [Gerard F. Dillon, Ph.D., Public Member, reminded
22 everyone that the committee reviews application cases
23 where there has been some departure from normal
24 training and education pathways. He mentioned being
25 very busy since the last meeting, reviewing about 12

1 cases, many of which appear on the agenda, where the
2 Board has already taken an action or has ratified
3 committee decisions.]

4

5 Report of Vice Chair - No Report

6

7 Report of Board Chair

8 [Mark B. Woodland, M.S., M.D., FACOG, Chair, noted
9 that he filed and submitted a written report to the
10 Board. He reiterated the State Board of Medicine's
11 purpose as designated by legislature for the medical
12 student in attendance. He explained that the State
13 Board of Medicine regulates the practice of medicine
14 through licensure registration and certification of
15 members of the medical profession in the Commonwealth
16 of Pennsylvania and regulates medical doctors,
17 physician assistants, radiology technicians,
18 respiratory therapists, nurse midwives,
19 acupuncturists, practitioners of oriental medicine,
20 perfusionists, behavioral specialists, and athletic
21 trainers.

22 Chair Woodland stated the Board also has the
23 authority to take disciplinary or corrective action
24 against individuals it regulates. He noted the Board
25 periodically reviews the character of the instruction

1 and the facilities possessed by the each of the
2 medical colleges and other medical training
3 facilities offering or desiring to offer medical
4 training in accordance with the laws of the
5 commonwealth.

6 Chair Woodland noted the Board also reviews
7 facilities' qualifications of medical colleges and
8 other medical facilities outside of the commonwealth
9 whose trainees or graduates desire to obtain
10 licensure, certification, or graduate medical
11 training in the commonwealth through the endorsement
12 process.

13 Chair Woodland addressed his attendance at the
14 FSMB Meeting, where there was discussion concerning
15 the future of FSMB and state medical boards and the
16 relevance of their practice of medicine and clinical
17 care.

18 Chair Woodland addressed discussion concerning
19 telemedicine because it works, has no boundaries, and
20 actually reduces some of the access of care issues,
21 especially with psychiatry and mental health issues.

22 He mentioned the need to address what that looks
23 like as far as interstate issues in the country.

24 Chair Woodland noted workforce issues and
25 referred to a report by the American Hospital

1 Association regarding hospital closures for the
2 Board's review.

3 Chair Woodland addressed gun violence, how it
4 affects communities, and who pays for that, including
5 the cost of surviving gun violence, not only for the
6 victims but for the perpetrators as well as
7 providers. He commented that sometimes gun violence
8 supersedes others in emergency rooms because of the
9 urgency of care needed and can overwhelm emergency
10 rooms.

11 Chair Woodland provided updates from the
12 Federation of State Medical Boards (FSMB), noting
13 that the Journal of Medical Regulation (JMR) is
14 seeking an editor in chief and encouraged anybody
15 interested in that position to go to the FSMB website
16 and submit an application.

17 Chair Woodland also noted discussion at FSMB of
18 the state medical licensure compacts and provided
19 their annual report. He requested information from
20 Board Counsel regarding the status of their
21 Interstate Medical Licensure Compact (IMLC).

22 Ms. Walter informed Board members that they are
23 working on the compact. She believed another version
24 of the criminal history record information portion of
25 it was sent to the Federal Bureau of Investigation

1 (FBI) for approval on July 7. She commented that
2 there are other disciplines for license populations
3 that have compacts and that this would apply and be
4 beneficial for all of the compacts.

5 Chair Woodland noted that the other issue of the
6 IMLC was the impact of COVID, where the expansion of
7 telemedicine and the expansion of interstate licenses
8 would help facilitate care in areas of need.

9 Chair Woodland noted the FSMB also put forth the
10 Ebola comment and letters from the Centers for
11 Disease Control and Prevention (CDC), as well as the
12 Association of American Medical Colleges, releasing a
13 letter urging all doctors and other health care
14 providers obtain travel history from patients,
15 especially in areas the Ebola virus is present
16 because of the highly contagious and deadly nature of
17 the virus.

18 Ms. Byrnes offered to put a link in chat to their
19 health alert related to Ebola.

20 Chair Woodland also noted discussion regarding
21 the misinformation statement at the FSMB Board of
22 Directors Meeting and how that impacted different
23 states as well as providers. He mentioned there was
24 discussion concerning DEI and bias training, noting
25 FSMB is coming out with a preliminary report that

1 will be released to all state medical boards as well.

2 He noted FSMB is doing strategic planning looking at
3 its future and how it can help provide resources to
4 different state medical boards.

5 Chair Woodland noted an upcoming FSMB Board
6 Attorneys Workshop in San Diego next week, and Ms.
7 Wucinski informed Board members that she would be
8 attending that workshop.

9 Chair Woodland noted the 14th International
10 Association of Medical Regulatory Authority
11 Conference in Bali.

12 Chair Woodland asked Danielle Darius, a third-
13 year medical student, what she thought of the meeting
14 so far.

15 Danielle Darius, Medical Student, Drexel
16 University College of Medicine, thanked Chair
17 Woodland for the opportunity to attend the meeting.
18 She appreciated hearing about the health professional
19 shortage, especially some of the statistics on health
20 and the reality of physician-patient ratio, because
21 she would be entering the work field soon.]

22 ***

23 Report of Regulatory Counsel

24 [Dana M. Wucinski, Esquire, Board Counsel, addressed
25 16A-4947 regarding orthotic fitter temporary permit

1 and 16A-4948 regarding examinations. She informed
2 Board members that the final rulemaking was drafted
3 and scheduled for an Independent Regulatory Review
4 Commission (IRRC) Meeting on November 17 that she
5 would be attending. She noted that following the
6 IRRC Meeting that the final rulemaking packet would
7 be sent to the Office of Attorney General for 30 days
8 to approve or disapprove.

9 Ms. Wucinski referred to 16A-4958 regarding
10 licensure by endorsement. She noted receiving
11 comments from the public, House, and IRRC. She will
12 be drafting the final rulemaking addressing those
13 comments. She mentioned that many naturopathic
14 physicians sent comments thanking the Board for
15 including them in the regulation.

16 Chair Woodland stated the Board received 37
17 favorable comments in support and no unfavorable
18 comments from a vast variety of individuals and
19 organizations.

20 Mr. Dillon addressed one of the requirements
21 proposed, where an individual from another country
22 would have to provide documentation from their
23 original jurisdiction regarding steps to licensure,
24 including translating it into English. He referred
25 to comments from the House which indicated that they

1 did not see a reason why the applicant should do
2 that, and that it seems to be more appropriately the
3 job of Board Counsel.

4 Mr. Dillon believed it would be quicker and
5 easier for the individual applying for licensure to
6 provide the documentation from the originating
7 jurisdiction and that requiring Board Counsel to do
8 so would likely slow down the process.

9 Ms. Wucinski referred to the request to waive the
10 direct supervision requirement for orthotic fitters,
11 orthotists, prosthetists, and pedorthists, for
12 provisional licenses or temporary practice permits
13 for individuals who completed their clinical
14 residency, hours of supervised practice, and who
15 would otherwise qualify for an unrestricted license.

16 She noted it was on the September agenda and was
17 sent to the committee for review.

18 Mr. Dillon informed Board members that he and Dr.
19 Yealy took a close look at the requirement, noting it
20 would not substantially change the supervision
21 requirements. The supervisor would still need to be
22 available for consultation throughout the patient
23 care process. The supervisor also would still review
24 the results of care and countersign documentation.

25 If the Board wanted to move ahead with the

1 waiver, Mr. Dillon suggested the addition of language
2 that would indicate that the waiver would expire when
3 the related house bill passed.

4 Randy Stevens, Director of Legislative Affairs,
5 Pennsylvania Orthotic and Prosthetic Society, noted
6 House Bill 2800 is in the Senate Appropriations
7 Committee and would only have to go through third
8 consideration. He commented that House Bill 2800 is
9 going to settle things very quickly and give the
10 Board the authority. He reported that all the votes
11 so far have been in complete affirmation of House
12 Bill 2800 and hoped it would be settled before the
13 House leaves to go home until next month.

14 Mr. Dillon suggested approving the waiver, so it
15 is in place in case the legislation does not move
16 forward.]

17 MS. WUCINSKI:

18 I believe the Board would entertain a
19 motion to temporarily waive until the
20 passing of House Bill 2800 or similar
21 bill the portion of the definition of
22 direct supervision that relates to the
23 "visually assess" requirement of the
24 care being provided. That language
25 waived is for the following sections:

1 49 Pa. Code § 18.812, related to
2 clinical residency; § 18.822, related to
3 clinical residency; § 18.832, related to
4 patient fitting experience; § 18.842,
5 related to orthotic fitting care
6 experience that would expire upon the
7 passing of the bill that would apply to
8 the situation.

9 DR. YEALY:

10 So moved.

11 MR. EISENHAUER:

12 Second.

13 CHAIR WOODLAND:

14 Jasmira, could we do a roll call,
15 please?

16
17 Mark Woodland, yea; Arion Claggett,
18 aye; Donald Yealy, aye; Gerard Dillon,
19 aye; Walter Eisenhower, aye; Carolyn
20 Byrnes, aye; Michael Ripchinski, yea.

21 [The motion carried unanimously.]

22 ***

23 Report of Regulatory Counsel - Other

24 [Shana M. Walter, Esquire, Board Counsel, addressed
25 House Bill 2847 regarding an amendment to the

1 Abortion Control Act expanding health care
2 practitioners that are allowed to perform abortion
3 health care services by aspiration and
4 pharmacological means. It was referred to the Health
5 Committee on October 17, 2022.

6 Chair Woodland commented that the Abortion
7 Control Act was antiquated in the use of pronouns
8 given the majority of obstetric providers are female.
9 He noted the definition for maternal death as being
10 one year after the birth of a child, and the Abortion
11 Control Act looks at maternal death as being pregnant
12 60 days prior to death and asked whether that is a
13 disconnect in the law.

14 Ms. Byrnes stated there are multiple definitions
15 of maternal death. She noted the World Health
16 Organization (WHO) still uses the 60 days in
17 obstetric causes, which is what is in the Abortion
18 Control Act. She mentioned there are additional
19 definitions of pregnancy-associated death, which is
20 any death one-year pregnancy to one-year postpartum
21 from any cause and then a pregnancy-related death,
22 which would be a pregnancy-associated death that has
23 been reviewed by a Maternal Mortality Review
24 Committee and determined to be related to pregnancy.

25 Chair Woodland noted the importance of people

1 understanding there are many definitions of maternal
2 death, and the struggles in their state with the
3 Pennsylvania Maternal Mortality Review Committee
4 because of the review of pregnancy-related deaths or
5 pregnancy nonrelated deaths that occur during that
6 postpartum time. He commented that the legislative
7 disconnects could confuse matters even further.

8 Chair Woodland noted being in favor of expanding
9 the provider base because medical pregnancy
10 terminations and first trimester aspiration
11 terminations could be done by many different
12 providers.]

13 ***

14 For the Board's Information/Discussion - Old
15 Business/New Business - Alert from PA Secretary of
16 Aging - Elder Abuse Cases in PA
17 [Shana M. Walter, Esquire, Board Counsel, addressed
18 the alert from PA Secretary of Aging to remind
19 practitioners of their statutory obligation to
20 respond to requests from the Department of Aging as
21 they investigate reports of elder abuse. She noted
22 that investigations should be conducted quickly and
23 are asking the community and providers under the
24 State Board of Medicine to take note and respond
25 quickly when the Department of Aging contacts you

1 requesting information.

2 Chair Woodland commented that he was shocked to
3 know there was a 63 percent increase in reports over
4 the last five years with 40,000 reports for fiscal
5 year 2021.]

6

7 For the Board's Information/Discussion - Old

8 Business/New Business - Disciplining Physicians who
9 Spread Misinformation

10 [Shana M. Walter, Esquire, Board Counsel, referred to
11 correspondence received from a physician providing
12 his position on COVID misinformation.

13 Chair Woodland further explained that the letter
14 is in relation to the FSMB statement on
15 misinformation and how California interpreted that
16 statement and actually put into their state medical
17 board processes. He noted Pennsylvania already has a
18 process for anonymous reporting, where someone who
19 has an issue with a provider doing anything wrong can
20 anonymously report it to the State Board of Medicine
21 for further evaluation.]

22

23 For the Board's Information/Discussion - Old

24 Business/New Business - FSMB State Board Advisory
25 Panel to USMLE Report

1 [Shana M. Walter, Esquire, Board Counsel, referred to
2 the FSMB State Board Advisory Panel to the United
3 States Medical Licensing Examination (USMLE) Report.

4 Mr. Dillon mentioned he was appointed to the
5 State Board Advisory Panel to the USMLE. While he
6 had already provided his notes from the September
7 meeting of this group to the Board members, counsel,
8 and staff, he wanted to mention a few of the issues
9 discussed.

10 Mr. Dillon noted USMLE has been trying to
11 continue to assess some of the skills and abilities
12 that were the focus of the discontinued Clinical
13 Skills examination. They reported that they are
14 developing some new test item formats, related to
15 communication skills and clinical reasoning, that may
16 be inserted into other parts of USMLE. USMLE will
17 keep state boards apprised of any developments going
18 forward.

19 Mr. Dillon mentioned that USMLE program staff
20 also asked whether state representatives were aware
21 that the Liaison Committee on Medical Education
22 (LCME) will no longer be accrediting Canadian medical
23 schools in 2025 and whether any boards were
24 anticipating any major changes to wording of
25 policies. Mr. Dillon believed that USMLE was trying

1 to get this on everyone's radar in case it is going
2 to have an impact.

3 Mr. Dillon addressed the USMLE program
4 establishing a new attempt limit when taking
5 examinations from six to four times last year. He
6 mentioned that one of the additional features is the
7 individual can apply to a state board asking to be
8 sponsored for an additional test and pass that to the
9 USMLE program.

10 Mr. Dillon noted that he asked USMLE staff for
11 guidance and was provided guidance that included
12 looking for a connection between that individual and
13 the state, emphasizing their rules and the rules for
14 a requesting state, the requesting state must be
15 fully informed of the individual's examination, and
16 the state needs to have the full transcript to see if
17 the individual had taken the examination several
18 times.

19 Mr. Dillon also noted to request an exception,
20 the requesting state would have to say the individual
21 could take it and proceed with getting licensed
22 within their jurisdiction if it were not for the
23 USMLE rules.

24 Mr. Dillon explained that Pennsylvania's
25 regulations match their regulations, where the

1 individual could only take the exam four times and
2 would not be eligible to request an exception. He
3 noted they must be in a state that already allows
4 over four attempts. He reported reviewing requests
5 from about 12 states since the requirement went into
6 effect and are primarily the states that allow more
7 than Pennsylvania in terms of testing.

8 Chair Woodland informed Board members that the
9 head of the FSMB Foundation reached out to him at the
10 FSMB Board of Directors Meeting, stating how lucky
11 the Pennsylvania State Board of Medicine is to have
12 Mr. Dillon on the Board because of his knowledge on
13 medical licensure, especially when it comes to issues
14 like USMLE. Chair Woodland also thanked Mr. Dillon.

15 Chair Woodland mentioned that the FSMB is in
16 their grant cycle if anybody is interested in
17 pursuing something to foster either data collection
18 or even a medical student type of thing to help
19 facilitate the Board process.]

20 ***

21 Miscellaneous - Federal COVID-19 Public Health

22 Emergency Waivers

23 [Shana M. Walter, Esquire, Board Counsel, informed
24 all that the federal Public Health Emergency COVID-19
25 waivers have been extended another 90 days.

1 Chair Woodland commented that COVID is acting up,
2 noting Pennsylvania surpassed 47,000 deaths. He
3 stated the pandemic has changed lives and communities
4 over the last two and a half years and mentioned the
5 school ramifications in young people.]

6 ***

7 Board Meeting Dates

8 [Mark B. Woodland, M.S., M.D., FACOG, Chair, noted
9 December 13 is the last Board meeting for 2022. He
10 also noted 2023 Board meetings are scheduled for
11 February 7, March 7, April 18, May 23, June 20, July
12 18, September 12, October 24, and December 12. He
13 encouraged Board members to notify Ms. Hunter of any
14 issues with upcoming dates.]

15 ***

16 Adjournment

17 CHAIR WOODLAND:

18 I entertain a motion to adjourn.

19 DR. YEALY:

20 So moved.

21 CHAIR WOODLAND:

22 I need a second.

23 MR. EISENHAUER:

24 Second.

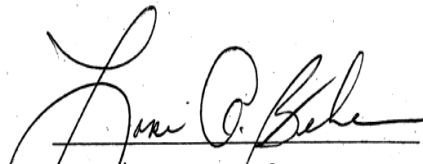
25 ***

1 [There being no other business, the State Board of
2 Medicine Meeting adjourned at 12:34 p.m.]

3 ***

4
5
6 CERTIFICATE

7
8 I hereby certify that the foregoing summary
9 minutes of the State Board of Medicine meeting, was
10 reduced to writing by me or under my supervision, and
11 that the minutes accurately summarize the substance
12 of the State Board of Medicine meeting.

13
14 

15
16 Lori A. Behe,

17 Minute Clerk

18 Sargent's Court Reporting
19 Service, Inc.

20
21
22
23
24
25
26

STATE BOARD OF MEDICINE
REFERENCE INDEX

October 25, 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	10:41	Official Call to Order
13		
14	10:42	Introduction of Board Members/Attendees
15		
16	10:45	Approval of Minutes
17		
18	10:47	Report of Prosecution Division
19		
20	11:00	Appointment - Health Care Workforce
21	11:26	Shortages and Health Professional
22		Shortage Areas Presentation
23		
24	11:27	Motions
25		
26	11:39	Miscellaneous
27		
28	11:41	Report of Department of Health
29		
30	11:53	Report of Committee on Legislative
31		Policy
32		
33	12:00	Report of Committee on Licensure
34		Qualification
35		
36	12:00	Report of Board Chair
37		
38	12:10	Report of Regulatory Counsel
39		
40	12:23	For the Board's Information
41		
42	12:30	Miscellaneous - Federal COVID-19 Public
43		Health Emergency Waivers
44		
45	12:34	Adjournment
46		
47		
48		
49		
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