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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 OSTEOPATHIC MEDICINE  
VIA VIDEOCONFERENCE**

TIME: 10:30 A.M.

Wednesday, February 9, 2022

1                    State Board of Osteopathic Medicine  
2                                    February 9, 2022

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5 BOARD MEMBERS:  
6

7 Arion R. Claggett, Acting Commissioner, Bureau of  
8 Professional and Occupational Affairs  
9 William B. Swallow, D.O., Chairman  
10 Christopher S. Poggi, D.O.  
11 Denise A. Johnson, M.D., Physician General, on  
12 behalf of Alison Beam, J.D., Acting Secretary of  
13 Health  
14 John B. Bulger, D.O., Vice Chairman  
15 Thomas S. Dardarian, D.O.  
16 Bette A. Grey, BA, RRT, CPFT, Secretary  
17 Frank M. Tursi, D.O.  
18  
19

20 BUREAU PERSONNEL:  
21

22 Shana M. Walter, Esquire, Board Counsel  
23 Dana M. Wucinski, Esquire, Board Counsel  
24 Dean F. Picarella, Esquire, Senior Board Counsel  
25 Carolyn DeLaurentis, Deputy Chief Counsel, Prosecution  
26 Division  
27 Jason T. Anderson, Esquire, Board Prosecution Liaison  
28 Jonelle Harter Eshbach, Esquire, Board Prosecutor  
29 Kelsey Ashworth, Esquire, Board Prosecutor  
30 Nichole Wray, Board Administrator  
31 Deena Parmelee, Legal Office Administrator 1,  
32 Department of State  
33 Holly Hoffman, Law Clerk, Department of State  
34 Marc Farrell, Deputy Director, Office of Policy,  
35 Department of State  
36  
37

38 ALSO PRESENT:  
39

40 Andy Sandusky, Executive Vice President, Public Policy  
41 and Association Affairs, Pennsylvania Osteopathic  
42 Medical Association  
43 Bruce Grossinger, D.O., Crozer Health  
44 Katie Merritt, LSW, Director of Policy and Planning,  
45 Pennsylvania Insurance Department  
46 David Buono, Deputy Insurance Commissioner, Office of  
47 Market Regulation, Pennsylvania Insurance Department  
48 Sandy Ykema, Esquire, J.D., Senior Health Insurance  
49 Counsel, Pennsylvania Insurance Department  
50 James J. Kutz, Esquire, Post & Schell, P.C.

State Board of Osteopathic Medicine  
February 9, 2022

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ALSO PRESENT: (cont.)

Mara Jackel, Esquire, Michelman & Bricker, P.C.  
Susan DeSantis, PA-C, Pennsylvania Society of  
Physician Assistants  
Jerry J. Livingston, Democratic Executive Director,  
Senate Consumer Protection & Professional Licensure  
Committee  
Kathryn Witherow

1 \*\*\*

2 State Board of Osteopathic Medicine

3 February 9, 2022

4 \*\*\*

5 [Pursuant to Section 708(a)(5) of the Sunshine Act, at  
6 9:30 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 that are currently pending before  
11 the 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 Osteopathic Medicine was held on Wednesday,  
16 February 9, 2022. William B. Swallow, D.O., Chairman,  
17 called the meeting to order at 10:32 a.m.

18 \*\*\*

19 Roll Call/Introductions

20 [Nichole Wray, Board Administrator, provided an  
21 introduction of the Board members, staff, and audience  
22 in attendance.]

23 \*\*\*

24 Meeting Instructions

25 [Nichole Wray, Board Administrator, noted the meeting

1 was being recorded, and those who remained on the line  
2 were giving their consent to be recorded.]

3

\*\*\*

4 Approval of minutes of the December 8, 2021 meeting

5 CHAIRMAN SWALLOW:

6

I would ask for any additions or

7

corrections to the minutes that have

8

been submitted and provided to you as

9

members of the Board.

10

Are there any additions or

11

corrections? Hearing none.

12

Is there a motion to approve?

13 DR. TURSI:

14

So moved.

15 CHAIRMAN SWALLOW:

16

Is there a second?

17 DR. POGGI:

18

Second.

19 CHAIRMAN SWALLOW:

20

Is there any discussion on the motion?

21

Hearing none.

22

All those in favor, signify by

23

saying aye. Opposed? Abstentions? Any

24

recusals? Hearing none.

25

[The motion carried unanimously.]

\*\*\*

1  
2 Appointment - Pennsylvania Insurance Department - No  
3 Surprises Act

4 [Katie Merritt, LSW, Director of Policy and Planning,  
5 Pennsylvania Insurance Department (PID), presented to  
6 the Board to discuss the No Surprises Act that became  
7 effective January 1, 2022, and how it may affect the  
8 Board or some of the constituents the Board serves.

9 David Buono, Deputy Insurance Commissioner,  
10 Office of Market Regulation, Pennsylvania Insurance  
11 Department, informed the Board that material presented  
12 today was prepared by the Commonwealth of Pennsylvania  
13 Insurance Department based on the law, regulations,  
14 and guidance as of December 1, 2021.

15 Mr. Buono addressed the No Surprises Act (NSA),  
16 noting that the disclosure requirement applies to all  
17 health care providers, the provider directory  
18 requirement applies to all healthcare providers  
19 applicable only to providers in-network for major  
20 medical insurance policies, and the Good Faith  
21 Estimate requirement applies to all health care  
22 providers.

23 Mr. Buono commented that health plans that cover  
24 any benefits for emergency services, including air  
25 ambulance, under the No Surprises Act, requires

1 emergency services to be covered without any prior  
2 authorization and regardless of whether a provider or  
3 facility is in-network.

4 Mr. Buono also commented that if a health plan  
5 covers any benefits for nonemergency services related  
6 to a visit in an in-network facility, the No Surprises  
7 Act requires patients be protected when they have  
8 little or no control over who provides their care.

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

18 Mr. Buono mentioned that emergency ground  
19 ambulance services are not included and deferred to  
20 further study at the federal level. He stated that  
21 nonemergency services for some ancillary care at an  
22 in-network facility is treated as in-network in all  
23 circumstances. He reported that other nonemergency  
24 services may only be billed as out of network with  
25 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 that 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, the Amish,  
20 or uninsured are not 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 that uninsured and self-pay  
25 patients must receive a Good Faith Estimate at least



1 72 hours before services.

2 Mr. Buono also noted that a Good Faith Estimate  
3 must be given at least 3 hours ahead of time if a  
4 service is scheduled within three days. He noted the  
5 act does require that a Good Faith Estimate be  
6 provided to a patient's plan in advance of service but  
7 stated that the federal government and Pennsylvania is  
8 taking a non-enforcement approach to this provision  
9 due to the technological challenges affecting this  
10 provision.

11 Mr. Buono stated that providers are encouraged to  
12 coordinate with co-providers to present a single Good  
13 Faith Estimate, but the Department of Health and Human  
14 Services (HHS) is exercising enforcement discretion  
15 and flexibility to allow for technical coordination.  
16 He provided a summary of providers that may not  
17 balance bill.

18 Dr. Poggi requested more information regarding  
19 when all of this is going to be enforced.

20 Sandy Ykema, Esquire, J.D., Senior Health  
21 Insurance Counsel, Pennsylvania Insurance Department,  
22 explained that the federal government is working on  
23 regulations to address the concern of how providers  
24 who are out-of-network can coordinate technologically  
25 with plans, and enforcement would occur as soon as

1 that technological challenge is addressed.

2 Ms. Ykema noted that the law put it in place, and  
3 the federal government has to figure out how to  
4 operationalize it but could not do it all before  
5 January 1. She stated the law does require that there  
6 is a Good Faith Estimate for both in-network and out-  
7 of-network. She explained that in-network enforcement  
8 is already in place, and this is for the out-of-  
9 network providers who do not currently have a  
10 technological connection with the health plans.

11 Mr. Buono commented that everyone is going to be  
12 learning together with the No Surprises Act. He  
13 emphasized that providers who do not balance bill,  
14 when talking about diagnostic services, does not  
15 include advanced diagnostic laboratory tests as  
16 identified by the Department of Health and Human  
17 Services (HHS). He noted other specialty items  
18 identified by HHS and having to continue to check back  
19 with the federal government.

20 Mr. Buono stated that providers and facilities  
21 must have a business process to give provider  
22 directory and network information to plans anytime  
23 there is a material change. He commented that  
24 providers and facilities may, by contract, impose on  
25 plans the duty to keep the directory current in the

1 event of contract termination. He noted that the  
2 provider or facility must reimburse the patient plus  
3 interest if a provider or facility bills a patient  
4 more than the in-network cost-sharing amount and the  
5 patient pays the bill.

6 Mr. Buono addressed continuity of care, where a  
7 contract with a plan terminates and the provider or  
8 facility is no longer in-network and the patient is a  
9 continuing care patient, the provider must accept  
10 payment, including cost-sharing calculated on an in-  
11 network basis for the duration of the continuity of  
12 care.

13 Mr. Buono stated that providers with complaints  
14 about a plan should contact the Pennsylvania Insurance  
15 Department because they have a process to quickly  
16 review the complaint. He mentioned HHS is also  
17 establishing a complaint process with the  
18 acknowledgement of the complaint possibly taking 60  
19 days. He mentioned that providers with complaints  
20 about a patient should first make sure the patient  
21 understands the act and are encouraged to contact the  
22 Pennsylvania Insurance Department.

23 Mr. Buono noted that patients who do understand  
24 the act should be handled as before with the  
25 understanding in the case of a surprise medical bill

1 that the provider may not collect more than the in-  
2 network cost-sharing.

3 Ms. Ykema addressed disclosure requirements,  
4 noting a one-page disclosure notice must be available  
5 to patients with the requirements and prohibitions  
6 regarding balance billing and must identify how a  
7 patient may contact the appropriate state and federal  
8 agencies if the patient believes the provider or  
9 facility has violated the requirements of the law.

10 Ms. Ykema stated that the information has to be  
11 publicly available from the provider and facility as  
12 well as being posted. She mentioned the Pennsylvania  
13 Insurance Department has a model notice and  
14 information on their website, along with the federal  
15 government website containing NSA information.

16 Ms. Ykema addressed notice and consent, which  
17 allows a provider to balance bill if they give notice  
18 and receive written consent from the patient at least  
19 3 days before the service, not later than 1 business  
20 day after scheduling, or 3 business days in advance if  
21 the service is scheduled 10 days in advance. She  
22 noted it may not be used in an emergency situation.  
23 She explained that the notice has to be on a separate  
24 form, signed, retained for seven years, and a copy  
25 given to the patient.

1 She commented that the notice and consent has to  
2 give notice that the provider does not participate in  
3 the consumer's health insurance plan, have a Good  
4 Faith Estimate amount that the provider may charge for  
5 all of the services, explain that there may need to be  
6 prior authorization or other approval, and be clear  
7 that a person does not have to consent to an out-of-  
8 network provider.

9 Ms. Ykema emphasized that a person has to be able  
10 to get services from an available in-network provider,  
11 but if there is no available in-network provider, then  
12 notice and consent may not be used to allow the  
13 provider to balance bill.

14 Ms. Ykema addressed payment, where the provider  
15 will need to confirm the patient's coverage. She  
16 explained that an out-of-network provider who  
17 furnished a surprise medical service may collect cost-  
18 sharing from the patient and then the provider may  
19 bill the patient's plan directly for all remaining  
20 charges.

21 Ms. Ykema noted a provider and plan may negotiate  
22 if the provider is not satisfied with the amount  
23 directly and then through a federally administered  
24 Independent Dispute Resolution process. She mentioned  
25 there is litigation on the qualifying payment amount

1 and the Independent Dispute Resolution process at the  
2 federal level.

3 Ms. Ykema addressed disputes with uninsured  
4 patients, where the provider may bill the patient.  
5 She stated that the patient may access the Patient-  
6 Provider Dispute Resolution process if there is a  
7 difference in the Good Faith Estimate more than \$400.  
8 She noted that the patient will pay a small  
9 administrative fee to start the process within 120  
10 days and will recoup that if the patient prevails.

11 Ms. Ykema addressed enforcement, noting that  
12 anyone with concerns regarding the No Surprises Act  
13 should contact the Pennsylvania Insurance Department,  
14 which is a Commonwealth of Pennsylvania agency  
15 coordinating enforcement with all of the state  
16 agencies, including the Department of State,  
17 Department of Health, and Department of Drug and  
18 Alcohol. She mentioned that the Pennsylvania  
19 Insurance Department has a process to review the  
20 complaint and expeditiously handle it, where the  
21 response time may be delayed using the federal  
22 process.

23 Ms. Ykema noted that the state law applies unless  
24 it prevents the application of the federal law. She  
25 mentioned that professional conduct and licensure are

1 the Department of State primary tools and insurance  
2 laws are the Pennsylvania Insurance Department laws.  
3 She explained that state agencies that receive a call  
4 related to balance billing and the No Surprises Act  
5 can go to the Pennsylvania Insurance Department's  
6 website for guidance.

7 Ms. Ykema stated that complaints are assigned to  
8 a consumer services representative to work with the  
9 patient, provider, or health plan and with other state  
10 agencies and collaborate with the federal agency if  
11 they cannot address the issue completely.

12 Ms. Ykema noted the Department of Health and  
13 Human Services oversees the insurance plans,  
14 providers, and facilities; Department of Labor  
15 oversees self-funded plans; and the Office of  
16 Personnel Management oversees the Federal Employees  
17 Health Benefits (FEHB) program. She stated that  
18 Pennsylvania is prepared to enter into collaborative  
19 enforcement agreements with any of those agencies as  
20 need to address concerns.

21 Ms. Ykema encouraged everyone to visit the  
22 Pennsylvania Insurance Department at  
23 [www.insurance.pa.gov/nosurprises](http://www.insurance.pa.gov/nosurprises) for more information.

24 Ms. Ykema mentioned the Pennsylvania Insurance  
25 Department has had press releases to inform the public

1 and are providing educational materials through social  
2 media. She mentioned also requiring the disclosure  
3 notice be posted when patients visit their doctor's  
4 office.

5 Chairman Swallow asked whether requesting support  
6 from the respected state societies to assist in  
7 disseminating the information concerning this  
8 legislation would be helpful. He noted the importance  
9 of primary care people and the patient fully  
10 understanding the protection being offered through the  
11 Commonwealth of Pennsylvania when they are in an out-  
12 of-network situation. He suggested notifying state  
13 societies or producing a pamphlet describing the  
14 legislation.

15 Mr. Buono commented that a No Surprises Act  
16 overview is available on their website in English and  
17 Spanish but noted being interested in helping  
18 individuals understand what is happening.

19 Chairman Swallow asked how the legislation would  
20 protect someone in a situation where an out-of-state,  
21 out-of-network patient is in need of emergency medical  
22 services (EMS) by air or by ground and they need to go  
23 to the nearest emergency department.

24 Ms. Ykema commented that the legislation will not  
25 protect the ground ambulance at this point but will if



1 it is the air ambulance and of course any emergency  
2 room. She explained that it will require that the  
3 patient be billed no more than an in-network rate and  
4 that the air ambulance or emergency room coordinate  
5 with the patient's out-of-state health plan.

6 Ms. Ykema mentioned that there are challenges  
7 working across states as there are now and is an added  
8 wrinkle when out-of-network, but the patient may not  
9 be balance billed in that situation.

10 Chairman Swallow asked whether the Pennsylvania  
11 Insurance Department anticipated any medical legal  
12 issues that may come to Board counsel or the Board.

13 Ms. Ykema stated that professional misconduct  
14 cases may come before the Board if a particular  
15 provider consistently balance bills even though they  
16 are not permitted to do so without getting a notice  
17 and signed consent.

18 Chairman Swallow thanked the Pennsylvania  
19 Insurance Department for their presentation, noting  
20 the legislation to be good for patients.]

21

\*\*\*

22 Report of Prosecuting Attorneys

23 [Jason T. Anderson, Esquire, Board Prosecution  
24 Liaison, noted one VRP Consent Agreement on the  
25 agenda.]

1 Mr. Anderson introduced Kelsey Ashworth as a new  
2 prosecuting attorney and provided a summary of her  
3 professional background.

4 Mr. Anderson informed the Board that any  
5 complaints related to the No Surprises Act would be  
6 reviewed by the Pennsylvania Department of Insurance  
7 and the prosecution to see if they violate any acts or  
8 regulations and would be brought before the Board just  
9 like any other case.]

10 \*\*\*

11 Appointment - Prosecution Division Annual Report  
12 Presentation

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

16 Ms. DeLaurentis informed the Board that 803 cases  
17 were opened in 2021, which an increase from 2020 at  
18 401 for the State Board of Osteopathic Medicine. She  
19 noted being aware of the reason for the increase and  
20 referred to the backlog of the Medical Care  
21 Availability and Reduction of Error (MCARE) files.

22 Ms. DeLaurentis explained that medical  
23 professionals sued for malpractice must report that to  
24 the department, which causes a backlog, because those  
25 cases take a while to go through the civil process.

1 She noted a significant effort was made getting  
2 through a lot of the backlog with Mr. Anderson's  
3 supervision. She reported closing 552 cases in 2021  
4 and 520 cases in 2020 and thanked prosecutors,  
5 counsel, and the Board for their combined effort.

6 Ms. DeLaurentis noted 606 cases remained open for  
7 the Board as of January 1, 2022, which could be  
8 spanning different years and could be in various  
9 stages.

10 Ms. DeLaurentis addressed enforcement actions,  
11 noting 24 cases resulted in discipline in 2021 with 3  
12 fines, 11 suspensions, 6 reprimands, 4 revocations or  
13 voluntary surrender, and 4 probations. She also  
14 reported 48 warning letters in 2021, which was a  
15 decrease from 60 in 2020.

16 Ms. DeLaurentis addressed COVID-related cases,  
17 noting that one complaint may result in more than one  
18 case being opened. She reported 1,223 cases were  
19 opened regarding COVID complaints in 2020 with 17 of  
20 those cases for the State Board of Osteopathic  
21 Medicine. She also reported a significant decrease in  
22 COVID-related complaints in 2021, mostly for business-  
23 related boards but an increase in healthcare-related  
24 boards with 543 COVID-related cases and 29 of those  
25 for the Board.

1 She stated that COVID complaints may include  
2 masking, disagreements over medical treatment and  
3 medicine, vaccination status, and information  
4 licensees are putting out. She noted that all cases  
5 are being handled and reviewed on a case-by-case  
6 basis.

7 Chairman Swallow asked Ms. DeLaurentis whether  
8 they received any complaints regarding ivermectin and  
9 hydroxychloroquine and how those are being addressed.

10 Ms. DeLaurentis stated that prosecution has  
11 received complaints related to ivermectin and  
12 hydroxychloroquine. She explained that all cases are  
13 reviewed and investigated if appropriate, along with  
14 utilizing in-house experts who are consulted to  
15 address any issues.

16 Dr. Poggi asked whether the experts are located  
17 in Pennsylvania or nationwide and requested  
18 information on their qualifications.

19 Ms. DeLaurentis stated that prosecution uses  
20 experts from the same field with some overlap, where  
21 physicians may look at nursing files but believed  
22 experts used by the Commonwealth of Pennsylvania  
23 contracts are all licensed medical physicians.

24 Mr. Anderson commented that all of the experts  
25 are practicing medical doctors that help with internal

1 research and information but also noted external  
2 experts are used when it comes to charges.

3 Ms. DeLaurentis noted a record number of cases  
4 opened last year and thanked the administrative  
5 assistants for processing so many files. She reported  
6 18,363 cases were opened in 2021, which is an increase  
7 from 2020 at 13,394.

8 Ms. DeLaurentis reported 15,994 cases were closed  
9 in 2021 and 13,274 in 2020. She noted 15,141 open  
10 cases as of January 1, 2022.

11 Chairman Swallow thanked Ms. DeLaurentis for the  
12 presentation.]

13 \*\*\*

14 Report of Board Counsel

15 MOTIONS:

16 MS. WALTER:

17 Pursuant to Section 708(a)(5) of the  
18 Sunshine Act, the Board entered into  
19 Executive Session this morning at 9:30  
20 a.m. for the purpose of conducting  
21 quasi-judicial deliberations on a number  
22 of matters currently pending before the  
23 Board and to receive advice of counsel.

24 The Board discussed the Consent  
25 Agreement as well as agenda items 4 and

1 10.

2 We will begin with item 3, and the  
3 Board has waived the presentation of  
4 this item.

5 I believe the Board would entertain  
6 a motion to approve the Consent  
7 Agreement at Case No. 21-53-017339.

8 CHAIRMAN SWALLOW:

9 Do I have a motion, please?

10 DR. TURSI:

11 So moved.

12 CHAIRMAN SWALLOW:

13 Second?

14 DR. DARDARIAN:

15 Second.

16 CHAIRMAN SWALLOW:

17 It's been properly moved and seconded.  
18 Any discussion on the aforesaid motion?  
19 Hearing none.

20 All those in favor, signify by  
21 saying aye. Opposed? Abstentions?  
22 Recusals?

23 [The motion carried unanimously.]

24 \*\*\*

25 MS. WUCINSKI:

1                   Agenda item 4. I believe the Board  
2                   would entertain a motion to direct Board  
3                   counsel to draft and issue a Final  
4                   Memorandum Order addressing issues and  
5                   adopting the hearing examiner's Proposed  
6                   Adjudication and substituting a Final  
7                   Board Order for Bruce H. Grossinger,  
8                   D.O., Case No. 17-53-00180.

9 CHAIRMAN SWALLOW:

10                   May I have a motion?

11 DR. TURSI:

12                   So moved.

13 CHAIRMAN SWALLOW:

14                   Is there a second?

15 DR. DARDARIAN:

16                   Second.

17 CHAIRMAN SWALLOW:

18                   Is there a discussion on the motion?

19                   Hearing none.

20                   All those in favor of the aforesaid  
21                   motion, signify by saying aye. Any  
22                   opposed? Any abstentions? Any  
23                   recusals? Hearing none.

24 [The motion carried unanimously.]

25                   \*\*\*

1 Miscellaneous

2 MS. WUCINSKI:

3                   Agenda item 10. I believe the Board  
4                   would entertain a motion to approve the  
5                   request of Alexa McGrath on her behalf  
6                   for an additional attempt to take the  
7                   COMLEX Level 1 Examination.

8 CHAIRMAN SWALLOW:

9                   May I have a motion?

10 DR. DARDARIAN:

11                   So moved.

12 CHAIRMAN SWALLOW:

13                   Is there a second?

14 DR. POGGI:

15                   Second.

16 CHAIRMAN SWALLOW:

17                   Is there a discussion? Hearing none.

18                   All those in favor of the motion,  
19                   signify by saying aye. Opposed? Any  
20                   abstentions? Any recusals? Hearing  
21                   none.

22 [The motion carried unanimously.]

23                   \*\*\*

24 For the Board's Information/Discussion - Old/New  
25 Business



1 [Dana M. Wucinski, Esquire, Board Counsel, referred to  
2 the Prescription Drug Monitoring Program (PDMP) vendor  
3 transition for the Board's information. She stated  
4 that the PDMP is transitioning from PMP AWARE and PMP  
5 Clearinghouse to LogiCoy. She noted the December 17,  
6 2021 letter that outlines the enhancements LogiCoy  
7 will offer and what prescribers and pharmacists will  
8 need to do to transfer their account.

9 Ms. Wucinski stated that the transition began on  
10 January 10 and ends on February 14 and encouraged  
11 everyone to follow the steps. She noted the Board of  
12 Medicine mentioned the transition is very smooth.

13 Denise A. Johnson, M.D., Physician General,  
14 Department of Health, commented that logging in  
15 seemed easy. She believes it should be seamless when  
16 accessing it after February 14 and did not think  
17 anyone should have any changes once they transition.

18 Chairman Swallow also commented that he received  
19 an email acknowledging the transition.]

20 \*\*\*

21 Report of Regulatory Counsel

22 [Shana M. Walter, Esquire, Board Counsel, informed the  
23 Board that Senate Bill 869 of 2021 passed and is now  
24 Act 100 of 2021. She stated that the act provides for  
25 distance education, noting each board may implement

1 regulations to provide for distance education. She  
2 noted it allows for virtual supervision and that a  
3 virtual platform can now be used to establish a quorum  
4 for board meetings and provides also a virtual option  
5 for members of the public to participate in public  
6 meetings.

7 Ms. Walter suggested placing the current  
8 continuing education regulations on the agenda for  
9 discussion at the next meeting to see if Board members  
10 want to make any changes.]

11 \*\*\*

12 Report of Board Chair - No Report

13 \*\*\*

14 Report of Vice Chair - No Report

15 \*\*\*

16 Report of Acting Commissioner

17 [William B. Swallow, D.O., Chairman, introduced and  
18 welcomed Acting Commissioner Claggett.

19 Arion R. Claggett, Acting Commissioner, Bureau of  
20 Professional and Occupational Affairs, provided a  
21 brief summary of his professional background.]

22 \*\*\*

23 Report of Department of Health

24 [Denise A. Johnson, M.D., Physician General, provided  
25 a COVID-19 update, noting COVID cases are decreasing

1 with a 7-day moving average of around 3,500 per day.  
2 She reported 3,500 hospitalizations with over 100  
3 deaths per day.

4 Dr. Johnson announced the Moderna vaccine now has  
5 full FDA approval, along with Pfizer for adults. She  
6 reported that the Pfizer vaccine for 6-month-old  
7 infants to 4-year-old children was just submitted for  
8 an emergency use authorization (EUA) and is  
9 anticipating upcoming discussions. She noted states  
10 are already preparing to receive the vaccine once  
11 authorization has been granted.

12 Dr. Johnson reported over 80 percent of adults in  
13 Pennsylvania are vaccinated and 60 percent of total  
14 population, which is a little above the United States  
15 average of 64 percent. She also reported 40 percent  
16 of those who have been vaccinated have been boosted.

17 Dr. Johnson noted that children 5 to 11 years of  
18 age became eligible for vaccinations on November 2 and  
19 total pediatric vaccination is around 522,000.

20 She stated that the Centers for Disease Control  
21 and Prevention (CDC) strongly recommends COVID  
22 vaccines during pregnancy or before but only about  
23 one-third of pregnant individuals are vaccinated and  
24 is much lower for African-Americans and Hispanic  
25 populations.

1 Dr. Johnson addressed data from the COVID-19-  
2 Associated Hospital Surveillance Network (COVID-NET)  
3 in 2021 that indicated 97 percent of pregnant people  
4 hospitalized with SARS-CoV-2 were unvaccinated.

5 Dr. Johnson noted that the January 2022 Morbidity  
6 and Mortality Weekly Report (MMWR) on COVID  
7 vaccinations during pregnancy was not associated with  
8 preterm birth or small for gestational age birth. She  
9 also addressed a study released in January looking at  
10 COVID vaccines for individuals undergoing in vitro  
11 fertilization (IVF) and found no difference in terms  
12 of fertility.

13 Dr. Johnson mentioned working with provider  
14 groups, such as the American College of Obstetricians  
15 and Gynecologists (ACOG), educating members to improve  
16 rates in pregnancy.

17 Dr. Johnson discussed data showing booster rates  
18 lower in African-American and Latino groups, rural,  
19 and inner city populations and are working with county  
20 and municipal health departments and stakeholders to  
21 reach those populations.

22 Dr. Johnson mentioned Pennsylvania has two  
23 federal strike teams that have been deployed at  
24 Scranton Regional and WellSpan York to decompress the  
25 region. She also noted adding Crozer Health

1 Facilities in terms of strike teams and working on  
2 strike teams to support long-term care. She noted  
3 that staffing resources from the state are supporting  
4 hospitals and skilled nursing facilities with acute  
5 care regional decompression, acute care urgent  
6 response, and long-term care regional decompression.

7 Dr. Johnson discussed long-term regional support  
8 sites within the state to help offload patients from  
9 the hospital and help hospital capacity.

10 Dr. Johnson stated that Governor Wolf signed  
11 legislation that appropriates \$225 million in federal  
12 American Rescue Plan Act funding to support the health  
13 care workforce that includes additional free COVID  
14 testing sites, making sure schools have access to  
15 testing, and working with municipalities and health  
16 systems to understand federal reimbursement.

17 Dr. Johnson addressed therapeutics, noting  
18 several COVID-19 prevention and treatment options.  
19 She noted that pre-exposure prevention Evusheld has  
20 been distributed to facilities and organizations  
21 treating high-risk patients and unlikely to mount an  
22 immune response with the vaccinations.

23 Dr. Johnson reported Merck's Lagevrio  
24 (molnupiravir) and Pfizer's Paxlovid (nirmatrelvir)  
25 oral antivirals have been rolled out and are located

1 throughout the Commonwealth of Pennsylvania but are in  
2 short supply. She mentioned the Department of  
3 Health's website at healthpa.gov provides a list of  
4 pharmacies that have oral antivirals.

5 Dr. Johnson discussed monoclonal antibodies,  
6 noting that bamlanivimab/etesevimab (bam/ete) and  
7 REGEN-COV (casirivimab/imdevimab) have no utility  
8 against Omicron and only sotrovimab is available in  
9 limited supply. She reported remdesivir was recently  
10 authorized for outpatient use but are still working on  
11 reimbursement and how to deliver that.

12 Dr. Johnson addressed the flu season, noting  
13 32,450 confirmed cases from all counties in the  
14 Commonwealth of Pennsylvania with 30 associated deaths  
15 this season.

16 Chairman Swallow thanked Dr. Johnson for her  
17 report.]

18 \*\*\*

19 Report of Board Administrator

20 [Nichole Wray, Board Administrator, informed everyone  
21 that the upcoming Board meeting in April is still set  
22 to be an in-person meeting. She mentioned that the  
23 policies are pretty much the same concerning  
24 reimbursement and reminded everyone that preapproval  
25 is not needed by the Board when traveling to and from

1 Board meetings, although some forms may need to be  
2 completed.

3 Ms. Wray encouraged Board members to familiarize  
4 themselves with policies but would be providing an  
5 email containing all of the details. She also  
6 provided a helpful website at [travel.state.pa.us](http://travel.state.pa.us) for  
7 helpful links and forms.

8 Ms. Wray also mentioned that any out-of-state  
9 travel requires preapproval and a cost estimate  
10 submitted through the Commonwealth Out-of-State Travel  
11 Application (COSTA) portal for approval.

12 Ms. Wray addressed the Federation of State  
13 Medical Boards (FSMB) Conference in April that Dr.  
14 Swallow and Ms. Wucinski will be attending. She  
15 mentioned there are limits on the cost per night of  
16 the host hotel and that something in close proximity  
17 would be booked if the cost falls outside of the host  
18 hotel.

19 Ms. Wray informed Chairman Swallow that she would  
20 be sending him an email with specifics to the FSMB  
21 Conference listing out the information needed to start  
22 generating the information to be submitted.

23 Ms. Wray reminded Board members that the deadline  
24 for the Financial Disclosure Statement for 2021 is May  
25 1 but recommended that filings be completed by March

1 31 to allow the Department of Human Resources time for  
2 completeness. She asked anyone who did not receive an  
3 email with instructions to contact her.

4 Chairman Swallow asked whether any of the travel  
5 expenses and attendance forms have changed.

6 Ms. Wray believed the standard forms remain the  
7 same but the program to submit it has changed. She  
8 stated that FSMB traditionally has a scholarship  
9 program to send one of their voting delegates to the  
10 conference, but the FSMB waived the membership fees  
11 and the Board is longer eligible to participate in  
12 that scholarship program so any expenses would be the  
13 responsibility of the Board.

14 Chairman Swallow asked Ms. Wray if she would  
15 consider sending forms for travel expenses and  
16 attendance in an email announcing the meeting and the  
17 access to the meeting in advance.

18 Ms. Wray commented that her intent was to include  
19 that when the agenda goes out two weeks prior so the  
20 forms are received in advance.

21 Chairman Swallow thanked Ms. Wray for all of the  
22 information.]

23

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24 For the Board's Information/Discussion

25 [William B. Swallow, D.O., Chairman, noted 2022 and



1 2023 Board meeting dates.

2 Chairman Swallow thanked everyone for their  
3 attendance and participation in the activities of the  
4 Board. He also thanked everyone for their  
5 presentations and reports.

6 Chairman Swallow noted the next Board meeting is  
7 Wednesday, April 13 and is looking forward to being in  
8 person with everyone.]

9 \*\*\*

10 Adjournment

11 CHAIRMAN SWALLOW:

12 Is there a motion to adjourn?

13 DR. TURSI:

14 So moved.

15 CHAIRMAN SWALLOW:

16 Second?

17 DR. POGGI:

18 Second.

19 CHAIRMAN SWALLOW:

20 All in favor? We stand adjourned.

21 [The motion carried unanimously.]

22 \*\*\*

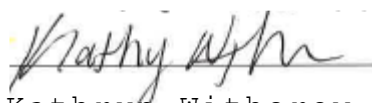
23 [There being no further business, the State Board of  
24 Osteopathic Medicine Meeting adjourned at 11:53 a.m.]

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CERTIFICATE

I hereby certify that the foregoing summary minutes of the State Board of Osteopathic 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 Osteopathic Medicine meeting.



Kathryn Witherow,

Minute Clerk

Sargent's Court Reporting  
Service, Inc.

STATE BOARD OF OSTEOPATHIC MEDICINE  
REFERENCE INDEX

February 9, 2022

	TIME	AGENDA
1		
2		
3		
4		
5		
6		
7		
8	9:30	Executive Session
9	10:30	Return to Open Session
10		
11	10:30	Official Call to Order
12		
13	10:32	Roll Call/Introductions
14		
15	10:32	Approval of Minutes
16		
17	10:33	Appointment - Pennsylvania Insurance
18		Department Presentation
19		
20	11:09	Report of Prosecuting Attorneys
21		
22	11:10	Appointment - Carolyn A. DeLaurentis,
23		Esquire, Deputy Chief Counsel,
24		Prosecution Division Annual Report
25		Presentation
26		
27	11:23	Report of Board Counsel
28		
29	11:26	Miscellaneous
30		
31	11:27	For the Board's Information/Discussion
32		
33	11:29	Report of Regulatory Counsel
34		
35	11:32	Report of Department of Health
36		
37	11:42	Report of Board Administrator
38		
39	11:51	For the Board's Information/Discussion
40		
41	11:53	Adjournment
42		
43		
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