

# **BOARD OF MEDICINE**

## **Open Session Minutes**

**December 11, 2019**  
**9:00 am**

**BOARD MISSION STATEMENT:**

“To **protect** and enhance the health, safety, and well-being of District of Columbia residents by **promoting** evidence-based best practices in health regulation, high standards of quality care and implementing policies that **prevent** adverse events.”

**The Open Session Minutes continue on the next page with the ‘Board Meeting Participants’.**

**BOARD MEETING PARTICIPANTS:**

<b>BOARD MEMBERS:</b>	
Andrea Anderson, MD (AA)	
Preetha Iyengar, MD (PI)	
William Strudwick, MD (WS)	
Thomas Dawson, Esq. (TD)	<b>ABSENT</b>
Jeffrey Smith, MD (JS)	<b>ABSENT</b>
Terrence Straub (TS)	
Archie Rich (AR)	<b>ABSENT</b>
Vikisha Fripp, MD (VF)	
David Wessel, MD (DW)	<b>ABSENT</b>
Thomas Smith (TS2)	
Joshua Wind, MD (JW)	
Christopher Raczynski, MD (CR)	<b>ARRIVED @ 10 AM</b>
Joelle Simpson, MD (JS2)	
Konrad Dawson, MD (KD)	<b>ABSENT</b>
<b>BOARD STAFF:</b>	
Frank Meyers, JD – Executive Director	
Lisa Robinson – Health Licensing Specialist	
Mary Harris – Health Licensing Specialist	<b>ABSENT</b>
Angela Braxton – Health Licensing Specialist	
Charles Annor – Health Licensing Specialist	<b>ABSENT</b>
Emilia Moran – Investigator	
<b>LEGAL STAFF:</b>	
Suzanne Fenzel, Esq. – Board Attorney Advisor	
Ajay Gohil, Esq. – Board Attorney Advisor	

The Open Session Minutes continue on the next page with the 'Call to Order'.<sup>1</sup>

<sup>1</sup> The order in which the following agenda items are listed does not necessarily reflect the order in which the items were discussed during the meeting.

**CALL TO ORDER**

OS-19-12-01 ALL	<b><u>INTRODUCTIONS</u></b>  <b>A. BOARD MEMBERS</b>  <b>B. BOARD STAFF</b>	
--------------------	---	--

**APPROVAL OF MINUTES, CONSENT AGENDA AND STAFF REPORTS**

OS-19-12-02 ALL	<b><u>BOARD/DEPARTMENT REPORT</u></b>  <b>A. BOARD CHAIR'S REPORT</b>	
	<b>i. Interstate Compact Committee Appointment</b> The Board Chair congratulated the Board Executive Director on his recent appointment as Chair of the Technology Committee of the Interstate Medical Licensure Compact Commission.	
	<b>ii. Nutrition Continuing Education Legislation</b> The Board Chair gave a summary of the recent hearing before the DC Council's Committee on Health re: legislation mandating CE hours in the subject of nutrition. Specifically, the Chairs of the Board of Medicine and the Board of Nursing testified before the Council in opposition to the bill based on the premise that licensees should be allowed to chose which CE courses to take that best fit their practice.	
	<p>Following the testimony, an article was published in the Washington Post bringing attention to the Board of Medicine's opposition to the legislation. The Board Chair reiterated the reason for the Board's opposition to content specific CE generally, especially following DC Health's enactment of 10% CE requirements (which the Board supports). Mr. Smith, the public member, brought up concerns that the council continues to introduce legislation that mandates content specific CE, which appears to be politically motivated. Mr. Smith inquired whether it would be beneficial to invite Councilmember Gray to a meeting to discuss this issue?</p>	
	<p>Additionally, MSDC commented they supported the Board's position and thanked the chair for her testimony. MSDC also inquired as to the status of the</p>	

10% CE requirement? Board staff informed MSDC that the regulations enacting this requirement for most professions under the Board of Medicine are in effect, except for Physicians and Physicain Assistants, as they are still being reviewed by the Mayor's office.

Lastly, there was also a comment from the public re: the duty of physicians to report substandard care, and how that relates to this 10% CE requirement? The only statutorily mandated reporting requirements for physciains relates to disciplinary actions against themselves, or concerns of physican abuse, and the current 10% does not contain any mandated reporting requirements.

**iii. FSMB Call for Resolutions**

The Board Chair reminded people of the recent request for nominations and resolutions from FSMB. Anyone who has any recommendations should send them to the Board Chair and Executive Director.

**B. EXECUTIVE DIRECTOR'S REPORT**

**i. FSMB Nominations**

The Federation of State Medical Boards (FSMB) recently sent out an email calling for nominations to the Board of Directors, various workgroups, committees, award recipients and resolutions. This information is being provided to the Board for informational purposes.

**ii. Licensure Census**

The Executive Director did not have the updated licensure census, but stated it would be provided at the next meeting.

**C. BOARD ATTORNEY'S REPORT**

**i. Ambulatory Surgical Center Regulations**

The Board Attorney informed the Board of the recently published Proposed Regulations governing Ambulatory Surgical Centers (ASC). The Board Attorney has several questions, and will provide a more thorough update at the next meeting. Additionally, copies of the regulations will be distributed to the members after the meeting.

<p>OS-19-12-03 ALL</p>	<p><b><u>OPEN SESSION MINUTES</u></b></p> <p><b>Board Action:</b> Consideration of the Open Session minutes from the October 30, 2019 meeting.</p> <p><b>Background:</b> The Open Session Minutes are a record of the Board’s past meeting(s), describing the events, list of attendees, a statement of the issues considered and related responses or decisions of the Board.</p> <p><b>Motion:</b> Motion made by Dr. Iyengar to approve the minutes. Seconded by Dr. Strudwick.</p> <p>Dr. Wind, Dr. Fripp, Dr. Strudwick, Dr. Iyengar, Mr. Smith, Mr. Straub, Dr. Simpson and Dr. Anderson voted in favor of the motion. The motion passed unanimously.</p>	<p>FM</p>
<p>OS-19-12-04 ALL</p>	<p><b><u>OPEN CONSENT AGENDA</u></b></p> <p><b>Board Action:</b> Consideration of the current December 11, 2019, Open Consent Agenda items for purposes of review and/or ratification of Board actions taken since the last Board meeting.</p> <p><b>Background:</b> The Open Consent Agenda is a record of the decisions and/or actions taken by the Board or its staff since the last meeting of the Board.</p> <p><b>Motion:</b> Motion made by Dr. Iyengar to approve the consent agenda. Seconded by Dr. Strudwick.</p> <p>Dr. Wind, Dr. Fripp, Dr. Strudwick, Dr. Iyengar, Mr. Smith, Mr. Straub, Dr. Simpson and Dr. Anderson voted in favor of the motion. The motion passed unanimously.</p>	<p>FM</p>

**The Open Session Minutes continue on the next page with ‘Misc. Items for Discussion’.**

**MISC. ITEMS FOR DISCUSSION**

<p>OS-19-12-05 ALL</p>	<p><b><u>LYME DISEASE TESTING INFORMATION DISCLOSURE ACTION OF 2019</u></b></p> <p><b>Board Action:</b> To review the Lyme Disease Testing Information Disclosure Action of 2019.</p> <p><b>Background:</b> A bill was introduced before the DC Council that would require hospitals, health care facilities and testing centers provide notice regarding the danger of receiving inaccurate results to early testing for Lyme disease.</p> <p><b>Motion:</b> Board members raised questions as to why this bill is being pushed forward, as well as expressing concerns over the burden this requirement would place on practitioners and the effect it would have on the physician-patient relationship? Staff stated it did not have any such information, but would share what it could.</p> <p>This item was for informational purposes only, so no formal action was taken at this time.</p>	<p>FM</p>
<p>OS-19-12-06 ALL</p>	<p><b><u>MTL REQUEST – SIBLEY MEMORIAL HOSPITAL</u></b></p> <p><b>Board Action:</b> To review the request from Sibley Memorial Hospital to issue MTL licenses to their rotators.</p> <p><b>Background:</b> Sibley Memorial Hospital currently services as a remote training location for John Hopkins University School of Medicine in Baltimore, MD. As John Hopkins’ program is ACGME accredited, Sibley meets the requirements for receiving MTR licenses.</p> <p>Recently, Sibley opened the National Proton Center, which is being utilized as part of the John Hopkins residency training. Because the center is located in DC, and the amount of time commitment required for their residents, Sibley is requesting approval for MTL licenses so their residents can train for more than 120 days.</p> <p><b>Motion:</b> Motion made by Dr. Wind to approve Sibley Hospital to have MTL licenses for all residency programs. Seconded by Dr. Iyengar.</p>	<p>FM</p>

	Dr. Wind, Dr. Fripp, Dr. Strudwick, Dr. Iyengar, Mr. Smith, Mr. Straub, Dr. Simpson and Dr. Anderson voted in favor of the motion. The motion passed unanimously.	
OS-19-12-07 ALL	<p><b><u>NARCAN PILOT PROGRAM</u></b></p> <p><b>Board Action:</b> To review information regarding the Districts Narcan Pilot Program.</p> <p><b>Background:</b> DC Health recently implemented a pilot program providing Narcan kits free of charge to District residents through participating pharmacies. Currently DC Health has provided Narcan kits to seventeen (17) pharmacies in the District. A list of the participating pharmacies and their locations, as well as more information about the program, is being provided to the Board.</p> <p><b>Motion:</b> This item was for informational purposes only, so no formal action was taken at this time.</p>	FM
OS-19-10-08 ALL	<p><b><u>PDMP UPDATE</u></b></p> <p><b>Board Action:</b> To review the information from the PDMP re: updates to the prescriber reports.</p> <p><b>Background:</b> As part of the PDMPs functionality, prescribers are able to pull reports of their own prescribing habits and compare them to the overall prescribing patterns in the District. The PDMP continue to undergo various enhancements to improve its usefulness, including a recent change to how the prescriber reports are issued. A representative from the PDMP will present on the recent updates.</p> <p><b>Motion:</b> Representatives from Apriss presented on their updated prescriber report function, which is part of the DC PDMP. The new report makes several enhancements include changes to it’s visual design, as well as allowing more practitioners to pull reports. Specifically, the old report required prescribers have prescribed at least one (1) opioid, but now it only requires that a prescriber prescribe one (1) controlled substance.</p> <p>One enhancement Apriss is working on is to make the report more interactive for users so they can drill down deeper into the data.</p>	FM



	This item was for informational purposes only, so no formal action was taken at this time.	
OS-19-10-09 ALL	<p><b><u>APPROVAL OF NON-ACGME FELLOWSHIP</u></b></p> <p><b>Board Action:</b> To review the request for approval of Children’s National Hospital non-ACGME accredited Pediatric Colorectal and Pelvic Reconstructive Surgery Fellowship.</p> <p><b>Background:</b> Pursuant to 17 DCMR § 4611.2(c), applicants for an MTL II license must be participating in an ACGME, AOA or Board approved postgraduate clinical training fellowship program. As this program is not ACGME accredited, they are requesting Board approval.</p> <p><b>Motion:</b> Motion made by Dr. Wind to approve the program. Seconded by Dr. Fripp.</p> <p>Dr. Wind, Dr. Fripp, Dr. Strudwick, Dr. Iyengar, Mr. Smith, Mr. Straub, Dr. Simpson and Dr. Anderson voted in favor of the motion. The motion passed unanimously.</p>	FM
OS-19-10-10 ALL	<p><b><u>PROPOSED REGULATION – IMLC</u></b></p> <p><b>Board Action:</b> To determine whether to further clarify the meaning of “25% of the physician’s practice of medicine occurs...” as related to the Interstate Medical Licensure Compact.</p> <p><b>Background:</b> The Board of Medicine previously published regulations addressing the Interstate Medical Licensure Compact (IMLC). Following publication, a question has been raised as to what the term “...twenty-five percent (25%) of the physician’s practice of medicine...” means. Specifically, 4621.3 states:</p> <p style="padding-left: 40px;">A physician may designate the District of Columbia as the state of principal license for purposes of registration for expedited licensure through the IMLC if the physician possesses a full and unrestricted license to practice medicine in the District and the District of Columbia is:</p> <p style="padding-left: 80px;">(a) The state of primary residence for the physician;</p>	SF

	<p>(b) <b><i>The state where at least twenty-five percent (25%) of the physician’s practice of medicine occurs;</i></b></p> <p>(c) The location of the physician’s employer; or</p> <p>(d) If no other state qualifies under paragraph (1), (2), or (3) of this subsection, the state designated as the physician’s state of residence for purposes of federal income tax.</p> <p>The Board needs to decide if it wants to further define how 25% of the physician’s practice is determined (i.e. percent of patients, income, facility, time, or something else). The Compact Commission has not established how to determine the 25% requirement.</p> <p><b>Motion:</b> The Board Attorney brought up this issue, and recommended keeping the regulations as is.</p> <p>Motion made by Dr. Wind to keep the regulations as is. Seconded by Dr. Iyengar.</p> <p>Dr. Wind, Dr. Fripp, Dr. Strudwick, Dr. Iyengar, Mr. Smith, Mr. Straub, Dr. Simpson and Dr. Anderson voted in favor of the motion. The motion passed unanimously.</p>	
<p>OS-19-12-11 ALL</p>	<p><b><u>REQUEST FOR MODIFICATION TO PROPOSED REGULATION</u></b></p> <p><b>Board Action:</b> To review the proposed regulation drafted by the Board of Pharmacy, modifying training requirements for collaborative practice agreements between pharmacists and physicians.</p> <p><b>Background:</b> The Board of Medicine and Board of Pharmacy previously implemented joint regulations governing collaborative practice agreements between physicians and pharmacists. Under the current regulations, in order to participate in a collaborative practice agreement with a physician, pharmacists must prove possession of relevant advanced training through certification as a specialist, successful completion of a residency or Board-approved certification program, have either three (3) or five (5) years of relevant clinical experience depending upon the degree held, and documented training related to the area of practice covered by the collaborative practice agreement. The Board of</p>	<p>FM</p>

Pharmacy believes that in practice, these provisions are duplicitous and create an unintended barrier to the participation of otherwise qualified pharmacists in collaborative practice agreement. The Board of Pharmacy submitted proposed regulations addressing this issue, which was provided to the Board for review at their October 2019 meeting, at which time the Board voted to deny the request as an emergency regulation, but to have the subcommittees that worked on the original regulations meet to discuss this proposal.

Following the October meeting, the above directive was shared with the Board of Pharmacy, who request a meeting with the Board Chairperson to discuss their concerns, especially regarding the need for the subcommittees to meet.

**Motion:**

Motion made by Dr. Wind to not agree to the proposal, as it already provides an avenue for certification by individuals with experience, but if further discussion is still desired to send back to joint sub-committee. Seconded by Dr. Strudwick.

Dr. Wind, Dr. Strudwick, Dr. Iyengar, Mr. Smith, Dr. Simpson, Dr. Raczynski and Dr. Anderson voted in favor of the motion. The motion passed unanimously. Dr. Fripp and Mr. Straub voted no. The motion passed.

**The Open Session Minutes continue on the next page with 'Motion to Close'.**

**MOTION TO CLOSE**

OS-19-12-12  
ALL

**MOTION TO CLOSE**

FM

**Board Action:**

To go into closed session to discuss confidential matters as permitted in DC Official Code § 2-575(b).

**Background:**

Pursuant to DC Official Code § 2-575(b), the Board will move into the Closed Executive Session portion of the meeting to discuss the following:

1. To consult with an attorney to obtain legal advice and to preserve the attorney-client privilege between an attorney and a public body, or to approve settlement agreements pursuant to § 2-575(b)(4)(a);
2. Preparation, administration, or grading of scholastic, licensing, or qualifying examinations pursuant to section § 2-575(b)(6);
3. To discuss disciplinary matters pursuant to section § 2-575(b)(9);
4. To plan, discuss, or hear reports concerning ongoing or planned investigation of alleged criminal or civil misconduct or violations of law or regulations, if disclosure to the public would harm the investigation pursuant to section § 2-575(b) (14).

**Motion:**

Motion made by Mr. Smith to go into closed session. Seconded by Dr. Wind.

Dr. Wind, Dr. Fripp, Dr. Strudwick, Dr. Iyengar, Mr. Smith, Mr. Straub, Dr. Simpson, Dr. Raczynski and Dr. Anderson voted in favor of the motion. The motion passed unanimously.

**The Open Session Minutes continue on the next page with ‘Motion to Adjourn’.**

**MOTION TO ADJOURN**

OS-19-12-13 ALL	<p><b><u>MOTION TO ADJOURN</u></b></p> <p><b>Board Action:</b> To adjourn the meeting.</p> <p><b>Background:</b> At the end of every meeting, a motion to adjourn must be made in open session to close out the business of the Board.</p> <p><b>Motion:</b> Motion made by Mr. Straub to adjourn the meeting. Seconded by Dr. Wind.</p> <p>Dr. Wind, Dr. Fripp, Dr. Strudwick, Dr. Iyengar, Mr. Smith, Mr. Straub, Dr. Simpson and Dr. Anderson voted in favor of the motion. The motion passed unanimously.</p>	FM
--------------------	---	----

**This ends the Open Session Minutes.**

*This meeting is governed by the Open Meetings Act. Please address any questions or complaints arising under this meeting to the Office of Open Government at [opengovoffice@dc.gov](mailto:opengovoffice@dc.gov).*