

HAWAII MEDICAL BOARD

Professional and Vocational Licensing Division
Department of Commerce and Consumer Affairs
State of Hawaii

MINUTES OF MEETING

The agenda for this meeting was filed with the Office of the Lieutenant Governor, as required by Section 92-7(b), Hawaii Revised Statutes ("HRS").

Date: Thursday, December 13, 2012

Time: 1:00 p.m.

Place: King Kalakaua Conference Room
King Kalakaua Building
335 Merchant Street, 1st Floor
Honolulu, HI 96813

Present: Danny M. Takanishi, M.D., Chairperson, Oahu Member
Brian E. Cody, Public Member, Vice-Chairperson
Gerard K. Akaka, M.D., Oahu Member
Sharon "Shay" Bintliff, M.D., Hawaii Member
Les Barrickman, D.O., Oahu Member
Peter C. Chin, M.D., Maui Member
Niraj S. Desai, M.D., Kauai Member
Palasi Puleyasi, Public Member
Karen E. Sept, D.O., Oahu Member
Shari Wong, Deputy Attorney General ("DAG")
Constance I. Cabral, Executive Officer
Ahlani K. Quiogue, Executive Officer
Wilma Balon, Secretary

Excused: Thomas S. Kosasa, M.D., Oahu Member
Carl K. Yorita, M.D., Oahu Member

Guests: Lei Fukumura, Special Deputy Attorney General
Vincent Tenorio, PAAC
William Watkins, AMR
Dennis K. Ma'ele, EMPAC
Elizabeth Char, EMPAC
Jeffrey Zuckernick, EMPAC

Call to Order: The meeting was called to order at 1:10 p.m. at which time quorum was established.

Approval of the November 8, 2012 Minutes: It was moved by Dr. Barrickman, seconded by Dr. Bintliff, and unanimously carried to approve minutes of the November 8, 2012 meeting as circulated.

Additions/Revisions to Agenda: None.

Adjudicatory Matters: Chair Takanishi called for a recess from the meeting at 1:12 p.m. to discuss and deliberate on the following adjudicatory matters pursuant to HRS Chapter 91.

Dr. Desai entered the meeting room at 1:12 p.m.

- a. In the Matter of the Emergency Medical Technician Certificate of Reuben M.J. Chun; MED 2012-95-L

Dr. Chin entered the meeting room at 1:14 p.m.

After discussion, it was moved by Dr. Akaka, seconded by Dr. Chin, and unanimously carried to accept the Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order.

- b. In the Matter of the License to Practice Medicine of Stephen H. Denzer, M.D.; MED 2010-199-L

After discussion, it was moved by Mr. Puleasi seconded by Dr. Akaka, and unanimously carried to accept the Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order.

- c. In the Matter of Emergency Medical Technician Certificate of James L. Venable; MED 2012-102-L

After discussion, it was moved by Dr. Desai, seconded by Dr. Bintliff, and unanimously carried to accept the Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order.

Following the Board's review, deliberation and decision in this matter pursuant to Chapter 91, HRS, Chair Takanishi announced that the Board reconvene to its regular Chapter 92, HRS, meeting at 1:22 p.m.

It was moved by Dr. Chin, seconded by Dr. Bintliff, and unanimously carried to enter into executive session at 1:23 p.m. pursuant to Section 92-5(a)(1), HRS, to consider and evaluate personal information relating to individuals applying for professional license cited in Section 26-9, HRS, and pursuant to Section 92-5(a)(4), HRS, to consult with the Board's attorney on questions and issues pertaining to the Board's powers, duties, privileges, immunities and liabilities.

Applications for
License/
Certification:

b. Applications:

Abode L. Hamoush, M.D.
Anthony Bekkerman, M.D.
Gary S. Bernard, D.O.
Misty M. Blanchette Porter, M.D.
Todd M. Dewey, M.D.
Carl K.Y. Hsu, M.D.
Brian J. Mason, M.D.
Sanjay Mohindra, M.D.
Ken M.C. Pak, M.D.
Jay B. Reznick, M.D.
Sahar A.M. Samaha, M.D.
Michael S. Valade, M.D.
David C. White, D.O.
Michael Zhadkevich, M.D.
Sesi C. Asamoia, EMT-B
Tabitha L. Fox, EMT-P
Kristin J. Jones, EMT-P
Shannon M.F. Riley, EMT-P

It was moved by Dr. Barrickman, seconded by Mr. Cody and unanimously carried to return to the open meeting at 2:22 p.m.

Applications for
License/
Certification:

a. Ratifications:

(i) List

It was moved by Dr. Bintliff, seconded by Dr. Barrickman and unanimously carried to ratify the attached lists of individuals for licensure or certification.

It was moved by Dr. Barrickman, seconded by Dr. Desai and unanimously carried to approve the following applications:

Anthony Bekkerman, M.D.
Gary S. Bernard, D.O.

Misty M. Blanchette Porter, M.D.
Carl K.Y. Hsu, M.D.
Brian J. Mason, M.D.
Sanjay Mohindra, M.D.
Ken M.C. Pak, M.D.
Jay B. Reznick, M.D.
Sahar A.M. Samaha, M.D.
David C. White, D.O.
Michael Zhadkevich, M.D.
Sesi C. Asamoia, EMT-B
Tabitha L. Fox, EMT-P
Kristin J. Jones, EMT-P
Shannon M.F. Riley, EMT-P

Abode L. Hamoush, M.D.

The Board reviewed and considered all of the records and files of Dr. Abode L. Hamoush's application including information from him as well as from other organizations. After due consideration of the information received, it was moved by Chair Takanishi, seconded by Dr. Barrickman and unanimously carried to deny Dr. Hamoush's application for medical licensure, basing its decision on the following grounds in the Hawaii Revised Statutes ("HRS"), which find support in the records and files of Dr. Hamoush's application:

- HRS § 453-8(a)(5): Practicing medicine while the ability to practice is impaired by alcohol, drugs, physical disability, or mental instability;
- HRS § 453-8(a)(7): Professional misconduct, hazardous negligence causing bodily injury to another, or manifest incapacity in the practice of medicine, osteopathy, or surgery;
- HRS § 453-8(a)(9): Conduct or practice contrary to the recognized standards of ethics of the medical profession as adopted by the Hawaii Medical Association, the American Medical Association, the Hawaii Association of Osteopathic Physicians and Surgeons, or the American Osteopathic Association; and
- HRS § 453-8(a)(11): Revocation, suspension, or other disciplinary action by another state or federal agency of a license, certificate, or medical privilege for reasons as provided in this section.

Todd M. Dewey, M.D.

After due consideration of the information received, it was moved by Chair Takanishi, seconded by Dr. Barrickman with Dr. Akaka recusing himself, and carried by the majority to approve Dr. Dewey's application for medical licensure.

Michael S. Valade, M.D.

After due consideration of the information received, it was moved by Dr. Sept, seconded by Dr. Bintliff and unanimously carried to approve Dr. Valade's application for medical licensure.

Unfinished Business: a. Rules Revisions: PA Provisions

Vince Tenorio from the Physician Assistant Advisory Committee (PA Committee) appeared before the Board to discuss rules revisions relating to physician assistants (PA). Mr. Tenorio advised the Board that approximately 30 states allow PAs to prescribe class 2 controlled substances. He also related that PAs cannot request or dispense a controlled substance without the supervising physician signing off on the prescription.

Mr. Tenorio explained that the PA Committee is asking the Board to consider increasing the ratio of supervising physician to PA from one-to-two to one-to-four. He further indicated that the chart review should be at the discretion of the supervising physician.

After a short discussion, it was moved by Dr. Bintliff, seconded by Dr. Desai and unanimously carried to revise the rules by increasing the PAs a physician may supervise to four.

Subsequently, an Ad Hoc Committee was established to review the issues regarding class 2 controlled substances and chart review and to present recommendations to the Board. The following members were appointed to the Ad Hoc Committee:

Brian E. Cody
Gerard K. Akaka, M.D.
Niraj S. Desai, M.D.

New Business: a. Rules Revisions: EMP Provisions

Members of the EMP Advisory Committee (EMP Committee) appeared before the Board to discuss its recommendations to rules revisions relating to ambulance personnel.

Dennis K. Ma'ele, EMP Committee Chairperson, explained that during the last ten years, the U.S. Department of Transportation has been moving towards standardizing the emergency medical services system and personnel.

He advised the Board that the EMP Committee has been extremely active and involved in this process and has been working with the State Department of Health, Kapiolani Community College, ambulance providers and others to develop uniform licensing standards.

To this end, the EMP Committee recommended that the Board certify 3 levels of ambulance personnel:

1. Emergency Medical Technician (EMT);
2. Advance Emergency Medical Technician (AEMT); and
3. Paramedic

Attached to the minutes are the EMP Committee's recommendations and justification for rules revisions.

Discussion followed. It was moved by Dr. Barrickman, seconded by Mr. Puleasi, and unanimously carried to endorse the EMP Committee's proposal.

Advisory
Committees:

- a. Physician Assistants
- b. Emergency Medical Service Personnel
- c. Podiatrists

Chairperson's
Report:

None.

Adjournment:

It was moved by Mr. Cody, seconded by Dr. Bintliff, and unanimously carried to adjourn the meeting at 3:30 p.m.

Next Meeting:

Thursday, January 10, 2013
1:00 p.m.
King Kalakaua Conference Room, First Floor
335 Merchant Street
Honolulu, HI 96813

Reviewed and approved by:

/s/Constance I. Cabral

(Ms.) Constance I. Cabral
Executive Officer

CIC:wb
1/7/13

Taken and recorded by:

/s/Wilma Balon

Wilma Balon
Secretary

- Minutes approved as is.
 Minutes approved with changes; see minutes of _____.

HAWAII MEDICAL BOARD (12/13/2012-RATIFICATION LIST)

LTYPE LIC NUM BP NAME PART 1

MD 16820 PIA H <FRANCISCO-NATANAUAN<
MD 16821 MISHA R <KASSEL<
MD 16822 MARISA M <FERNANDEZ<
MD 16823 WILLIAM J <MCCORMACK<
MD 16824 RUSSELL D <YANG<
MD 16825 DAVID W <FLOYD<
MD 16826 WINFRED T <FRAZIER<
MD 16827 JONATHAN E <BISHOP<
MD 16828 MICHAEL B <HENLEY<
MD 16829 DONALD E <MAURER<
MD 16830 ASOK <RAY<
MD 16831 CARMEN M <SUGAI<
MD 16832 CONNIE M <LUTKEVICH<
MD 16833 JOHNETTE L <CRAWFORD<
MD 16834 FRED G <SILVA< II
MD 16835 LUKE D <KRAUTTER<
MD 16836 MICHAEL R <KREUTER<
MD 16837 DANIEL C <CHENG<
MD 16838 TYLER J <SOUTHWELL<
MD 16839 CHERISE S <SAITO<
MD 16840 DEBRA A <BALL-BRUMMETT<
MD 16841 NICOLE M <DE LA GARZA<
MD 16842 CHARLES D <GILLILAND<
MD 16843 ROBERT A <WILLIS<
MD 16844 MICHAEL R <PARADISE<
MD 16845 JAMES M <BINGHAM<
MD 16846 GILBERTO A <NIEVES<
MD 16847 BOKYUNG K <HAN<
MD 16848 BENJAMIN Y <CHEN<
MD 16849 DEBORAH H <CHUN<
MD 16850 LORI D <KARAN<
MD 16851 VALENTIN <ANTOCI<
MD 16852 TIMOTHY T K <AU<
MD 16853 JANUARIO L <NATANAUAN<
MD 16854 GEORGE M <ARMENDARIZ<
MD 16855 CHARLES D <POPPELL<

MDR 6433 ZUBAIR H <CHAO<
MDR 6434 LAUREN E <ARNOLD<
MDR 6435 MARIE A <KING<
MDR 6436 MONICA <FALCONER<

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MDR 6437 LINDSEY A <TILLACK<
MDR 6438 LYDIA <SAHLANI<
MDR 6439 EMMA E <CERMAK<
MDR 6440 BAHAREH <ASLANI-AMOLI<
MDR 6441 GRACE <CHUNG<
MDR 6442 MICHAEL M <REILY<
MDR 6443 MICHAEL <ARCE<

DOS 1488 CHARLES I <CARINO<
DOS 1489 BRIAN J <THOMNPSON<
DOS 1490 JESSE D <GORDON<

DOSR 251 JENNIFER E <HALL<

AMD 488 ANTONIO <AGUILAR<
AMD 489 ASUKA <MURATA<

EMERGENCY MEDICAL PERSONNEL ADVISORY COMMITTEE RECOMMENDATIONS

Background

Currently, Hawaii certifies ambulance personnel at two levels, EMT-Basic and EMT-Paramedic. To become state-certified, an applicant would need to have completed a Hawaii state-approved program (or its equivalent) and possess a National Registry of Emergency Medical Technicians (“NREMT”) certificate at the relevant level.

Hawaii’s EMT-Basic and EMT-Paramedic training programs are much longer than other states’ programs. Moreover, Hawaii’s EMT-Basic scope of practice is broader than other states as it allows EMT-Basics to start IV lines and perform cardiac defibrillation.

Hawaii and other states now have an opportunity to adopt national standards which would streamline the certification process while preserving our state’s right to: 1) maintain a scope of practice and standard of care that meets our community’s needs and 2) establish certification criteria to protect our consumers.

In an attempt to nationalize standards across the country, in 1996 the National Highway Traffic Safety Administration and Health Resources and Services Administration published the *EMS Agenda for the Future* (“*Agenda*”), a national consensus document depicting the vision for the future of our nation’s Emergency Medical Services (“EMS”). From this document came the *EMS Education Agenda for the Future: A Systems Approach* (“*Education Agenda*”) released in 2000, which was based on broad concepts from the *Agenda*, creating a vision for what the education system would be in the future. This education system is to be based on the following five components:

- National EMS Core Content
- National EMS Scope of Practice Model
- National EMS Education Standards
- National EMS Education Program Accreditation
- National EMS Certification

As the specifics of these components were progressively developed, the Hawaii Department of Health (“DOH”) and its EMS stakeholders (American Medical Response, City and County of Honolulu, DCCA, Federal Fire Dept., Hawaii County Fire Dept., and Kapi’olani Community College) considered that Hawaii’s EMS system may want to follow the *Education Agenda*.

In early 2011, the matter moved to the forefront and DOH formed an ad hoc committee composed of EMS stakeholders to review and make recommendations regarding the national standards. In late 2011 the ad hoc committee recommended adopting the new National Standards and recognizing three levels of State licensure: Emergency Medical Technician (“EMT”), Advanced Emergency Medical Technician (“AEMT”), and Paramedic.

As more work needed to be done, the ad hoc committee also recommended that under the guidance of Kapi’olani Community College (“KCC”) an EMS Educational/Training Committee be formed and made up of members from the State EMS ambulance providers, the State DCCA and EMS offices. Members of the Educational/Training Committee determined that 3 key areas needed to be addressed and formed 3 sub-committees to attend to those areas (scope of practice, licensure and education/training). After numerous meetings, research and discussion, the scope of practice sub-committee recommended adopting the national scope of practice for 3 levels of certification (EMT, AEMT and Paramedic). The licensure sub-committee supported the three levels of certification and the national scope of practice for each level. Additionally, this sub-committee felt it was crucial to include, in the EMT scope of practice, IV access and cardiac defibrillation (under the direct supervision of a paramedic) as it is in their current scope of practice. This being the case, the education/training sub-committee, while upholding the national standards relating to curriculum, supported as part of the EMT curriculum, the addition of didactic modules (focusing on IV access and cardiac defibrillation) and 96 hours of supervised ambulance ride-time.

Recommendations

Your Emergency Medical Personnel Advisory Committee (“EMP Committee”) has been extremely involved in this process since it began, in early 2011. We have either participated in or led various committees and sub-committees. Because of this, we are familiar with the issues and recommend that the Board certify 3 levels of ambulance personnel:

1. Emergency Medical Technician (EMT),
2. Advance Emergency Medical Technician (AEMT), and
3. Paramedic.

The specifics of the recommendations are as follows

Certify at three levels: EMT, AEMT, and Paramedic.

The EMP Committee believes that the new levels of certification (EMT, AEMT, and Paramedic) will beneficially serve our community most by keeping Hawaii current with the evolving

national trends in EMS (including, but not limited to scope of practice, education, accreditation, certification, and reciprocity). Certifying at the three levels will also improve the licensing process by simplifying its application requirements.

Adopt the *National EMS Scope of Practice (“SOP”) Model for AEMT and Paramedic.*

This will put Hawaii EMS in line with the *Education Agenda*. Although the AEMT level is a new one for Hawaii, its training content is not too far from what has traditionally been taught in our State EMT training program. In review of the AEMT, the Committee sees several benefits to our community. With the diverse needs of our medical community this level of practice offers our EMS system other options of service provision with the potential for improving upon our current system. This level also offers another career step for those wanting to progress beyond the EMT level but not continue to the Paramedic level. And, this level of training and practice also intends to offer a progressive educational track from EMT (to AEMT) to Paramedic.

The National Paramedic level closely parallels with the current State Paramedical training program.

Adopt the *National EMS Scope of Practice Model for EMT and also include Intravenous Access and Cardiac Defibrillation.*

The EMP Committee understands that the intent of the *National EMS SOP* describes a minimum set of competencies while still accommodating State flexibility in their EMS needs for the community. With that, our recommendation supports maintaining current State EMT training and practices to include IV access and cardiac defibrillation. We agree with the voice of the EMS community that this level of practice (and service to our community at large) should continue and should not be compromised.

Require National Registry Certification for AEMT and Paramedic state certification.

Although AEMT will be a new level of state certification, requiring NREMT Certification will keep with current state requirement. Continuing this practice will keep Hawaii in line with the *Education Agenda*. Furthermore, the fact that the new NREMT certification will require that paramedics complete an accredited training program will give credence to those applicants seeking Hawaii licensure.

Require National Registry Certification for graduates of an EMT training program that incorporates didactic training modules for IV Access and Cardiac Defibrillation, and at least 96 hours of supervised ambulance ride-time (as a third-person under the supervision of a paramedic). Those lacking IV, Defibrillation, and/or 96 hours of ride-time may acquire these trainings under a State approved training agency.

Requiring NREMT Certification will keep with current state requirement. Maintaining this level of EMT training will promote current training and practices.

After reviewing community and EMS stakeholder input regarding EMT practices in the state, it is clear that there is a consensus regarding concerns for maintaining Hawaii's standards (training and practices) at the EMT level. With that, the EMP Committee agrees that requiring IV access and Cardiac Defibrillation, thus maintaining current practices, will best serve the community as it does today.

The *National EMS Education Standards'* hospital/clinical experience requirements for the EMT includes performing "ten patient assessments". The Committee feels that such few patient contacts does not afford an EMT trainee ample hands-on experience to develop competent entry-level patient assessment and caregiving skills. In comparison the State EMT training program requires 30 patient assessments. Requiring 96 hours of supervised ambulance ride-time (under a State-approved training agency) will allow those EMTs to have the same opportunity as State trained EMTs to gain even more clinical experience before practicing out in the community. Also, this added training will give the community a level of confidence for product-consistency for those EMTs serving them.