

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

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

TIME: 10:30 A.M.

Held at

PENNSYLVANIA DEPARTMENT OF STATE

2525 North 7th Street

CoPA HUB, Eaton Conference Room

Harrisburg, Pennsylvania 17110

as well as

VIA MICROSOFT TEAMS

Wednesday, February 14, 2024

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50

State Board of Osteopathic Medicine
February 14, 2024

BOARD MEMBERS:

- Arion R. Claggett, Acting Commissioner, Bureau of Professional and Occupational Affairs
- Sirisha Reddy, Special Assistant, on behalf of Debra L. Bogen, M.D., FAAP, FABM, Acting Secretary of Health
- John B. Bulger, D.O., MBA, Chairman
- Hillary D. Snyder, MSPAS, PA-C, Vice Chairperson
- Bette A. Grey, BA, RRT, CPFT, Secretary
- Thomas S. Dardarian, D.O.
- Joseph M. Zawisza, D.O.
- Jonathan P. Oline, D.O.
- Randy G. Litman, D.O.

BUREAU PERSONNEL:

- Dana M. Wucinski, Esquire, Board Counsel
- Heather J. McCarthy, Esquire, Senior Board Prosecutor and Prosecution Liaison
- Keith E. Bashore, Esquire, Board Prosecution Liaison
- Patrick Greene, Esquire, Board Prosecutor
- Jason T. Anderson, Esquire, Board Prosecutor
- Mark R. Zogby, Esquire, Board Prosecutor
- Priscilla Turek, Board Administrator
- Holly Hoffman, Law Clerk, Department of State
- Carlton Smith, Deputy Chief Counsel, Prosecution Division

ALSO PRESENT:

- Andrea Wandling, Human Resources Manager, Pennsylvania Association of Community Health Centers
- Tracey Ziegler, RN, BSN, Program Director, LifeGuard, The Foundation of the Pennsylvania Medical Society
- Sophia Mahoney

1 ***

2 State Board of Osteopathic Medicine

3 February 14, 2024

4 ***

5 [Pursuant to Section 708(a)(5) of the Sunshine Act,
6 at 9:30 a.m. the Board entered into Executive Session
7 with Dana M. Wucinski, Esquire, Board Counsel, for
8 the purpose of conducting quasi-judicial
9 deliberations on a number of matters that are
10 currently pending before the Board and to receive the
11 advice of counsel. The Board returned to open
12 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 14, 2024. John B. Bulger, D.O., MBA,
17 Chairman, called the meeting to order at 10:30 a.m.]

18 ***

19 [Arion R. Claggett, Acting Commissioner, Bureau of
20 Professional and Occupational Affairs, noted a vote
21 would be needed to amend the agenda to include
22 additional items.]

23 ***

24 Introduction of Board Members/Attendees

25 [Priscilla Turek, Board Administrator, provided an

1 introduction of Board members, staff, and audience in
2 attendance.]

3 ***

4 Approval of minutes of the December 13, 2023 meeting

5 CHAIRMAN BULGER:

6 Do I have a motion to approve the
7 minutes?

8 MS. GREY:

9 So moved.

10 DR. ZAWISZA:

11 Second.

12 CHAIRMAN BULGER:

13 Priscilla, please call the vote.

14

15 Mr. Claggett, aye; Dr. Bulger, aye; Ms.
16 Snyder, aye; Ms. Grey, aye; Dr.
17 Dardarian, aye; Dr. Zawisza, aye; Dr.
18 Oline, aye; Dr. Litman, aye; Ms. Reddy,
19 aye.

20 [The motion carried unanimously.]

21 ***

22 Appointment - Annual Prosecution Division

23 Presentation

24 [Carlton Smith, Esquire, Deputy Chief Counsel,

25 Prosecution Division, informed Board members that he

1 assumed his role in March 2023 when Carolyn
2 DeLaurentis was promoted to the Executive Deputy
3 Chief Counsel position and provided a brief summary
4 of his professional background.

5 Mr. Smith reported a decrease in the number of
6 Bureau of Professional and Occupational Affairs
7 (BPOA) complaints across all boards from around
8 22,000 in 2022 to roughly 19,000 in 2023.

9 Mr. Smith presented the Prosecution Division's
10 Annual Report for the State Board of Osteopathic
11 Medicine. He reported a little over 20,000 licensees
12 in 2023. He noted 748 cases were opened in 2023. He
13 also noted around 684 open cases currently and 777
14 closed cases. He informed Board members that
15 prosecution's standard is to dispose of a case within
16 a year across all boards. He reported the average
17 age of a case for the Board is 312 days in 2023.

18 Mr. Smith addressed closed discipline cases in
19 2023, noting 5 probations and some fines, along with
20 4 suspensions.

21 Mr. Smith addressed prosecution not warranted and
22 warning letters and reported 495 prosecution not
23 warranted cases and 55 warning letters. He explained
24 that warning letters are issued after prosecution
25 considered the seriousness of the allegations,

1 licensee disciplinary history, and strength of the
2 evidence.

3 Mr. Smith discussed prosecution not warranted,
4 noting prosecution again considers the seriousness of
5 the allegations and disciplinary history but also
6 oftentimes considers an expert's opinion in terms of
7 standard of care and how confident they are that
8 there was a violation.]

9

10 Report of Prosecuting Attorneys

11 [Heather J. McCarthy, Esquire, Senior Board
12 Prosecutor, on behalf of Keith Bashore, Esquire,
13 Board Prosecution Liaison, presented the VRP Consent
14 Agreement and Order for Case No. 23-53-017349 and the
15 Consent Agreement and Order for Case No. 17-53-
16 09163.]

17 MS. WUCINSKI:

18 At agenda item 5, I believe the Board
19 would entertain a motion to adopt the
20 VRP Consent Agreement and Order at Case
21 No. 23-53-017349.

22 MS. GREY:

23 So moved.

24 DR. ZAWISZA:

25 Second.

1 CHAIRMAN BULGER:

2 It's moved and seconded. Any
3 discussion? Hearing none. Priscilla,
4 please call the vote.

5

6 Mr. Claggett, aye; Dr. Bulger, aye; Ms.
7 Snyder, aye; Ms. Grey, aye; Dr.
8 Dardarian, aye; Dr. Zawisza, aye; Dr.
9 Oline, aye; Dr. Litman, aye; Ms. Reddy,
10 aye.

11 [The motion carried unanimously.]

12

13 MS. WUCINSKI:

14 I believe the Board would entertain a
15 motion to adopt the Consent Agreement
16 and Order at Case No. 17-53-09163.

17 MS. GREY:

18 So moved.

19 DR. ZAWISZA:

20 Second.

21 CHAIRMAN BULGER:

22 It's moved and seconded. Any
23 discussion? Hearing none. Priscilla,
24 please call the vote.

25

1 Mr. Claggett, aye; Dr. Bulger, aye; Ms.
2 Snyder, aye; Ms. Grey, aye; Dr.
3 Dardarian, aye; Dr. Zawisza, aye; Dr.
4 Oline, aye; Dr. Litman, aye; Ms. Reddy,
5 aye.

6 [The motion carried unanimously. The Respondent's
7 name is Stuart W. Rosen, D.O.]

8 ***

9 [Arion R. Claggett, Acting Commissioner, Bureau of
10 Professional and Occupational Affairs, asked whether
11 Mr. Zogby had anything to report under item 7.

12 Mr. Zogby will present his case at the April
13 meeting. Board members discussed differences in
14 their agendas regarding item 7.]

15 ***

16 Report of Board Counsel - Regulatory Status Report
17 [Dana M. Wucinski, Esquire, Board Counsel, referred
18 to item 7 and informed Board members of her work with
19 regulatory counsel to prepare a status of regulations
20 update. She reported initiating the physician
21 assistant Regulation 16A-5339 to incorporate Act 78
22 of 2021. She noted drafting the Medical Board's
23 regulation, which is out as proposed. She mentioned
24 receiving positive comments and waiting any comments
25 from the Independent Regulatory Review Commission

1 (IRRC).

2 Ms. Wucinski addressed 16A-5336 regarding the
3 licensure requirement regulation that contains the
4 amendments to examinations and training requirements
5 along with Act 41. She reported that it has been
6 approved by the Office of General Counsel and is
7 currently with Governor Shapiro's Policy Office
8 waiting for approval. She mentioned the plan for its
9 delivery as proposed by the next meeting date.

10 Ms. Wucinski further explained that the
11 regulation will then be sent to OAG for legality form
12 review after approved by Policy. After it is
13 delivered as proposed, there will be a 30-day public
14 comment period, followed by a 30-day period in which
15 IRRC can submit comments. She stated the Board
16 will then review any of the comments received at the
17 next meeting, and counsel will work to draft the
18 final rulemaking. She hoped for its delivery as
19 final by the end of summer.]

20

21 Appointment - Physician Assistant

22 Reentry/Reinstatement Program Presentation

23 [Tracey Ziegler, RN, BSN, Program Director,
24 LifeGuard, The Foundation of the Pennsylvania Medical
25 Society, informed Board members that she replaced

1 Marcia Lammando after her retirement and wished to
2 carry on her work. She presented to the Board to
3 discuss their new physician assistant reentry
4 program.

5 Ms. Ziegler provided an overview of LifeGuard,
6 noting it falls under the arm of The Foundation of
7 the Pennsylvania Medical Society. She explained that
8 LifeGuard is not associated with any healthcare
9 association or system, and their team of reviewers
10 use independent physician reviewers who are actively
11 practicing in their specialty in the healthcare
12 field.

13 Ms. Ziegler stated LifeGuard is a nationally
14 recognized program that addresses clinical competency
15 assessment needs for physicians and other healthcare
16 professionals. She reported providing physician
17 assessments in over 32 states. She noted LifeGuard
18 is a resource for state boards of medicine, hospitals
19 and health systems, physician group practices,
20 healthcare attorneys, and also for physicians
21 themselves.

22 Ms. Ziegler explained that LifeGuard was
23 developed initially to assist physicians and other
24 providers who may have a known or suspected clinical,
25 medical, or cognitive deficiency. She reported

1 working with physicians when quality care concerns
2 may have arisen and now physician assistants who are
3 seeking reentry into the workforce. She mentioned
4 also performing practice monitoring for practices
5 through consent agreements and being very careful
6 about providing an objective clinical competency
7 skills assessment.

8 Ms. Ziegler addressed the physician assistant
9 program, noting it was developed to address the needs
10 of state boards in the assessment of physician
11 assistants returning to practice after an absence.
12 She stated the assessment team consists of not only
13 physicians and nurse psychologists but also includes
14 physician assistants actively practicing and working
15 in the academic realm as teachers in physician
16 assistant programs.

17 Ms. Ziegler stated assessment components include
18 neurocognitive evaluation, knowledge exam, medical
19 director and clinical interview, case presentations,
20 and access to standardized patients as well. She
21 noted the physician assistant program is a two- to
22 three-day assessment, and then their evaluation team
23 discusses their review of assessment findings and
24 results from that assessment to determine any kind of
25 recommendations or remediation plan.

1 Ms. Ziegler explained that a comprehensive report
2 is completed following receipt of the recommendations
3 and remediations and then submitted to the referring
4 entity and participant.

5 Ms. Ziegler discussed the components of reentry
6 assessment for physician assistants, including the
7 neurocognitive evaluation, to identify intact
8 cognitive functioning or possible areas of concern.
9 She noted it can indicate or rule out the need for
10 further in-depth assessment. She explained that the
11 knowledge examination focuses on educational
12 requirements specific for physician assistants.

13 Ms. Ziegler reporting on the large database of
14 questions through the Rosh Review system, and the
15 test was created by physician assistant reviewers.
16 She outlined four testing modules, which includes all
17 scopes of practice areas for the physician assistant
18 reentering the profession.

19 Ms. Ziegler noted the results are analyzed by not
20 only their physician assistant evaluators but also
21 one of their physician reviewers who provide general
22 oversight of the physician assistant program. She
23 mentioned they also complete an interview with the
24 physician assistant participant to gain additional
25 information that could be relevant to the assessment

1 processes and help provide an impression of the
2 participant's commitment and character in getting
3 back to actively practicing again.

4 Ms. Ziegler stated oral case presentations are
5 conducted by one of their physician assistant
6 reviewers, where they will present 6 to 10 cases to
7 the participant related to the care and treatment of
8 patients within the PA-C's scope of practice. She
9 noted the participant is asked to provide and conduct
10 analysis of how they would have cared for the
11 patient, explain their clinical decision-making
12 processes, and provide the rationale for their
13 intended actions.

14 Ms. Ziegler stated they have access to
15 standardized patients, noting their standardized
16 patient assessment is completed in concert with KSTAR
17 at Texas A&M and designed to further assess the
18 participant's skills in evaluation and management of
19 varying patient types. She explained that it
20 provides a setting to develop and refine an
21 individualized approach to patient care with live
22 standardized patients.

23 Ms. Ziegler further explained that it is
24 conducted remotely, where the participant is in their
25 office and standardized patients are live in Texas.

1 She noted the session is scored, along with receiving
2 an evaluation from the patients who provide
3 constructive feedback to the examinee and how they
4 felt with the process moving forward. She noted they
5 ask for documentation of the encounter from the
6 participant to include findings relevant to the
7 session.

8 Ms. Ziegler provided an overview of other program
9 pathways, including fitness for duty, which provides
10 a comprehensive assessment to determine the
11 provider's ability to meet daily work requirements
12 and patient safety. She explained that they can
13 perform a neurocognitive assessment, health history
14 and physical exam, and functional capacity
15 assessment. She mentioned that they can provide
16 portions of a psychiatric evaluation, quality of care
17 review, on-site proctoring, further simulation, and
18 provide a team review and recommendations based on
19 all of the findings.

20 Ms. Ziegler noted increasing and enhancing their
21 professionalism program, which is a subcategory of
22 fitness for duty, to help provide assessment guidance
23 and recommendations for physicians and other
24 providers who may struggle with some professionalism
25 issues. She explained that it is also a

1 multidisciplinary team approach.

2 Ms. Ziegler mentioned that assessments are
3 available for both the physicians and the teams, and
4 their report again consists of findings and any
5 recommendations for next steps. She reporting seeing
6 more elements of physician burnout related to
7 professionalism.

8 Ms. Ziegler commented that a staple of their
9 assessment program are reentry and reinstatement
10 assessments for those physicians and now physician
11 assistants who are getting back into medicine after
12 an absence or reinstatement following any type of
13 disciplinary action. She noted evaluations are based
14 on individual circumstances, and recommendations for
15 remediation are provided when indicated, along with
16 remediation plan development and monitoring as
17 needed.

18 Ms. Ziegler addressed quality-of-care
19 assessments, noting it to be a clinical standard-of-
20 care assessment to measure clinical competence by
21 peer review chart audits and on-site observation with
22 quality-of-care assessments as well.

23 Ms. Ziegler stated practice monitoring was
24 developed to provide oversight and assessment of
25 concerning practice patterns, where they can provide

1 an evaluation of clinical and medical record
2 documentation as well as on-site observation. She
3 noted then providing mentoring as needed and sending
4 a report to state licensing boards as with other
5 assessments.

6 Ms. Ziegler addressed practice monitoring, noting
7 they provide assessment training and monitoring honed
8 into prescribing habits as well as documentation and
9 decision-making. She noted also being able to
10 provide preceptorship monitoring.

11 Ms. Ziegler addressed their American Board of
12 Emergency Medicine (ABEM) reeligibility program that
13 was specifically designed for emergency medicine
14 physicians who have yet not been successful in
15 passing their board certification process. She
16 stated their ABEM eligibility program was in concert
17 with the ABEM program itself.

18 Ms. Ziegler noted it to be a six-month process
19 that includes an assessment phase, an educational
20 remediation phase, and a clinical practice phase.
21 She mentioned that the candidates are referred to
22 them from the Board of Emergency Medicine, and they
23 work with several emergency room physicians and
24 educators from Jefferson, Penn State, Hershey, and
25 WellSpan.

1 Ms. Ziegler reported 100% of participants in
2 their program have been successful in their
3 certification afterwards and expressed delight in the
4 program processes itself.

5 Ms. Ziegler addressed enrollment and scheduling,
6 where either the participant, state board, or
7 healthcare system notifies them and are then provided
8 an application to be submitted with any supportive
9 documentation.

10 Ms. Ziegler noted the information is reviewed,
11 and then individualized assessment processes and
12 components are developed in a proposal submitted to
13 the physician and/or referring entity as needed. She
14 mentioned that the individual is given 30 days to
15 review and accept the proposal. She mentioned the
16 assessment is provided in less than six to eight
17 weeks from the receipt of the application in order to
18 report back to the referring entity and the
19 physicians as needed.

20 Chair Bulger commented that it is a wonderful
21 extension of what The Foundation does, and he
22 appreciates the program being within Pennsylvania for
23 physicians and other clinicians. He mentioned that
24 the Board used the program on a number of occasions,
25 and he has used it in his personal life for

1 colleagues and people within their organization.]

2

3 Report of Board Counsel - Other - FYI

4 [Dana M. Wucinski, Esquire, Board Counsel, notified

5 Board members of an appeal for Dr. Mahmoud Ghaderi,

6 which has been appealed to the Pennsylvania

7 Commonwealth Court. She noted she would keep the

8 Board updated on the status of that appeal.]

9

10 Report of Board Counsel - Other - Sunshine Act and

11 Recusal Guidelines

12 [Dana M. Wucinski, Esquire, Board Counsel, informed

13 Board members that the purpose of the Sunshine Act is

14 the right of public to be present at all meetings of

15 the agency and witness deliberations, policy

16 formulation, and decision-making. She stated the

17 basics of the Sunshine Act is anytime an agency holds

18 a meeting in which there are deliberations or any

19 official action taken that the meeting must be open

20 to the public, along with public notice.

21 Ms. Wucinski noted that an agency includes all of

22 the boards and committees, and deliberations mean the

23 discussion of agency business held for the purpose of

24 deciding. She also noted official action is agency

25 recommendations made pursuant to a statute,

1 ordinance, or executive order; establishment of
2 policy decisions made by an agency concerning agency
3 business; and a vote taken by an agency on motions,
4 proposals, resolutions, rules, regulations,
5 ordinances, reports, and orders.

6 Ms. Wucinski stated an agency has to give public
7 notice of its first regular meeting of each calendar
8 year, not less than three days in advance of the
9 meeting, and has to provide the public notice of the
10 schedule of remaining meetings. She also noted an
11 agency has to give public notice of each special
12 meeting or each rescheduled meeting at least 24 hours
13 in advance. She mentioned that public notice is not
14 required in the case of an emergency meeting or a
15 conference.

16 Ms. Wucinski informed Board members that Act 65
17 of 2021 recently added additional public notice
18 requirements, including the posting of the agenda 24
19 hours in advance of a meeting, posting the agenda at
20 the location of the meeting and at the principal
21 office of the agency, and making the agenda available
22 to individuals in attendance at the meeting.

23 Ms. Wucinski stated the agenda has to include the
24 listing of each matter of the agency business that it
25 will or may be the subject of deliberations or

1 voting. She noted recording of the voting is
2 essential and the reason for the switch to roll call
3 votes. She also noted that minutes are required for
4 all open meetings.

5 Ms. Wucinski stated the only applicable
6 exceptions to open meetings are conferences and
7 executive sessions. She explained that an executive
8 session may be held to discuss personnel issues,
9 consult with an attorney, and review and discuss
10 agency business which, if conducted in public, would
11 violate a lawful privilege or lead to disclosure of
12 confidential information.

13 Ms. Wucinski further explained that executive
14 sessions can be held before, during, or after an open
15 meeting or may be announced for a future time. She
16 noted the reason for holding an executive session
17 must be announced at the opening of the meeting
18 immediately prior or subsequent to the executive
19 session. She stated official action on matters
20 discussed at executive session shall be taken at the
21 open meeting. She mentioned that legal challenges to
22 Sunshine Act violations must be made within 30 days
23 from the date of the meeting, and no action may
24 commence more than a year from the date of the
25 meeting. She addressed penalties for violating the

1 Sunshine Act criminal sanctions.

2 Ms. Wucinski noted the takeaway of the Sunshine
3 Act is that Board business, including deliberations
4 and official action, should be conducted at open
5 meetings, and Board members may not discuss agency
6 business, especially executive session matters,
7 outside of a Board meeting.

8 Ms. Wucinski stated deliberations of a committee
9 with a role in formulating policy or regulations must
10 take place in an open meeting with appropriate public
11 notice, but a committee performing an administrative
12 function, like reviewing applications or performing
13 prosecutorial functions such as probable cause
14 screening committees, are not subject to open meeting
15 requirements.

16 Ms. Wucinski informed Board members that it is
17 mandatory to recuse if the Board member had a
18 prosecutorial role in a matter or has a direct
19 personal or financial interest in the outcome of the
20 matter.

21 Ms. Wucinski explained that it is strongly
22 suggested to recuse if a Board member has a personal
23 affection for someone directly in the subject at
24 issue or has knowledge from outside and cannot make a
25 fair judgment or unbiased judgment.

1 Ms. Wucinski noted that a discretionary recusal
2 is when a Board member cannot hear or dispose of the
3 case or participate in a decision on a subject fairly
4 without prejudice. She recommended Board members
5 reach out to her privately in advance of a meeting if
6 they have any questions.

7 Ms. Wucinski addressed abstention versus recusal,
8 noting an abstention is to withhold their vote but
9 does not affect the quorum. She noted recusal is
10 when a Board member cannot be unbiased and is unable
11 to vote, which can affect the quorum.

12 Ms. Wucinski discussed conflicts of interest,
13 where no member of any professional examining and
14 licensing board shall at the same time be an officer
15 or agent of any statewide association or organization
16 representing the profession or occupation subject to
17 the board's actions. She advised anyone with any
18 questions about their participation in an
19 organization or association to reach out to her or
20 Acting Commissioner Claggett.

21 Ms. Wucinski also noted that public Board members
22 cannot be a member of any professional occupation
23 licensed or regulated by the Board, cannot be related
24 or be a part of an immediate family of any member of
25 the profession or occupation, cannot be affiliated in

1 any way with the profession or occupation to be
2 licensed or regulated, or hold any other appointed or
3 elected public office or position within this
4 Commonwealth. She noted that any person not meeting
5 the standards set forth is ineligible for membership
6 on the board or commission.]

7 ***

8 [Dana M. Wucinski, Esquire, Board Counsel, noted the
9 Board entered into Executive Session this morning to
10 discuss agenda items for vote by the Board and to
11 receive the advice of counsel.]

12 ***

13 Report of Board Counsel - Other - Petition for
14 Exception to COMLEX-USA Attempt Limit Policy

15 MS. WUCINSKI:

16 Agenda item 10. I believe the Board
17 would entertain a motion to grant the
18 request of Cassian Roberts to give him
19 an Exception to the COMLEX-USA Attempt
20 Limit Policy to allow him another
21 attempt at the COMLEX Level 1.

22 MS. GREY:

23 So moved.

24 DR. ZAWISZA:

25 Second.

1 CHAIRMAN BULGER:

2 It's moved and seconded. Any
3 discussion? Hearing none. Priscilla,
4 can you call the vote?

5

6 Mr. Claggett, aye; Dr. Bulger, aye; Ms.
7 Snyder, aye; Ms. Grey, aye; Dr.
8 Dardarian, aye; Dr. Zawisza, aye; Dr.
9 Oline, aye; Dr. Litman, aye; Ms. Reddy,
10 aye.

11 [The motion carried unanimously.]

12

13 Report of Board Chair

14 [John B. Bulger, D.O., MBA, Chairman, announced that
15 this was Ms. Grey's last meeting and thanked her for
16 her service to the Board.

17 Ms. Grey thanked Board members for welcoming her
18 and giving her the opportunity to serve.]

19

20 Report of Vice Chair - No Report

21

22 [Arion R. Claggett, Acting Commissioner, Bureau of
23 Professional and Occupational Affairs, informed Board
24 members that he received feedback regarding the
25 Department of Health's Survey attached to their

1 renewals. He mentioned working with the Department
2 of Health over the past year to reduce the number of
3 questions to about 15 to 17.]

4 ***

5 Report of Department of Health - No Report

6 ***

7 Applications for Licensure

8 MS. WUCINSKI:

9 Agenda item 11. I believe the Board
10 would entertain a motion to recommend
11 that M.H. enroll in the Voluntary
12 Recovery Program.

13 MS. GREY:

14 So moved.

15 DR. ZAWISZA:

16 Second.

17 CHAIRMAN BULGER:

18 Motion and seconded. Any discussion on
19 this? Hearing none. Priscilla, please
20 call the roll.

21

22 Mr. Claggett, aye; Dr. Bulger, aye; Ms.
23 Snyder, aye; Ms. Grey, aye; Dr.
24 Dardarian, aye; Dr. Zawisza, aye; Dr.
25 Oline, aye; Dr. Litman, aye; Ms. Reddy,

1 aye.

2 [The motion carried unanimously.]

3 ***

4 Report of Board Administrator - No Report

5 [Priscilla Turek, Board Administrator, also thanked
6 Ms. Grey for her service.]

7 ***

8 For the Board's Information/Discussion - Board
9 Meeting Dates

10 [John B. Bulger, D.O., MBA, noted the 2024 and 2025
11 Board meeting dates.]

12 ***

13 For the Board's Information/Discussion - Old/New
14 Business - Annual FSMB Meeting

15 [Dana M. Wucinski, Esquire, Board Counsel, addressed
16 the addition to the agenda regarding the Federation
17 of State Medical Boards Annual Meeting, April 18-20,
18 in Nashville, TN.]

19 MS. WUCINSKI:

20 I believe the Board would entertain a
21 motion to send two Board members to the
22 Federation of State Medical Boards
23 Annual Meeting, April 18-20, in
24 Nashville.

25 MS. GREY:

1 So moved.

2 DR. ZAWISZA:

3 Second.

4 CHAIRMAN BULGER:

5 It's moved and seconded. Any
6 discussion? Hearing none. Priscilla,
7 please call the roll.

8

9 Mr. Claggett, aye; Dr. Bulger, aye; Ms.
10 Snyder, aye; Ms. Grey, aye; Dr.
11 Dardarian, aye; Dr. Zawisza, aye; Dr.
12 Oline, aye; Dr. Litman, aye; Ms. Reddy,
13 aye.

14 ACTING COMMISSIONER CLAGGETT:

15 Typically, we send two Board members
16 and Board Counsel, so we can revote and
17 add that all together to say two Board
18 members and Board Counsel.

19 CHAIRMAN BULGER:

20 I'd like to amend the motion. Do I
21 have a second?

22 DR. ZAWISZA:

23 Second.

24 CHAIRMAN BULGER:

25 It's moved and seconded. Any

1 discussion? Hearing none. Priscilla,
2 please call the roll.

3

4 Mr. Claggett, aye; Dr. Bulger, aye; Ms.
5 Snyder, aye; Ms. Grey, aye; Dr.
6 Dardarian, aye; Dr. Zawisza, aye; Dr.
7 Oline, aye; Dr. Litman, aye; Ms. Reddy,
8 aye.

9 [The motion carried unanimously.]

10

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

13 [Bette A. Grey, BA, RRT, CPFT, Secretary, mentioned
14 that she is on the Probable Cause Screening Committee
15 and asked whether someone should be named to replace
16 her.

17 Ms. Wucinski suggested placing the matter on the
18 agenda for discussion at the next meeting.

19 Nichole Wray, Division Chief of the State Boards
20 of Medicine, Osteopathic Medicine, and Podiatry,
21 addressed pending changes regarding graduate training
22 and examinations within the regulations. She noted
23 there is a notice on the Department of State's
24 website that addresses what the Board is currently
25 doing in the meantime. She reported recently making

1 some internal changes with staff and how they
2 evaluate the applications to verify the graduate
3 training.

4 Ms. Wray encouraged applicants who received a
5 discrepancy in the past that may be in error to
6 upload a statement to their application verifying the
7 graduate training they completed. She mentioned that
8 their evaluators would be happy review that again
9 based on the internal changes.

10 Chair Bulger asked whether changes were made to
11 the online application, so the syntax lined up with
12 the current changes.

13 Ms. Wray explained that discussions are taking
14 place, but it takes longer to do and part of that
15 does also dictate the actual regulations itself being
16 what they are currently. She mentioned that they are
17 in the works, but no changes have been made at this
18 time. She noted that internal evaluations are
19 currently taking place.

20 Chair Bulger commented that the website is
21 currently not consistent with the notice and
22 mentioned the importance of making sure all line up.

23 Ms. Wucinski pointed out that she and Ms. Wray
24 discussed the internal review process for graduate
25 training programs that staff will be utilizing when

1 reviewing applications. She noted it to now be
2 consistent with the notice. If an individual has
3 completed an approved internship that is American
4 Osteopathic Association (AOA) approved or completed
5 an Accreditation Council for Graduate Medical
6 Education (ACGME)- accredited program that received
7 ACGME osteopathic recognition or completed a
8 residency that is ACGME approved at any level or AOA
9 approved, the application would be approved.

10 Ms. Wucinski explained that she would be
11 reviewing any application that does not meet those
12 criteria, and she would investigate the training
13 program further to see if it meets one of the other
14 requirements for licensure, like has 24 weeks of
15 rotation in all the different areas or if it is a
16 training program approved by a hospital accredited by
17 the Joint Commission.

18 Ms. Wucinski noted that in those scenarios, there
19 may be a need to request additional information in
20 the form of a discrepancy to consider the other
21 requirements.

22 Chair Bulger did not have any issue with
23 discrepancy but expressed a concern with applicants
24 making requests that are contrary or confusing.

25 Acting Commissioner Claggett informed Chair

1 Bulger on working on changes, but any time a change
2 is made to any form it must be studied against the
3 other items for the rest of the Bureau of
4 Professional and Occupational Affairs (BPOA).]

5 ***

6 Adjournment

7 CHAIRMAN BULGER:

8 I'll accept a motion to adjourn.

9 ACTING COMMISSIONER CLAGGETT:

10 So moved.

11 DR. ZAWISZA:

12 Second.

13 CHAIRMAN BULGER:

14 Thanks everybody.

15 ***

16 [There being no further business, the State Board of
17 Osteopathic Medicine Meeting adjourned at 11:35 a.m.]

18 ***

19

20

21

22

23

24

25

26

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

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.



Sophia Mahoney,

Minute Clerk

Sargent's Court Reporting
Service, Inc.

STATE BOARD OF OSTEOPATHIC MEDICINE
REFERENCE INDEX

February 14, 2024

	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	10:30	Introduction of Board Members/Attendees
14		
15	???	Amendment to the Agenda
16		
17	10:33	Approval of Minutes
18		
19	10:34	Appointment - Carlton Smith, Deputy
20		Chief Counsel, Annual Prosecution
21		Division Report
22		
23	10:45	Report of Prosecuting Attorneys
24		
25	10:50	Report of Board Counsel
26		
27	10:52	Appointment - Tracey Ziegler, RN, BSN,
28		Program Director, LifeGuard, The
29		Foundation of the Pennsylvania
30		Medical Society
31		
32	11:12	Report of Board Counsel (cont.)
33		
34	11:23	Report of Board Chair
35		
36	11:23	Report of Acting Commissioner
37		
38	11:24	Applications for Licensure
39		
40	11:26	For the Board's Information/Discussion
41		
42	11:35	Adjournment
43		
44		
45		
46		
47		
48		
49		
50		