

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: 10:31 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

October 8, 2025

State Board of Osteopathic Medicine
October 8, 2025

BOARD MEMBERS:

Randy Litman, D.O., Chair - Absent
Joseph M. Zawisza, D.O., Vice-Chair
Arion Claggett, Acting Commissioner of Professional
and Occupational Affairs
Robert A. Bonacci, M.D., MPH, Department of Health,
On behalf of Debra L. Bogen, M.D., Secretary of
Health
Hillary D. Snyder, MSPAS, PA-C
Jonathan P. Oline, D.O.
Ayanna S. Kersey-McMullen, D.O., Secretary - Absent
James R. Latronica, D.O. - Absent
Neil Curtis, EdD, LAT, ATC
Bruce Frantz, D.O.

BUREAU PERSONNEL:

Ashley B. Goshert, Esquire, Board Counsel
Keith E. Bashore, Esquire, Board Prosecution Liaison
Liliana G. Fisher, Esquire, Board Prosecution Liaison
J. Patrick Greene, Esquire, Board Prosecutor
Jason T. Anderson, Esquire, Board Prosecutor
Lindsay Szymanski, Esquire, Board Prosecutor
Jamison Cassel, Board Administrator
Willow Marsh, Legislative Aide, Department of State
Holly Hoffman, Law Clerk, Department of State
Shana M. Walter, Esquire, Deputy Chief Counsel,
Prosecution Division
Nicholas Kahler, Intern, Office of Attorney General
Julie Drodody, MS, BSW, Co-Program Manager,
Professional Health Monitoring Program
Kevin Knipe, MSW, LSW, CCDP Diplomat, Co-Program
Manager, Professional Health Monitoring Program

ALSO PRESENT:

Misha Patel, M.D., Curriculum Education Assistant,
Geisinger Commonwealth School of Medicine
William Reynolds, MPAS, PA-C
Mary Marshall, Workforce and Professional
Development, Healthcare Association of Pennsylvania
Heather Wilson, Deputy Executive Vice President,
Pennsylvania Medical Society
Jacob Hill, Sargent's Court Reporting Service, Inc.

State Board of Osteopathic Medicine

October 8, 2025

[Pursuant to Section 708(a)(5) of the Sunshine Act, at 9:30 a.m. the Board entered into Executive Session with Ashley B. Goshert, Esquire, Board Counsel, for the purpose of conducting quasi-judicial deliberations on a number of matters that are currently pending before the Board and to receive the advice of counsel. The Board returned to open session at 10:30 a.m.]

The regularly scheduled meeting of the State Board of Osteopathic Medicine was held on Wednesday, October 8, 2025. Joseph M. Zawisza, D.O., Vice-Chair, called the meeting of the State Board of Osteopathic Medicine to order at 10:31 a.m.

[Joseph M. Zawisza, D.O., Vice-Chair, noted the meeting was being recorded, and those who continued to participate were giving their consent to be recorded.]

Introduction of Board Members/Attendees

1 [Jamison Cassel, Board Administrator, provided an
2 introduction of Board members, staff, and attendees.
3 A quorum of Board members was present.]

4 ***

5 Approval of minutes of the August 13, 2025 Meeting

6 VICE CHAIR ZAWISZA:

7 We'll move to the Approval of Minutes.

8 If I could have a motion to
9 approve the Minutes of August 13, 2025?

10 ACTING COMMISSIONER CLAGGETT:

11 So moved.

12 VICE CHAIR ZAWISZA:

13 Is there a second?

14 MS. SNYDER:

15 Snyder, second.

16
17 Mr. Claggett, aye; Dr. Zawisza, aye;
18 Ms. Snyder, aye; Dr. Oline, aye; Dr.
19 Bonacci, aye; Mr. Curtis, aye; Dr.
20 Frantz, abstain.

21 [The motion carried. Dr. Frantz abstained from
22 voting on the matter.]

23 ***

24 Appointments - New Deputy Chief Counsel, Shana Walter
25 [Shana M. Walter, Esquire, Deputy Chief Counsel,

1 Prosecution Division, introduced herself to the
2 Board. She moved from the Counsel Division to the
3 Prosecution Division. Ms. Walter looked forward to
4 working with the Board. She offered to any questions
5 the Board may have.]

6 ***

7 Appointment - Kevin Knipe and Julie Droddy -
8 Professional Health Monitoring Program
9 [Kevin Knipe, MSW, LSW, CCDP Diplomat, Co-Program
10 Manager, Professional Health Monitoring Program,
11 explained the Professional Health Monitoring Program
12 (PHMP) has seven case managers and three clerical
13 support. He stated, with Ms. Droddy, the purpose of
14 the presentation was to explain the objective of the
15 program, the programs which comprise PHMP and how
16 individuals are monitored.

17 Julie Droddy, MS, BSW, Co-Program Manager,
18 Professional Health Monitoring Program, provided an
19 overview of how PHMP works. PHMP's primary mission
20 is to protect the public from unsafe licensed
21 professionals who are suffering from physical or
22 mental conditions such as substance use disorder or
23 severe mental health conditions that render them
24 unsafe to be practicing. The two programs within
25 PHMP are the Voluntary Recovery Program (VRP) and the

1 Disciplinary Monitoring Unit (DMU). DMU is a
2 permanent discipline on the license and is Board
3 mandated, usually as a condition to licensure. For
4 the VRP, individuals are eligible if they agree to
5 submit to an evaluation by an approved provider.

6 Ms. Droddy noted the VRP program is diagnosis
7 driven. Once an individual is evaluated and
8 determined to have an ICD diagnosis of a substance
9 abuse disorder or mental health condition, the
10 individual would need to agree to the terms and
11 conditions of the program. She added individuals are
12 ineligible for the program if they have been
13 convicted under the Controlled Substance, Drug Device
14 or Cosmetic Act.

15 Ms. Droddy explained people can be referred to
16 PHMP by a number of sources, including but not
17 limited to, the professional compliance office,
18 employers, treatment providers, and the public.
19 After receiving a referral, PHMP determines
20 eligibility, opens a file, and reaches out through an
21 initial contact letter offering an evaluation. If
22 the person contacts PHMP after the letter, an
23 evaluation is facilitated. Enrollment is offered if
24 a diagnosis is found and monitoring is warranted.
25 Ms. Droddy noted once a person completes enrollment

1 paperwork, PHMP works with the legal office to
2 develop a VRP Consent Agreement, which the Board can
3 then approve or deny. At this point, the individual
4 has begun monitoring in the program.

5 Mr. Knipe explained, in both VRP and DMU cases,
6 PHMP is monitoring specific areas. He noted VRP
7 agreements typically have a monitoring period of
8 three years while DMU cases vary based on the Board
9 establishing a monitoring term. Compliance is
10 monitored based on the evaluation and treatment plan.
11 He noted the majority of cases tend to be substance
12 use disorder related issues with an occasional mental
13 health concern case. Evaluators may be social
14 workers, psychologists or psychiatrists, depending on
15 the reason for referral. Once the individual is
16 engaged in the treatment process, PHMP has
17 conversations with the treatment provider to ensure
18 the individual is compliant. The treatment provider
19 provides PHMP with written quarterly progress updates
20 to verify compliance. PHMP may also monitor other
21 areas based on treatment plans such as support group
22 attendance.

23 Mr. Knipe noted, all of the agreements or Board
24 orders contain very strict abstention guidelines,
25 requiring the individual to abstain from all

1 controlled substances, mood-altering substances,
2 drugs of abuse, and alcohol in any form. He added
3 there is a caveat allowing individuals to receive
4 medications appropriate to treat their condition. He
5 stated the primary method of monitoring abstention is
6 a robust drug testing program which tests for a
7 variety of drugs. A requirement of the program is
8 for individuals to call into the drug testing vendor
9 on a daily basis. If selected for a drug test, the
10 individual must test on their selected day. Missing
11 a scheduled test is a violation of the monitoring
12 terms.

13 Mr. Knipe stated the last major area PHMP
14 monitors is their practice as a licensee. Once PHMP
15 determines a person is practicing as a licensee,
16 there is an expectation that they identify a
17 workplace monitor who they come in contact with on a
18 frequent basis. The workplace monitor is told the
19 individual is in the program and provides quarterly
20 updates in writing regarding the person's performance
21 practicing as a licensee.

22 Mr. Knipe explained, with the program, there are
23 individuals who occasionally violate the terms of
24 their agreements. He added, when there is a
25 violation, contact is made with the individual, and a

1 plan is formulated to deal with the violation. The
2 options for plans vary depending on the severity of
3 the violation and can range from a warning to
4 reevaluation to referring the case to the Prosecution
5 Division.

6 Mr. Knipe noted the success rate of the program
7 is around 70 percent across all of the boards. He
8 added success is measured by individuals
9 demonstrating compliance with the monitoring
10 agreement and those who successfully complete the
11 program. He explained the process for an individual,
12 who has reached the end of their agreement and how
13 they exit the program. He noted, if an individual
14 exhibits concerning behavior towards the end of their
15 monitoring period, PHMP will have a conversation with
16 the treatment provider to make sure the provider
17 thinks the person can return to practice without PHMP
18 involvement.

19 Mr. Knipe added the Department of State contracts
20 with the Pennsylvania Medical Society's Physicians
21 Health Program (PHP). The contract allows for PHMP
22 to refer people, who are in the PHMP program to be
23 referred to the PHP program. PHP is a support and
24 advocacy program under the Medical Society. The
25 person referred is collaboratively monitored between

1 both programs.

2 Mr. Curtis asked if the participant bears the
3 cost of the program and if the program is open to all
4 licensees.

5 Mr. Knipe responded the agreements and Board
6 orders stipulate the participant bears responsibility
7 for all costs associated with the program. He noted
8 most participants have insurance, which assists with
9 paying for the evaluation and treatment. He added
10 the majority of cost is limited to the drug testing,
11 which insurances do not cover. Regarding who is
12 eligible, he stated, the VRP program is open to
13 licensees of the health care boards.

14 Ms. Droddy added, if a person is not working and
15 having financial difficulties, there are programs
16 which can help offset some of the drug testing costs
17 such as Occupational Vocational Rehab and a fund
18 through PHP.]

19 ***

20 Report of Prosecuting Attorneys

21 [J. Patrick Greene, Esquire, Board Prosecutor,
22 presented the Consent Agreement for Agenda Item No.
23 5, Case No. 23-53-005223.]

24 MS. GOSHERT:

25 At Item No. 5, pursuant to the Sunshine

1 Act, the Board did enter into Executive
2 session this morning at 9:30 a.m. with
3 Counsel for the purposes of quasi-
4 judicial deliberations and to receive
5 advice of Counsel.

6 Pursuant to those deliberations, I
7 believe the Board would entertain a
8 motion to approve the Consent Agreement
9 at Case No. 23-53-005223.

10 DR. ZAWISZA:

11 May I have a motion?

12 ACTING COMMISSIONER CLAGGETT:

13 Claggett, so moved.

14 DR. ZAWISZA:

15 Is there a second?

16 MS. SNYDER:

17 Snyder, second.

18 DR. ZAWISZA:

19 Thank you. Any discussion? Okay, Mr.
20 Cassel, if you'll call the role.

21

22 Mr. Claggett, aye; Dr. Zawisza, aye;
23 Ms. Snyder, aye; Dr. Oline, aye; Dr.
24 Bonacci, aye; Mr. Curtis, aye; Dr.
25 Frantz, aye.

1 [The motion carried unanimously. The Respondent in
2 Case No. 23-53-005223 is Katie McClelland, D.O.]

3 ***

4 Report of Board Counsel - Final Adjudications from
5 the Hearing Examiner

6 MS. GOSHERT:

7 I have Item No. 6, a Final Adjudication
8 for the Board's approval.

9 Based on Executive Session
10 deliberations, I believe the Board
11 would entertain a motion to approve the
12 Final Adjudication and Order drafted
13 for Christopher Bilboa, D.O., Case No.
14 24-53-013706.

15 DR. ZAWISZA:

16 Thank you. May I have a motion?

17 ACTING COMMISSIONER CLAGGETT:

18 Claggett, so moved.

19 DR. ZAWISZA:

20 Second?

21 MS. SNYDER:

22 Snyder, second.

23 DR. ZAWISZA:

24 Thank you. Any discussion? Okay, Mr.
25 Cassel, if you'll call the vote.

1

2

Mr. Claggett, aye; Dr. Zawisza, aye;

3

Ms. Snyder, aye; Dr. Oline, aye; Dr.

4

Bonacci, aye; Mr. Curtis, aye; Dr.

5

Frantz, aye.

6

[The motion carried unanimously.]

7

8

Report of Board Counsel - Regulatory Status Report

9

[Ashley B. Goshert, Esquire, Board Counsel, reported

10

Jacqueline Wolfgang, Esquire, Regulatory Counsel,

11

provided the Board with a written outline on the

12

status of its regulations.

13

Ms. Goshert highlighted Regulation 16A-5339, the

14

Physician Assistant regulation. She noted, at the

15

prior meeting, the Board had voted to send the draft

16

out to stakeholders for comments. She reported the

17

Board had received a number of comments, largely from

18

folks requesting the regulations line up more closely

19

with the Medical Board's regulations. She added, the

20

Medical Board was slightly ahead of the Osteopathic

21

Medicine Board with regards to Act 72 changes so the

22

Medical Board tweaked small things before they got

23

approval. In addition, she noted there were

24

differences related to prescribing.

25

Ms. Goshert reviewed statute to determine if

1 there was a reason for the differences and noted the
2 Medical Board and Osteopathic Medicine Board have the
3 same statutory authority. She suggested, if the
4 Board did not object, she would go back through the
5 regulation and largely mirror the Medical Board. She
6 also noted legislation had been discussed where a
7 person could get dual licensure as a physician
8 assistant under both boards. She added if the
9 regulations were largely different, dual licensure
10 could be a logistical nightmare. She further stated,
11 with changing the prescribing language, the Board of
12 Pharmacy would need to review the regulation.

13 The Board agreed with Ms. Goshert. She will
14 provide the new language for the Board's review at
15 its next meeting.]

16 ***

17 Applications for Licensure

18 MS. GOSHERT:

19 Item No. 9, based upon Executive
20 Session deliberations, I believe the
21 Board would entertain a motion to
22 provisionally deny the Application
23 submitted by Kelly Neil Roan, D.O.

24 DR. ZAWISZA:

25 May I have a motion?

1 ACTING COMMISSIONER CLAGGETT:

2 Claggett, so moved.

3 DR. ZAWISZA:

4 May I have a second?

5 MS. SNYDER:

6 Snyder, second.

7 DR. ZAWISZA:

8 Okay. Is there any discussion?

9 Hearing none. Mr. Cassel, if you'll
10 call the vote.

11

12 Mr. Claggett, aye; Dr. Zawisza, aye;
13 Ms. Snyder, aye; Dr. Oline, aye; Dr.
14 Bonacci, aye; Mr. Curtis, aye; Dr.
15 Frantz, aye.

16 [The motion carried unanimously.]

17 ***

18 For the Board's Information/Discussion - Board
19 Meeting Dates

20 [Vice Chair Zawisza noted the Board's next meeting
21 date is December 10, 2025.]

22 ***

23 Miscellaneous - FYI - Executive Order 2025-02 -

24 Protecting Pennsylvanians' Health and Freedom by
25 Ensuring Access to Safe and Effective Vaccines

1 [Ashley B. Goshert, Esquire, Board Counsel,
2 introduced Executive Order 2025-02, signed by
3 Governor Shapiro on October 1, 2025. The Executive
4 Order, *Protecting Pennsylvanians' Health and Freedom*
5 *by Ensuring Access to Safe and Effective Vaccines*,
6 reaffirms Pennsylvania's commitment to evidence-based
7 vaccine guidance and keeping vaccines accessible and
8 affordable for all residents of the Commonwealth.
9 The Executive Order is in response to recent federal
10 changes to vaccine policy which have created
11 uncertainty around national vaccine recommendations.

12 Ms. Goshert explained, under the Executive Order,
13 the Department of Health will develop a state-based
14 program to ensure children continue to receive
15 recommended vaccines even if federal coverage
16 changes; create a central public website with
17 accurate evidence-based vaccine information; and
18 convene a vaccine education workgroup that will
19 include state agencies, health professionals and
20 community representatives to advise on vaccine access
21 and education.

22 Ms. Goshert noted the Osteopathic Medicine Board
23 along with the State Board of Medicine and State
24 Board of Nursing were asked to continue evaluating
25 whether further communications or policy statements

1 to licensees are needed as related to vaccines.
2 Agencies such as the Insurance Department, Department
3 of Human Services and Department of Aging have been
4 directed to ensure vaccines remain covered and
5 accessible for all populations, including Medicaid
6 recipients and older adults.

7 Ms. Goshert noted the Executive Order serves to
8 reinforce the importance of the Board's continued
9 collaboration with the Department of Health and the
10 Board's role in supporting clear, evidence-based
11 vaccine information for licensees and the public.]

12 ***

13 Report of the Board Chair - No Report

14 ***

15 Report of the Board Vice Chair - No Report

16 ***

17 Report of the Acting Commissioner

18 [Arion Claggett, Acting Commissioner of Professional
19 and Occupational Affairs, stated some of the other
20 boards had off-site board meetings at different
21 colleges. He noted, if the Board had any interest in
22 doing the same, it could be done at one of their
23 colleges. He added the one rule is most Board
24 members would need to attend in person and not
25 virtually.]

Report of Department of Health

[Robert A. Bonacci, M.D., MPH, Department of Health, discussed specific health alerts from the Department of Health. He dropped a few links into the chat for online attendees. He reiterated the general vaccine guidance from DOH points to evidence-based immunization schedules and recommendations from the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Obstetrics and Gynecology. He noted DOH also released additional FAQs on the COVID-19 vaccine.

Dr. Bonacci shared another recently released document gives work exclusion guidance for health care personnel with confirmed or suspected respiratory viral infections.

Another recently release health alert from September 26, 2025, related to preparedness for the 2025/2026 respiratory illness season which has now started. He noted the alert provided important information on what clinicians and health care facilities and organizations can do to help reduce the impact of respiratory illness season on patients. He reminded attendees to discuss pertinent vaccinations with their patients.

1 The last link he shared was to register to
2 receive DOH alerts.]

3 ***

4 Report of Board Administrator - No Report

5 ***

6 Public Comments - None

7 ***

8 Adjournment

9 DR. ZAWISZA:

10 With no further business, I'll take a
11 motion to adjourn the meeting.

12 ACTING COMMISSIONER CLAGGETT:

13 So moved.

14 MS. SNYDER:

15 Snyder, second.

16 DR. ZAWISZA:

17 All right, we are adjourned. Thank
18 you.

19 ***

20 [There being no further business, the State Board of
21 Osteopathic Medicine Meeting adjourned at 11:10 a.m.]

22 ***

23

24

25

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.



Jacob Hill,

Minute Clerk

Sargent's Court Reporting
Service, Inc.

STATE BOARD OF OSTEOPATHIC MEDICINE
REFERENCE INDEX
October 8, 2025

TIME	AGENDA
9:30	Executive Session
10:30	Return to Open Session
10:31	Official Call to Order
10:31	Introduction of Board Members/Attendees
10:32	Approval of Minutes
10:33	Appointment - Shana Walter
10:36	Appointment - Professional Health Monitoring Program
10:54	Report of Prosecuting Attorneys
10:57	Report of Board Counsel
10:58	Regulatory Status Report
11:00	Applications for Licensure
11:02	For the Board's Information
11:02	Miscellaneous
11:06	Report of Acting Commissioner
11:07	Department of Health
11:10	Adjournment