



MARYLAND
Department of Health

Board Of Physical Therapy Examiners

BOARD OPEN MEETING MINUTES

October 15, 2019

The meeting was called to order at 1:02 pm by Board Chair, Dr. Sumesh Thomas.

Call to Order

Board Members Present:

Michelle Finnegan, DPT

Karen Gordes, PT, DScPT, PhD

Rebecca Holsinger, DPT

Donna Richmond, Consumer Member, RN, MPH

Sumesh Thomas, DPT

Eleanor Wang, DPT

Also Present:

John Bull, Chief of Compliance and Data Analysis

Brett Felter, Assistant Attorney General, Board Counsel

Andrew Rosenfeld, Investigator

Deborah Jackson, Licensing Coordinator

Patricia Miller, Administrative Assistant

Michelle Cutkelvin, Project Manager

Eric Hebron, Administrative Specialist

Jacqueline Moore, Data Entry Clerk

Absent:

Enjeen Woolford, PTA

Meredith Levert, Consumer Member

Also Absent:

Ogu Isaac Okehie, Acting Executive Director

Guests:

John Sheppard, DPT, APTA of Maryland

Kimberly Lang, Director of Boards and Commissions

Lillian Reese, Legislative and Regulations Coordinator

Minute Taker:

Eric Hebron, Administrative Specialist

Board Chair, Dr. Sumesh Thomas, welcomed the Board members and guests. Board members and staff introduced themselves. Welcome

The minutes of the July 16, 2019 and September 17, 2019 meeting were presented for approval. The Board approved the minutes of July 16, 2019 and September 17, 2019. Minutes

Project Manager, Michelle Cutkelvin, reported that there were no updates from the Office of the Secretary, Maryland Department of Health, regarding the Physical Therapy Compact fee schedule or Continuing Competency. Legislative Update

Ms. Cutkelvin reported on the revenue report for September 2019. Revenue & Expense Report

Deborah Jackson, Licensing Coordinator, gave the licensure report. Ms. Jackson reported on licensee trends in July, August, and September of 2019. Licensure Update

Dr. Thomas apprised the Board that the open session was being recorded. Board Counsel, Brett Felter, noted that the recording was to assist with the accuracy of the minutes and would be transcribed. Mr. Felter stated that only the open session would be recorded.

The Board received follow up questions from a licensee about medication management. The licensee is seeking clarification on medication management. The licensee states he is aware that home health PTs in Maryland are routinely reviewing medications with clients including instructions on medication labels, discussing potential side effects, reconciling medication bottle labels with what inpatient discharge instructions state and calling physicians or physician offices for clarifications when discrepancies are noted. The licensee wants to know if the above-mentioned routine tasks related to medication management are allowed by physical therapists. Scope of Practice Medication Management

Can a physical therapist review medication with clients?

The Board's response is yes, a physical therapist can review medications with clients.

Can a physical therapist instruct clients about medication labels?

The Board's response is yes. A physical therapist can review and confirm the patient's acknowledgment of their understanding of the medication label as written.

Can a physical therapist discuss potential medication side effects?

The Board's response is yes, a physical therapist can discuss potential medication side effects.

Can a physical therapist reconcile discharge prescriptions with the patient's medication bottle labels?

The Board's response is yes, a physical therapist can check if the medication matches the discharge prescriptions.

Can a physical therapist clarify medication discrepancies between prescriptions and current medications by contacting a member of the patient's medical team?

The Board's response is yes, a physical therapist can clarify medication discrepancies between prescriptions and current medications by contacting the physician or a member of the patient's medical team.

Can a physical therapist document medication verbal orders from the patient's medical provider?

The Board's response is yes, a physical therapist can receive an order from a physician or medical provider and document that they have received that order. Coordination of care should be documented by the physical therapist.

Can a physical therapist communicate to the patient or their caregiver the medical provider's orders?

The Board's response is yes, a physical therapist can communicate to the patient or their caregiver the medical provider's orders.

A licensee asks the Board, when treating minor patients do we need to have adult parents or guardians for all visits including initial evaluation and subsequent visits? Can a physical therapist treat the minor if their parents or guardians gave verbal authorization on the first day of visit?

The Board's response is that the law requires physical therapists to obtain and document consent to treat a minor. The licensee should refer to the guidelines of the facility or legal counsel.

Scope of
Practice
Treating
Minors

The Board received an inquiry at the September 17, 2019 meeting regarding physical therapists becoming certified for the National Registry of Certified Medical Examiners.

The Board tabled a response to the question until more information was received. After discussing and reviewing the additional documentation the Board voted that a

Scope of
Practice
Certified
Medical
Examiner

physical therapist may not sit for the exam for the National Registry of Certified Medical Examiners.

Added to the Agenda:

The Board received an inquiry from board member Dr. Rebecca Holsinger that states the following; “Medicaid is not allowing physical therapist assistants to bill providers and requires a co-signature by a physical therapist for each session. Maryland recognizes PTAs as licensee practitioners. Is this an issue?”

Maryland
Medicaid

Board counsel, Brett Felter, apprised the Board that Dr. Holsinger is recused from further discussion on this matter because she has raised the question. The Board’s response was that this matter is not within the Board’s purview.

The Board received the following inquiry from a licensee. I am looking for some guidance for potentially utilizing technology to assist our physical therapy students who will be engaging with other professional students from our campus in a community engagement event. This event provides health information, education and recommendations to local underserved neighbors. The interprofessional group of students will interview a neighbor then report back to the faculty panel for feedback. During this feedback discussion, recommendations are formulated, and the students then return to the neighbor to offer them the recommendations. The question at hand is this, “Is use of Facetime an acceptable means to provide supervision during the faculty feedback portion of the event?” Full-time Faculty onsite presence will be represented by Medicine, Social Work, Dentistry, Nursing, Law, and Pharmacy with Physical Therapy Faculty being present for the second half of the event. The question previously stated is attempting to address the lack of on-site coverage for the first half of the event. The goal is to utilize existing technology to assist with monitoring, constructing, and providing the appropriate recommendations while ensuring the safety of all participating neighbors, students, and faculty. As it stands we are having the PT students observe for the first half of the event until onsite coverage arrives. The Board's response is that if the activities and instructions pertain to physical therapy procedures for treatment, then direct supervision is required.

Online Student
Supervision

The Board voted to approve the proposal to amend the Dry needling Regulations to include U.S. Armed Forces as an approved course trainer for dry needling courses.

Military
Sponsored Dry
Needling

The Board voted to **deny** the following CEU course applications because they are not specific to the clinical practice of Physical Therapy.

Continuing
Education

‘Bioethics in Healthcare’; ‘A Functional Approach to Preventing, Slowing Down and Reversing Cognitive Deficits’; ‘Next Level Executive Function Strategies: Performance Improvement Solutions to Help Kids and Teens Get Organized, Manage Time and Complete Tasks’; ‘Nutritional and Integrative Intervention for Mental

Health Disorders: Non-Pharmaceutical Interventions for Depression, Anxiety, Bipolar & ADHD'; and 'Holistic Nutrition Certification'.

There was a motion to close the open session at 2:05 p.m. to discuss: (i) the appointment, employment, assignment, promotion, discipline, demotion, compensation, removal, resignation, or performance evaluation of an appointee, employee, or official over whom it has jurisdiction; or (ii) any other personnel matter that affects one or more specific individuals; in accordance with General Provisions Article, Section 3-305(b)(1). Unless recused, all Board members and staff who were present for the open session were also in attendance for both the closed and administrative sessions.


The board meeting was adjourned at 4:25 pm.

Respectfully submitted,



John Bull, Chief of Compliance and Data Analysis

11/19/19
Date Approved



Sumesh Thomas, DPT, Board Chair

**PRESIDING OFFICER'S WRITTEN STATEMENT FOR CLOSING A MEETING ("CLOSING STATEMENT")
UNDER THE OPEN MEETINGS ACT (General Provisions Article § 3-305)**

This form has two sides. *Complete items 1 – 4 before closing the meeting.*

1. **Recorded vote to close the meeting:** Date: 10/15/2019; Time: 2:50 pm; Location: 4201 Patterson Avenue ;
Motion to close meeting made by: Rebecca Holsinger Seconded by Karen Gordes ;
Members in favor: ALL ; Opposed: NA ;
Abstaining: NA ; Absent: Meredith Levert, Enjeen Woolford .

2. **Statutory authority to close session (check all provisions that apply).**

This meeting will be closed under General Provisions Art. § 3-305(b) only:

(1) "To discuss the appointment, employment, assignment, promotion, discipline, demotion, compensation, removal, resignation, or performance evaluation of appointees, employees, or officials over whom this public body has jurisdiction; any other personnel matter that affects one or more specific individuals"; (2) "To protect the privacy or reputation of individuals concerning a matter not related to public business"; (3) "To consider the acquisition of real property for a public purpose and matters directly related thereto"; (4) "To consider a matter that concerns the proposal for a business or industrial organization to locate, expand, or remain in the State"; (5) "To consider the investment of public funds"; (6) "To consider the marketing of public securities"; (7) "To consult with counsel to obtain legal advice"; (8) "To consult with staff, consultants, or other individuals about pending or potential litigation"; (9) "To conduct collective bargaining negotiations or consider matters that relate to the negotiations"; (10) "To discuss public security, if the public body determines that public discussion would constitute a risk to the public or to public security, including: (i) the deployment of fire and police services and staff; and (ii) the development and implementation of emergency plans"; (11) "To prepare, administer, or grade a scholastic, licensing, or qualifying examination"; (12) "To conduct or discuss an investigative proceeding on actual or possible criminal conduct"; (13) "To comply with a specific constitutional, statutory, or judicially imposed requirement that prevents public disclosures about a particular proceeding or matter"; (14) "Before a contract is awarded or bids are opened, to discuss a matter directly related to a negotiating strategy or the contents of a bid or proposal, if public discussion or disclosure would adversely impact the ability of the public body to participate in the competitive bidding or proposal process." (15) "To discuss cybersecurity, if the public body determines that public discussion would constitute a risk to: (i) security assessments or deployments relating to information resources technology; (ii) network security information . . . or (iii) deployments or implementation of security personnel, critical infrastructure, or security devices."

Continued →

3. For each provision checked above, disclosure of the topic to be discussed and the public body's reason for discussing that topic in closed session.

Citation (insert # from above)	Topic	Reason for closed-session discussion of topic
§3-305(b) <input checked="" type="checkbox"/> 1	Work assignment request	To discuss the appointment, employment, assignment, promotion, discipline, demotion, compensation, removal, resignation, or performance evaluation of an appointee, employee, or official over whom this public body has jurisdiction; or any other personnel matter that affects one or more specific individuals
§3-305(b) <input type="checkbox"/>		
§3-305(b) <input type="checkbox"/>		
§3-305(b) <input type="checkbox"/>		
§3-305(b) <input type="checkbox"/>		

4. This statement is made by Dr. Sumesh Thomas, Presiding Officer.

WORKSHEET FOR OPTIONAL USE IN CLOSED SESSION: INFORMATION FOR SUMMARY TO BE DISCLOSED IN THE MINUTES OF THE NEXT OPEN MEETING. (See also template for summary.)

➤ For a meeting closed under the statutory authority cited above:

Time of closed session: 2:50
 Place: 4201 Patterson Avenue Baltimore MD 21215
 Purpose(s): Discuss work assignment request
 Members who voted to meet in closed session: All present
 Persons attending closed session: All present unless recused
 Authority under § 3-305 for the closed session: 3-305(b)(1)
 Topics actually discussed: Board of Podiatry Request for employee work assistance
 Actions taken: No action taken.
 Each recorded vote: All in Favor.

➤ For a meeting recessed to perform an administrative function (§ 3-104): Time: 3:10

Place: 4201 Patterson Avenue Baltimore MD 21215
 Persons present: All Board Members and staff present at open unless recused
 Subjects discussed: Board Investigations and other disciplinary matters