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PUBLIC DISCIPLINARY
ACTIONS

Edward Horvath, D.P.M.
Suspension 1 year, 6
months stayed,
immediately followed by
3 years Probation
Executed: 10/15/2009

PRESERVING THE AUTONOMY OF THE BOARD

The Preliminary Sunset Evaluation of the Board performed by the Department of Legislative Services (DLS) cited the Board's declining licensing trends and the subsequent projected revenue shortfall over the next ten years. DLS identified that the projected revenue will not be sufficient to sustain the Board's independent operations.

In order to retain its autonomy and not be merged into another board, the MPMA and the Board have been discussing different options for increasing the licensee driven revenue base without increasing the present

licensure fee.

The concept of registering podiatric assistants with x-ray certification and licensing pedorthists, orthotists, and prosthetists is being evaluated as a mechanism to ensure fiscal viability and retain autonomy.

The Board's acceptable response to the aforementioned citation by DLS is due to the General Assembly no later than October 1, 2010, in order that legislation could be enacted to extend the existence of the Board beyond July 1, 2012. (Annotated Code of Maryland, Health Occupations Article, Title 16, §16-602.)

REGULATIONS

The following regulation became **Effective March 22, 2010**

10.40.02.03

.03 Initial Licensing and License Renewal.

A. Initial Licensing. To qualify for licensure an individual shall:

(1) Meet all of the requirements as identified in Health Occupations Article, §§16-302—16-305, Annotated Code of Maryland; and

(2) Possess a current cardiopulmonary resuscitation (CPR) certification.

B. License Renewal.

(6) To qualify for renewal a licensee shall possess a current cardiopulmonary resuscitation (CPR) certification.



The following regulation became **Effective November 2, 2009**

10.40.10.01 .01 General.

A. Unless licensed by the Board, an individual may not examine, diagnose, or surgically, medically, or mechanically treat:

- (1) The human foot or ankle;
- (2) The anatomical structures that attach to the human foot; or
- (3) The soft tissue below the mid-calf.

B. Only a licensed podiatrist may examine, diagnose, and determine the medical necessity to prescribe a foot appliance.

C. This subtitle does not:

(1) Limit the right of an individual to practice a health occupation that the individual is authorized to practice under Health Occupations Article, Annotated Code of Maryland; or

(2) Affect the commercial sale or fitting of shoes or foot appliances.

E-MAIL NOTIFICATION OF BOARD NEWSLETTERS



The Board will begin publishing newsletters exclusively on our website at www.mbpme.org. Licensees will be notified by e-mail when a new edition of the Board's newsletter is available on the website. Licensees are reminded to maintain a current e-mail address with the Board. This will become the future mechanism by which you will be informed of license renewal and other licensure matters. To avoid the possibility of Board correspondence being misdirected by e-mail filters, **please add the following Board domain to your "SAFE" list: @dhmh.state.md.us.**

In the event that you do not have access to the internet and e-mail you are required to submit a written request to the Board for non-electronic (e-mail) notification of published Board newsletters.

The Provider Outreach and Education Team at NHIC, Corp. developed this guide to provide you with Medicare Part B Evaluation and Management Services billing information:

<http://www.medicarenhic.com/providers/pubs/EvaluationandManagementBillingGuide.pdf>

CONGRATULATIONS

Newly Licensed Podiatrists

Joanna R. Ayoub, DPM

Shaunn D. Carrington, DPM

Dwayne A. Lay, DPM

Latoya D. Smith, DPM

Rachel H. Tuer, DPM

Saylee A. Tulpule, DPM

Veronica R. Wolf, DPM

PODIATRIC RESIDENCY PROGRAMS

MBPME has been working cooperatively with MPMA leadership on the Podiatric residency program crisis. On March 17, 2010, Dr. Ira Gottlieb, President of the Board joined Mr. Richard Bloch, MPMA and the Maryland Hospital Association lobbyist in providing testimony before the Senate Finance Committee. The testimony was very well received and garnered many questions from the Committee members.

Also testifying on behalf of the Health Services Cost Review Commission (HSCRC) was Steve Ports, Deputy Director. To our collective surprise, his testimony revealed that the cap, which had limited the number of residency slots in each hospital, has been lifted. This is indeed

very good news which eliminates one of the major hurdles to residency program genesis. Once a hospital has intent to form a podiatric residency program, it applies for funding from HSCRC. Upon approval, the hospital rate will be increased and adjusted to accommodate the expenses of the program.

Podiatrists interested in developing a residency program should contact the leadership of their hospital. Many resources and support services are available through both the MPMA and APMA.

This is a very positive development in the efforts to create additional residency training in our state.



INSPECTION AND MAINTENANCE OF X-RAY MACHINES

The Maryland Department of the Environment (MDE) has imposed **new regulations (effective July 1, 2009)** requiring that regular Preventative Maintenance (PM) be performed on all X-ray machines. This regulation was enacted in response to a growing concern about the safety of X-ray machines and the desire to protect patients and office staff from radiation. This required PM will specifically focus on the function of the X-ray machine including its appropriate calibration, MA, Kv, radiation exposure, and radiation monitoring.

The frequency of the required PM is determined by the manufacturer's recommended schedule. In the absence of a manufacturer's schedule MDE recommends that PM be performed annually.

(MDE regulations mandating same are in the promulgation process). Please note that this PM requirement is in addition to the biennial Certified Inspection that is currently required.

MDE recommends scheduling PM 30 to 60 days prior to the biennial Certified Inspection to ensure that your equipment is functioning properly. The PM allows for the opportunity to correct issues prior to the biennial Certified Inspection thus minimizing damages and the assessment of costly fines.

Additional information including copies of inspection forms, MDE Notice to Employees (copies of same must be posted) and a listing of certified inspectors is available at <http://www.mde.state.md.us>.

SCOPE OF PRACTICE—BOARD DETERMINATIONS

The Board determined that the following CPT Codes are within the scope of practice of podiatry in Maryland:

- ◆ **93923, 93925, 93963 and 93965** Non-invasive physiologic studies of upper or lower extremity arteries, ...
- ◆ **20680** Removal of implant; deep

- ◆ **L1970 and L2210** Addition to lower extremity, dorsiflexion assist (plantar flexion resist) each joint

The Board determined that administration of **flu vaccines** and the H1N1 vaccine by podiatrists is not within the scope of practice of podiatry in Maryland.

ADVERTISING THE OFF-LABEL USE OF AN FDA APPROVED PRODUCT

The Board reviewed information regarding the promotion of the off-label use of an FDA approved device and determined that **podiatrists are not permitted to promote/**

advertise the off-label uses even though they can use a device off-label. A disclaimer in an add would not mitigate the claim itself. Additional information regarding Section 906

of the Federal Food, Drug and Cosmetic Act and applicable federal regulations may be found at the United States Food and Drug Administration's website at www.fda.gov.