

BOARD OF PODIATRIC MEDICAL EXAMINERS

OPEN SESSION MEETING VIA GOOGLE MEET

AGENDA

February 11, 2021

Open Meeting ID: <https://meet.google.com/gsz-bmfj-zfs?hs=224>

[Join by phone](tel:+14704859378): (US) +1 470-485-9378 (PIN: 294969758)

A. ORDER of BUSINESS

1. Call to Order- Roll Call
2. COMAR 10.01.14.02.B: Except in instances when a public body expressly invites public testimony, questions, comments, or other forms of public participation, or when public participation is otherwise authorized by law, a member of the public attending an open session may not participate in the session.
3. Approval of minutes from the January 14, 2020 meeting Tab A

B. BOARD PRESIDENT'S REPORT -Dr. Umezurike

C. EXECUTIVE DIRECTOR'S REPORT-Eva Schwartz

1. **FPMB - NBPME Cancels APMLE Part II CSPE for the Class of 2021**
2. **HB – 1006- Health Occupations – Service Members, Veterans, and Military Spouses – Temporary Licensure, Certification, and Registration:** <https://mgaleg.maryland.gov/2021RS/bills/hb/hb1006F.pdf>

D. CME COMMITTEE CHAIR REPORT -Dr. Gottlieb

E. OLD BUSINESS:

1. HB 309 – Public Health – Data- Race and Ethnicity Information
Letter of Concern withdrawn
2. SB 169/HB 182 – Podiatric Physician

F. NEW BUSINESS:

1. HB 701 – Child Abuse and Neglect – Training of Health Care Professionals Tab B
2. NPDB Insights Tab C
3. Review eligibility for issuance of Full Active Podiatric License:
 - a. Devora Moore, DPM

H. ADJOURNMENT

BOARD OF PODIATRIC MEDICAL EXAMINERS

OPEN SESSION MEETING VIA GOOGLE MEET



MINUTES

January 14, 2021

Open Meeting ID: <https://meet.google.com/fsc-xsoy-pcr?hs=224>

Join by phone: +1 224-601-6365 (PIN: 847412956)

The Public Meeting commenced at 1:08 PM, opened by the Board President, Dr. Yvonne Umezurike.

Roll call was initiated by the Board President. By acclamation, all Board members were in attendance.

Board members present: Drs. Umezurike, Cohen, Silverman, Gottlieb and Fox

Consumer Members present: Ms. Sharon Bunch and Ms. Frona Kroopnick

Board staff present: Eva Schwartz, Executive Director, and Elizabeth Kohlhepp, Deputy Executive Director

Office of the Attorney General: Rhonda Edwards, AAG, Board Counsel

Representing MPMA: Richard Bloch, Esq., Executive Director, and Dr. Jay LeBow, MPMA member

Dr. Umezurike cited COMAR 10.01.14.02.B: "Except in instances when a public body expressly invites public testimony, questions, comments, or other forms of public participation, or when public participation is otherwise authorized by law, a member of the public attending an open session may not participate in the session."

A. MINUTES

1. Approval of minutes from the November 12, 2020 meeting

The minutes from the November 12, 2020 meeting were approved unanimously, as submitted.

B. BOARD PRESIDENT'S REPORT -Dr. Umezurike

Dr. Umezurike informed the Board that according to Podiatry Today, effective January 1, 2021 there is no longer a global period for digital amputations (CPT codes 28820 and 28825). The full article can be viewed at: <https://www.podiatrytoday.com/blogged/post-op-global-period-changes-90-zero-days-common-digital-amputation-procedures>.

Additionally, Dr. Umezurike encouraged everyone to get the COVID19 vaccination and alerted everyone that the aid for PPE will start again soon. This will be the final round of financial health for small business to obtain PPE, so if interested, practices need to apply as soon as possible. There has been a change in the application to which a small business owner needs to attest to a 25% drop in revenue within any quarter to qualify.

C. EXECUTIVE DIRECTOR'S REPORT-Eva Schwartz

1. FPMB - Updates

Ms. Schwartz informed the Board that the Federation stated that if there is no Part II CSPE examination record found for an applicant applying for licensure then it will be stated on their report request. The following will be stated:

“COVID-19 Pandemic of 2020: Candidates from the Class of 2021 were given the option to test in a later test cycle for the Part II CSPE. Candidates exercising this option are required to successfully complete the Part II CSPE prior to completion of residency. Candidates from the Class of 2021 are permitted to attempt Part III regardless of their status in Part II CSPE. This exception applies only to the Class of 2021.”

D. CME COMMITTEE CHAIR REPORT -Dr. Gottlieb

Dr. Gottlieb had no new CME correspondence to report.

E. OLD BUSINESS:

1. SB 247 State Board of Podiatric Medical Examiners – Sunset Extension

The Board was informed that the Maryland Department of Health will be presenting the proposed legislation. The most recent legislative audit was retroactive to four years, preceding the audit date. The Board was not cited independently for violations. That information was added as part of the Board's position statement in support of the Bill. If passed favorably, SB 247 would extend the expiration date of the Title to July 1, 2032. The Bill is expected to move to HGO for a hearing in that Committee.

2. APMLE Part II, CSPE Testing Temporarily Suspended November 20, 2020

The Part II CSPE Skill Set Exam is only offered in Pennsylvania, which has placed travel restrictions in effect due to the COVID19 pandemic. Therefore, the NBPME suspended the Part II Clinical Skills Patient Encounter sessions that were scheduled for November 30 and December 1 and 2. Candidates that were scheduled to take the exam on those dates were contacted by NBOME and offered refunds or the opportunity to reschedule. NBPME plans to offer additional dates for testing, as well as the February dates previously announced, to the affected candidates in addition to others who plan to take the test during this cycle.

3. Recommendation of the Boards Licensure Committee concerning APMLE Part II, CSPE Exam

The Board's Licensure Committee comprised of Drs. Umezurike and Cohen, Rhonda Edwards, Board Counsel and Eva Schwartz, Executive Director, presented to the Board their recommendation that everyone applying for a full license in Maryland must still have completed and passed the APMLE Part II, Clinical Skills Exam as the current COMAR requires. The Board accepted the recommendation.

4. SB 169/HB 182 – Podiatric Physician

Mr. Bloch updated the Board on the preparation for the hearing for proposed SB 169/HB 182- Podiatric Physicians. The proposed legislation will identify DPM's as Podiatric Physicians. Mr. Bloch informed the Board that the MPMA has acquired sponsors as well as have already assigned three podiatrists who will be testifying. Due to the current pandemic, Mr. Bloch stated that the hearing committees do not allow more than three witnesses to testify for each position. The Board will issue a letter of support for HB 182/SB 169.

F. NEW BUSINESS:

1. National Practitioner Data Bank Insights

The Board was given a copy of the National Practitioner Data Bank Insights Newsletter for informational purposes.

2. MHCC Telehealth Workgroup Draft Proposals

The Board was given a copy of the MHCC Telehealth Workgroup Draft Proposal for review. At this time, the proposal is still being discussed, however many providers are strongly in support. The Board, while supportive, expressed concerns over the utilization of telehealth.

The Board's own telehealth regulations are currently on track to move to ALER soon.

3. SB 5/ HB 28 – Public Health- Implicit Bias Training and the Office of Minority Health and Health

Disparities

The Board was given a copy of SB 5/ HB 28 – Public Health- Implicit Bias Training and the Office of Minority Health and Health Disparities for review. The Bill mandates licensees to take CME's in cultural competency to maintain their full license. However, the course is only required once, either at the time of application for new licensees or at the first license renewal for existing licensees. The Board voted to support the Bill with an amendment to recommend but not mandate the course. There were two Board members that voted to oppose the motion to support with amendment.

The FSMTB offers a course in Cultural Competence: Prejudice, Racism & Discrimination. There is a \$15 fee for the course. The Board awards credit hours toward the online not podiatric medicine specific category.

<https://www.fsmtb.org/continuingeducation/coursedetail/?id=a072L00000oUPFiQAO>

4. SB 84 – Pharmacists- Administration of Self- Administered Medications and Maintenance

Injectable Medications

The Board was given a copy of SB 84 – Pharmacists- Administration of Self- Administered Medications and Maintenance for review. The Bill allows Pharmacists to preform injections for self-administered medications. After review, the Board voted to take no position on this Bill.

5. SB 210 – COVID-19 Claim- Civil Immunity

The Board was given a copy of COVID-19 Claim- Civil Immunity for review. The Bill identifies that if providers follow the standard of care then they cannot be sued if an employee tests positive for the COVID19 virus. The Board voted to support the Bill.

6. HB 309 – Public Health – Data- Race and Ethnicity Information

The Board was given a copy of HB 309 – Public Health – Data- Race and Ethnicity Information for review. The Bill would require the Board to provide race and ethnic data on licensees upon request. The Board expressed concern over the Bill. After discussion, the Board voted to oppose the Bill, by issuing a Letter of Concern.

7. FPMB Newsletter

The Board reviewed the Federation of Podiatric Medical Boards Newsletter for informational purposes. It was noted that a new podiatric school will be opening in Texas in 2022. Also, the Maryland Board was identified for efficiency in downloading timely an applicant’s Board Scores.

8. Review eligibility for issuance of Full Active Podiatric License:

- a. **Andreas Kaikis, DPM**
- b. **Spenser Soldano, DPM**
- c. **Christina Bui, DPM**

The above individually identified licensure candidates were approved unanimously for the issuance of a Full Maryland License.

H. ADJOURNMENT

With no further business, the Public Session of the Board meeting concluded at 2:33 PM.

Respectfully submitted by Eva Schwartz, Executive Director, Signature and date_____

and Elizabeth Kohlhepp, Deputy Executive Director, Signature and date_____

Signature by Frona Kroopnick, Board Secretary/Treasurer: _____



HOUSE BILL 701

D4, J2
HB 1252/19 – JUD

1lr1837

By: **Delegate McComas**
Introduced and read first time: January 26, 2021
Assigned to: Judiciary

A BILL ENTITLED

1 AN ACT concerning

2 **Child Abuse and Neglect – Training of Health Care Professionals**

3 FOR the purpose of requiring the Maryland Department of Health to provide certain boards
4 with a list of certain generally recommended courses relating to the obligation to
5 report child abuse and neglect and the identification of abused and neglected
6 children; requiring certain boards to post certain information prominently on each
7 board’s website, provide information about certain recommended courses to certain
8 health care professionals at a certain time, or advertise the availability of certain
9 recommended courses in certain media; providing for the application of certain
10 provisions of this Act; defining certain terms; and generally relating to child abuse
11 and neglect and the training of certain health care professionals.

12 BY repealing and reenacting, without amendments,
13 Article – Family Law
14 Section 5–704
15 Annotated Code of Maryland
16 (2019 Replacement Volume and 2020 Supplement)

17 BY adding to
18 Article – Health Occupations
19 Section 1–225
20 Annotated Code of Maryland
21 (2014 Replacement Volume and 2020 Supplement)

22 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
23 That the Laws of Maryland read as follows:

24 **Article – Family Law**

25 5–704.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 (a) Notwithstanding any other provision of law, including any law on privileged
2 communications, each health practitioner, police officer, educator, or human service
3 worker, acting in a professional capacity in this State:

4 (1) who has reason to believe that a child has been subjected to abuse or
5 neglect, shall notify the local department or the appropriate law enforcement agency; and

6 (2) if acting as a staff member of a hospital, public health agency, child care
7 institution, juvenile detention center, school, or similar institution, shall immediately
8 notify and give all information required by this section to the head of the institution or the
9 designee of the head.

10 (b) (1) An individual who notifies the appropriate authorities under subsection
11 (a) of this section shall make:

12 (i) an oral report, by telephone or direct communication, as soon as
13 possible to the local department or appropriate law enforcement agency; and

14 (ii) a written report:

15 1. to the local department not later than 48 hours after the
16 contact, examination, attention, or treatment that caused the individual to believe that the
17 child had been subjected to abuse or neglect; and

18 2. with a copy to the local State's Attorney.

19 (2) (i) An agency to which an oral report of suspected abuse or neglect
20 is made under paragraph (1) of this subsection shall immediately notify the other agency.

21 (ii) This paragraph does not prohibit a local department and an
22 appropriate law enforcement agency from agreeing to cooperative arrangements.

23 (c) Insofar as is reasonably possible, an individual who makes a report under this
24 section shall include in the report the following information:

25 (1) the name, age, and home address of the child;

26 (2) the name and home address of the child's parent or other person who is
27 responsible for the child's care;

28 (3) the whereabouts of the child;

29 (4) the nature and extent of the abuse or neglect of the child, including any
30 evidence or information available to the reporter concerning possible previous instances of
31 abuse or neglect; and

32 (5) any other information that would help to determine:

- 1 (i) the cause of the suspected abuse or neglect; and
2 (ii) the identity of any individual responsible for the abuse or neglect.

3 **Article - Health Occupations**

4 **1-225.**

5 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
6 INDICATED.

7 (2) "BOARD" MEANS ANY BOARD AUTHORIZED UNDER THIS ARTICLE
8 TO TAKE ACTION AGAINST AN APPLICANT, A LICENSEE, A CERTIFICATE HOLDER, A
9 REGISTRANT, OR A PERMIT HOLDER WHO KNOWINGLY FAILS TO REPORT SUSPECTED
10 CHILD ABUSE IN VIOLATION OF § 5-704 OF THE FAMILY LAW ARTICLE.

11 (3) "HEALTH CARE PROFESSIONAL" MEANS ANY APPLICANT,
12 LICENSEE, CERTIFICATE HOLDER, REGISTRANT, OR PERMIT HOLDER GOVERNED BY
13 A BOARD.

14 (B) THE DEPARTMENT SHALL PROVIDE TO EACH BOARD A LIST OF
15 GENERALLY RECOMMENDED COURSES ON:

16 (1) THE OBLIGATION TO REPORT ABUSE AND NEGLECT AS REQUIRED
17 BY § 5-704 OF THE FAMILY LAW ARTICLE; AND

18 (2) THE IDENTIFICATION OF ABUSED AND NEGLECTED CHILDREN.

19 (C) (1) THIS SUBSECTION DOES NOT APPLY TO A BOARD THAT REQUIRES
20 A LICENSEE, A CERTIFICATE HOLDER, A REGISTRANT, OR A PERMIT HOLDER TO
21 OBTAIN CONTINUING EDUCATION ON THE IDENTIFICATION AND REPORTING OF
22 ABUSED AND NEGLECTED CHILDREN.

23 (2) EACH BOARD SHALL:

24 (I) POST THE INFORMATION REQUIRED FOR A PROSPECTIVE
25 STUDENT TO ENROLL FOR ONE OR MORE OF THE RECOMMENDED COURSES
26 PROVIDED TO THE BOARD UNDER SUBSECTION (B) OF THIS SECTION PROMINENTLY
27 ON THE BOARD'S WEBSITE;

28 (II) PROVIDE INFORMATION ABOUT THE RECOMMENDED
29 COURSES TO HEALTH CARE PROFESSIONALS AT THE TIME OF RENEWAL OF
30 LICENSURE; OR

1 **(III) ADVERTISE THE AVAILABILITY OF THE RECOMMENDED**
2 **COURSES IN THE NEWSLETTERS AND ANY OTHER MEDIA PUBLISHED BY THE BOARD.**

3 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
4 October 1, 2021.



Is It Reportable?

A hospital summarily suspended a physician's clinical privileges to allow sufficient time for allegations of gross negligence to be fully investigated. The day after the summary suspension was imposed, the physician requested an educational leave of absence. If the hospital grants the leave of absence, must the summary suspension be reported to the NPDB?

If the summary suspension is not lifted within 30 days, it must be reported to the NPDB, regardless of when the leave of absence begins or if it ever occurs.

Introduction to Reporting

Reports are records of adverse actions taken by authorized organizations regarding health care practitioners, entities, providers, or suppliers. These actions include medical malpractice payments, clinical privileges actions, state licensure actions, and more. See our What You Must Report to the NPDB page for a complete list of reportable actions.

The information you provide in your report will help querying organizations make informed hiring, licensing, and credentialing decisions. You must complete the report form based on the type of action your organization took with respect to the subject of the report.



How to Submit a Report

1. Sign in to the NPDB and select **Report** on the Select an Option page.
2. On the Identify the Subject page, select whether the subject is an **individual** or an **organization**, then enter the subject's name.
3. Select the **Type of Action** on the following page.
4. Complete all four sections of the Report Form.
5. Complete the Action Information section and include a detailed narrative.
6. Review the information you provided to ensure it is correct, then complete the certification section.
7. Save or print a copy of the report on the Report Submission Complete page for your records.

How to Retrieve a Report

After submitting a report, you may view, save, or print that report by completing the following steps:

1. Sign in to the NPDB and select **Reporting Activity** under the Report Options section on the Select an Option page. The following Reporting Activity page lists all subjects your organization has reported on in the last 30 days, 60 days, 90 days, and All Time.
2. Select the **subject's name** to show all reports you have submitted on that subject, with additional information on each report, such as report type, report DCN, and submitter. Select the PDF link to view the report.

Looking for information on how to submit specific report types? Check out our [Step-by-Step: Reporting Clinical Privileges Actions](#) article and stay tuned to *NPDB Insights* for upcoming articles on how to report state licensure actions, medical malpractice payments, health care-related criminal convictions and civil judgments, and other adjudicated actions or decisions. For additional help with reporting, visit our [Reporting Help Center](#).

Step-by-Step: Reporting Clinical Privileges Actions

Hospitals and other health care entities *must* report professional review actions taken against physicians and dentists if both of the following are true:

The action taken is the result of a professional review and adversely affects clinical privileges (including privileges, medical staff or panel membership, network participation, affiliation, and other circumstances) for **more than 30 days**, including:

- Reduction, restriction, suspension, or revocation of privileges;
- Denial of privileges based on a professional review action (excluding denials based on the failure to meet specific threshold criteria or an initial application withdrawal before a final professional review decision);
- A practitioner's surrender of, or failure to renew, privileges while under or to avoid investigation; or
- A summary suspension that is the result of a professional review (in effect for more than 30 days), regardless of whether or not the action is final.

The action is based on the practitioner's professional competence or professional conduct that adversely affects, or could adversely affect, the health or welfare of a patient.

In addition, hospitals and other health care entities may report - and are encouraged to report - clinical privileges actions taken against practitioners other than physicians and dentists in similar circumstances.

How to Submit a Clinical Privileges Action Report

To report a clinical privileges action, you must submit an initial adverse action report within 30 days* of when the action was taken.

1. Sign in to the NPDB and select **Report** on the Select an Option page.
2. On the Identifying the Subject page, select that the subject is an individual, then enter the practitioner's name.
3. On the Select Action page, select **Clinical Privileges**.
4. Complete the Subject Information section.
 - a. Enter the practitioner's personal information, such as names used, gender, and birth date.
 - b. Enter the practitioner's home and work address and organization name.

Note: If the practitioner's home address is unknown, enter their work address for both address sections.
 - c. Enter all the licenses and certifications the practitioner holds (or claims to hold), including the type of license against which the action was taken.
 - d. Enter all the schools or institutions the practitioner attended for their professional degree, training, or certification.
 - e. Enter all the practitioner's identification numbers, such as their Social Security Number, National Provider Identifier, and Drug Enforcement Administration Number.
 - f. Enter all the practitioner's health care entity affiliations.
 - g. Complete the Action Information section.
5. Select the adverse actions you have taken in regard to the practitioner (you can select up to five adverse actions; list the most relevant action first). Select the bases for these actions. Enter the date the action was taken, the date the action went into effect, and how long the action will remain in effect. Then include

a narrative description.

Note: In the narrative description, provide background information and explain the circumstances of the action that led to the report. This description provides future queriers with a more complete understanding of what the subject did or is alleged to have done.

6. Review the information you provided to ensure it is correct, then complete the certification section.

Note: You must send a copy of the report to the appropriate state board, either by mailing a copy of the report to the appropriate state licensing board, or by sending a digital version through the NPDB system (provided the state board accepts digital notices). Reporting entities are responsible for ensuring that the licensing board has received the report.

7. Save or print a copy of the report on the Report Submission Complete page for your records.

For more comprehensive instructions and requirements for reporting clinical privileges actions, see the NPDB regulations and the NPDB Guidebook.

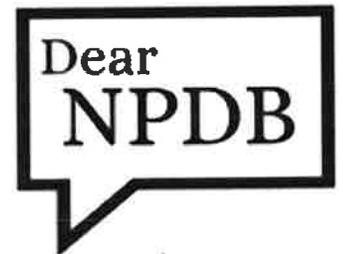
*As noted in the *NPDB Guidebook*, entities are not excused from reporting simply because they missed a reporting deadline. The Secretary of HHS will conduct an investigation if there is reason to believe an entity substantially failed to report required adverse actions. Entities have the opportunity to correct their noncompliance.

Looking for information on how to submit specific report types? Check out our Introduction to Reporting article and stay tuned to NPDB Insights for upcoming articles on how to report state licensure actions, medical malpractice payments, health care-related criminal convictions, and other adjudicated actions or decisions.

Dear NPDB

Can my organization use a practitioner's Self-Query in place of a query submitted by the organization?

A practitioner's Self-Query **does not** fulfill a hospital's querying requirements. As mandated by federal law, a hospital must submit their own query:



- Any time a practitioner applies for medical staff appointment (courtesy or otherwise) or for clinical privileges at the hospital (including temporary privileges)
- Every 2 years on all practitioners who are on its medical staff (courtesy or otherwise) or hold clinical privileges at the hospital

Querying the NPDB is essential for any eligible organization to make informed decisions about the practitioners, entities, providers, and suppliers with whom it is beginning a professional relationship. Without the knowledge of professional history provided by a query, an organization may have problems with patient safety, including increased medical liability risk.

When your organization queries on a practitioner, entity, provider, or supplier, you have the added security of knowing that the query response you are receiving is completely accurate and exactly as it is recorded within the NPDB. If you elect to accept a Self-Query from a practitioner, be sure to double check names, dates, and other clues of possible alterations to make sure the practitioner did not give you a fraudulent Self-Query response.

For more information about querying, including querying eligibility and instructions on how to submit a query, check out our Querying the NPDB page.

The latest updates and resources are available at <https://www.npdb.hrsa.gov>.