STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Board of Physical Therapy Examiners

BOARD MEETING OPEN MINUTES
March 17, 2015

The meeting was called to order at 1:04 p.m. by the Chairman, John Baker. Call to Order

There was a motion and a second to close the open session at 2:15 p.m. to engage in medical review committee deliberations regarding confidential information in applications for licensure, in accordance with State Government General Provisions Article, Section 3-305 (b) (7) and (13). 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.

Board Members Present:

Ved Gupta, Consumer Member
Krystal Lighty, PT
Kimberly Rotondo, PTA
Katharine Stout, PT
Sumesh Thomas, PT

Absent Board Members:

Delores Alexander, Consumer Member
Rhea Cohn, PT

Also Present:

Carlton A. Curry, Executive Director
Joy Aaron, Deputy Director
Brett Felter, AAG, Board Counsel
John Bull, Compliance Manager/Investigator
Deborah Jackson, Licensing Coordinator
Eric Jordan, Investigator
Patricia Miller, Board Secretary
Michelle Cutkelvin, Board Secretary

Guests:

Senator Paula Hollinger
Sharon Bloom,
Dina Serfas, PT
Gina Morny, Nursing Student

Guests:

Lamin Tunkara, Coppin State- Nursing Student
Fitaw Berhe, Coppin State- Nursing Student

Welcome

Board Chairman, John Baker, welcomed Board Members and guests. There was an addition to the agenda that was informational. Mr. Baker reviewed the protocol for questions.

Minutes

The minutes of the meeting held on January 20, 2015 were approved.

Licensure Update

Deborah Jackson, Licensing Coordinator, presented the statistics of applications received and licenses issued in January 2015.

Legislative Update

Carlton Curry, Executive Director apprised the Board of the latest legislative updates. The proposed Testing Limit bill is moving forward without opposition and will likely be in effect October 1, 2015. Mr. Curry states that physical therapists are now allowed to authorize handicap placards. Mr. Curry thanked the Dry Needling Committee members and Brett Felter for their assistance during this legislative session. Mr. Curry apprised the Board that House Bill 979 and Senate Bill 580 has been withdrawn. Mr. Curry states he gave Testimony on the proposed Dry Needling bill. He states that Board of Acupuncture and the Board of Chiropractic Examiners took "no position" on the proposed bill.

Celeste Weitzel, Scope of Practice

Celeste Weitzel, requested feedback on the following: Does the supervision of home health aides come under the scope of practice of physical therapists, physical therapist assistants or occupational therapists? For the Boards response please see below ¶ 6.

Cynthia Thackston, RN Scope of Practice

Cynthia Thackson, requested feedback on the following: She states, physical therapists do not supervise the aides in home health, but under a therapy only case, they provide supervisory visits which only assess the happiness of the patient with the aide. It is the Clinical Manger who is providing oversight and evaluation of the aide. Where is the 'language' that states a physical therapist in home health is not allowed to provide supervisory visits? The Board reiterated its position that it is outside the scope of the practice of physical therapy for a physical therapist to supervise home health aides. Specifically, the Board looked to the Code of Maryland Administrative Regulations ("COMAR") in making its determination. Pursuant to COMAR 10.39.01.01B(10), a "Home health aide (HHA)" means a CNA who has successfully completed the requirements for certification as an HHA set forth in 42 CFR §484.36 and COMAR 10.07.02.43 and .44." Because a home health aide is defined as a CNA, the scope of practice of a CNA at COMAR 10.39.05.03A (1) A CNA:

(a) Works under the delegated authority from a nurse to perform a nursing function;

(b) Assists the nurse in collecting data for a nursing assessment; and

(c) Is under the supervision of a nurse.

Consequently, a home health aides falls under supervision of a nurse, not a physical therapist. With respect to case monitoring, a physical therapist may not supervise a home health aide. Per COMAR 10.09.20.01B (3) ""Case monitor" means a physician or registered nurse who provides case monitoring services through a case monitoring agency." For the reasons stated above, pursuant to State of Maryland Regulations, a physical therapist may not supervise home health aides.

Kimberly Whetsel, requested feedback on the following: A Physical Therapist discharge is only required if the PT recommends discharge from PT services due to:

Kimberly Whetsel, Scope of Practice

(1) The prescribed treatment plan is completed and goals are met
(2) The patient has reached a point of maximum benefit and no longer has potential for improvement
(3) There is a significant change in the patients' medical status that would interfere with his/her participations would be contradicted
(4) The patient refused treatment
(5) A discharge is needed for placement recommendations or services are transferred to another facility

A PT discharge would not be warranted if the patient was medically discharged from the acute care facility by a physician, ending PT services/plan of care.

The Board again reiterated its previous conclusion that if a patient is seen by a physical therapist for discharge, a discharge summary is required pursuant to COMAR 10.38.03.02-1A (4). This is a uniform requirement of the Maryland Physical Therapy Practice Act, irrespective of practice setting. The Board declined to respond to the specific inquiries presented in your second inquiry, indicating that a physical therapist should exercise sound professional judgment pursuant to 10.38.03.02A(2). The Board did confirm "A PT discharge would not be warranted if:

(1) The patient was medically discharged from the acute care facility a physician, ending PT services/plan of care" as being correct.

Jill Stone requested feedback on the following: What are the recommendations if the Risk Management of a hospital told you that the physical therapists cannot document that a patient is "unsafe for discharge home" because it creates a liability for the hospital if the patient cannot pay for rehab or does not get accepted into a rehab facility. The Boards response is that it is the responsibility of the physical therapist to protect the public.

Jill Stone, Scope of Practice

The Federation of Associations of Regulatory Boards (FARB) response to the Supreme Court FTC vs. Carolina Board of Dental Examiners

FARB/ Informational

Kristin Mende, physical therapist requested feedback on the following:

Kristin Mende, PT, Howard Community College, Scope of Practice

(1) Are PTAs allowed to perform Grade V joint mobilizations/ manipulations
(2) Are PTAs allowed to examine spine range of motion as a percentage of normal motion rather than measuring in degrees

When billing for non-Medicare patients, my understanding has been that under

(3) AMA/CPT guidelines a unit could not be billed until the halfway point of the code had been reached. Does the Maryland Board have a stance on when it is appropriate to bill a unit for non-Medicare patients if there are no specific guidelines in the individual payer contract? In the absence of specific time guidelines within a non-Medicare payer contract, at what point is a therapists justified in billing a unit of a timed CPT code?

The Board's response is: (1) Question will be brought before the Board at the request of the Executive Director. (2)Yes, if the physical therapist assistant is competent to do so, pursuant to 10.38.03.02B(1)(f). (3) Consult with third party payor and with whom you have contracted with for guidelines.

Correspondence Regarding the 2010 Opinion of the Attorney General

Added to the Agenda

The Attorney General of Maryland response letter to Delegate Pena–Melnyk's inquiry, concerning the practice of dry needling by physical therapists.

Continuing Education

The Board voted to **approve** the following CEU course applications:

'Functional Dry Needling'; 'Sensory Diets'; 'Chronic Kidney Disease'; and 'Cranial Asymmetrics'.

The Board voted to **deny** the following CEU course applications:

'Cranio Sacral Therapy' because the course is not substantially related to the PT practice; *'Improving your Ability'* because the course is not substantially related to the PT practice; *'Self Determination'* because the course is not substantially related to the PT practice;
'Injectable Therapies' because the time presented in the course does not provide enough time for an in depth analysis; *'Multi Drug Resistant Organisms'* because the course is not substantially related to the PT practice; *'The End of Antibiotics'* because the course is not substantially related to the PT practice; and *'Coping with Stress'* because the course is not substantially related to the PT practice.

There was a motion and a second to close the open session at 2:18 p.m. to engage in **medical review committee deliberations regarding confidential information in** applications for licensure, in accordance with State Government Article, Section 10-508 (a) (7) and (13). 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 4:16 p.m.

Respectfully submitted,

Carlton A. Curry, Executive Director

04/21/2015
Date Approved

John Baker, PT, Chairperson