State Board of Podiatry June 28, 2023

BOARD MEMBERS:

Arion R. Claggett, Acting Commissioner, Bureau of Professional and Occupational Affairs Michael J. Paris, D.P.M., M.B.A., Chairman

Robert B. Weber, D.P.M., J.D., M.B.A., Vice Chairman

Dia D. McCaughan, D.P.M., Secretary Eric B. Greenberg, D.P.M., J.D.

William D. Fetchik, D.O.

BUREAU PERSONNEL:

Todd P. Kriner, Esquire, Board Counsel
Timothy J. Henderson, Esquire, Board Prosecution
Liaison

21 Nichole Wray, Division Chief 22 Priscilla Turek, Board Administrator

Marc Farrell, Esquire, Regulatory Counsel, Office of Chief Counsel, Department of State Andrew LaFratte, MPA, Executive Policy Specialist,

Department of State

ALSO PRESENT:

Derek Richmond Jennifer Smeltz

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2 State Board of Podiatry

June 28, 2023

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5 | [Pursuant to Section 708(a)(5) of the Sunshine Act,

6 at 10:00 a.m. the Board entered into Executive

7 | Session with Todd P. Kriner, Esquire, Board Counsel,

8 for the purpose of conducting quasi-judicial

9 deliberations on the matters listed under the Report

10 of Board Counsel. The Board returned to open session

11 at 10:30 a.m.]

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The regularly scheduled meeting of the State

14 | Board of Podiatry was held on Wednesday, June 28,

15 2023. Michael J. Paris, D.P.M., M.B.A., Chairman,

16 called the meeting to order at 10:33 a.m.

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18 Introduction of Board Members/Attendees

19 | [Priscilla Turek, Board Administrator, provided an

20 introduction of the Board members, staff, and

21 audience in attendance.

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23 Approval of minutes of the April 19, 2023 meeting

24 CHAIRMAN PARIS:

Number 2 on the agenda is approval of

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                 minutes. You've all had the opportunity
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                 to look over the minutes. We'll be
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                 looking for a motion to approve the
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                 minutes.
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   DR. WEBER:
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                 Motion to approve.
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   DR. GREENBERG:
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                 I second.
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   CHAIRMAN PARIS:
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                 Could we have a roll call vote?
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                 Mr. Claggett, aye; Dr. Paris, aye; Dr.
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                 Weber, aye; Dr. McCaughan, aye; Dr.
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                 Greenberg, aye; Dr. Fetchik, aye.
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   [The motion carried unanimously.]
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   [Todd P. Kriner, Esquire, Board Counsel, noted the
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   Board met in Executive Session to discuss matters
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   under the Report of Prosecutors and Report of Board
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   Counsel.
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        Mr. Kriner also noted the meeting was being
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   recorded and voluntary participation constituted
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   consent to be recorded.]
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   Report of Prosecutors
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  [Timothy J. Henderson, Esquire, Board Prosecution
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  Liaison, informed Board members that the prosecution
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  division is increasing outreach efforts, including
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  speaking to individuals and conducting presentations
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  at schools for perspective licensees. He stated his
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  office intends to conduct a presentation at the
7
  Temple University School of Podiatric Medicine and
8
  Lake Erie College of Osteopathic Medicine and School
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  of Podiatric Medicine.
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Mr. Henderson noted his office welcomes any input from the Board for future opportunities for outreach and would be willing to join the Board at future opportunities for outreach.

Chairman Paris requested information regarding the outreach and whether he would be discussing the role of the Board or the profession of podiatry.

Mr. Henderson explained that it would be a general overview of the complaint process and is from a prosecution standpoint rather than a Board standpoint. He noted prosecution would invite any Board updates they may want prosecution to share during the presentations.

Mr. Henderson presented the Consent Agreement for Case No. 23-44-005150.

25 MR. KRINER:

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1 Report of Board Counsel - Regulatory Status Report
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2 [Todd P. Kriner, Esquire, Board Counsel, informed

3 Board members that he is currently drafting 16A-449

4 regarding acupuncture.

Mr. Kriner noted that he is also still drafting
16A-4418 regarding administration and prescription of
drugs and continuing education (CE). He believed the
therapeutic drug section has been ironed out and
thanked Dr. McCaughan for her help. He stated he is
still working on the opioid language.

Mr. Kriner noted the Board approved the release of the exposure draft for 16A-448 regarding sexual misconduct at the last meeting and received no comments from the public or stakeholders.]

15 MR. KRINER:

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I would be looking for a motion to direct counsel to promulgate that regulation through the regulatory review process.

19 CHAIRMAN PARIS:

Is there someone who would be willing to make that motion?

22 DR. WEBER:

I make the motion to proceed with the review.

25 DR. GREENBERG:

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                I second that motion.
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   CHAIRMAN PARIS:
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                Roll call vote.
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                Mr. Claggett, aye; Dr. Paris, aye; Dr.
                Weber, aye; Dr. McCaughan, aye; Dr.
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                Greenberg, aye; Dr. Fetchik, aye.
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   [The motion carried unanimously.]
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   Report of Board Counsel - Regulatory Status Report
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   [Todd P. Kriner, Esquire, Board Counsel, informed
   Board members that 16A-4411 regarding the volunteer
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   license and 16A-4412 regarding child abuse reporting
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   requirements are being drafted. He stated the child
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   abuse regulation is farther along, noting other
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   counsel is drafting both of those regulations because
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   they basically touch every single board.
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        Mr. Kriner addressed 16A-4420 regarding
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   radiographic assistants, noting the Board approved
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   the release of the exposure draft at the last meeting
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   but received no comments from stakeholders or the
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   public.
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        Dr. Weber commented that someone who wanted to
24
   volunteer for podiatric care in any organization in
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the state would still need a full license and are

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required to complete the same continuing medical education (CME) and other requirements and is not a separate type of license.
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- Dr. Weber noted that people who volunteer still have the same license, though it may be possible in certain circumstances where their practice insurance may be covered by the organization instead themselves.
- Dr. Greenberg requested Dr. Weber provide an example of a situation.
- Dr. Weber stated he knows a doctor who volunteers
 at a free clinic on a monthly basis but took for
 granted his practice insurance was covered by the
 organization because he never asked him.
- Dr. Greenberg stated they need to be licensed and have insurance.
- Dr. Weber noted that is the point they do not understand.
 - Mr. Kriner commented that he could not provide an answer to explain the difference and what the specific regulation is saying because someone else in the counsel division is drafting the regulation. He offered to provide an overview and update of what the regulation is proposing.]
- 25 MR. KRINER:

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                Regarding radiographic assistants, I
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                would be looking for a motion to direct
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                counsel to promulgate that regulation
                through the regulatory review process.
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   DR. WEBER:
                I make the motion to proceed with the
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                regulatory process.
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   DR. GREENBERG:
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                 I second that motion.
10
   CHAIRMAN PARIS:
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                Could we have a roll call vote?.
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                Mr. Claggett, aye; Dr. Paris, aye; Dr.
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                Weber, aye; Dr. McCaughan, aye; Dr.
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                Greenberg, aye; Dr. Fetchik, aye.
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   [The motion carried unanimously.]
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   [Todd P. Kriner, Esquire, Board Counsel, informed
   Board members that a Regulatory Analysis Form (RAF)
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   would be drafted for both of the regulations for the
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   Independent Regulatory Review Commission (IRRC).
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   noted the package is almost complete and would be
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   provided at the next Board meeting, given to
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   regulatory counsel, and then through the chain for
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   review.
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Mr. Kriner mentioned that there should not be many edits or concerns because there has not been a lot of controversy regarding those regulations.

Dr. Greenberg asked how many levels of review are in the regulatory process.

Mr. Kriner explained that there are three levels for a proposed regulation before it goes to IRRC, noting that he sets up a meeting with IRRC and presents it once it is received.

Chairman Paris asked what the next step is regarding the prescription drug regulation since it is not as far along.

Mr. Kriner explained that it is not as far along because they had to go back and forth with the therapeutic drugs. He noted the rest of it should be pretty easy as far as getting the language drafted. He mentioned that therapeutic drugs on its own years ago was proposed to be amended to add more general classifications but was shot down.

Mr. Kriner stated he was trying to prevent that from happening again by addressing issues on the front end and is the reason for the slow movement.

Dr. Greenberg asked what level of review throws the regulation back to Mr. Kriner during the regulatory process.

Mr. Kriner explained that it goes to the Bureau of Professional and Occupational Affairs (BPOA) for their approval and other governmental steps for their approval.

Acting Commissioner Claggett recommended following up on the regulatory process at the next meeting.

Chairman Paris commented that the carryover of CME credits is attached, and Mr. Kriner confirmed that it is in there.

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12 Report of Board Counsel - Other

13 [Todd P. Kriner, Esquire, Board Counsel, referred to

14 | Senate Bill 739 regarding telemedicine for the

15 Board's information. He mentioned the State Board of

16 | Medicine and State Board of Osteopathic Medicine did

17 | a legislative analysis of the bill and provided the

18 | language for the Board's review.

Mr. Kriner provided a legislative initiative update regarding the definition of physician to include podiatrist. He informed Board members that the Department of State Policy Office and the Governor's Policy Office do not support changing the definition of physician to include podiatrist.

Mr. Kriner explained that the concern was about

1 reimbursement and should be addressed with the 2 Department of Health.

Dr. Greenberg stated it was not even remotely close to the point.

Mr. Kriner asked what is remotely the point because the language was approved by the Board and sent into legislative initiative.

Dr. Greenberg commented that the entire point of the legislation was because podiatry is currently considered an ancillary service and ancillary form of board. He explained that podiatry services could be taken away if there is a budget crisis.

Dr. Greenberg noted podiatry is not mandatory and anyone who receives welfare insurance would not have access to podiatry services, which was the main point of their request. He stated it should be acceptable to have a statement by medical doctors (MDs) and doctors of osteopathic medicine (DOs) to take care of all those patients who no longer have access to podiatry if they are not going to approve the use of the word physician.

Dr. Greenberg commented that the other reasons were absolutely mentioned but were minor. He stated the whole purpose of the Board is for the safety and health of residents of Pennsylvania, including people

on welfare. He mentioned that people who are on welfare now are at risk whenever there is a budgetary crisis because what has come up in the past was for podiatry services to be removed because it is not mandatory.

Chairman Paris commented that it goes beyond reimbursement and has dealt with this personally, where he had to order physical therapy services for patients through a physical therapist or a physical therapy company but was told his orders would not be honored as he is not a physician. He expressed concern regarding who would write orders for wound care because their family physician does not know what needs to be done for the wounds.

Dr. Greenberg stated the essence of the Board's request was to have welfare patients across the state still have access to podiatry services and to avoid the possibility of those services being removed in a budgetary crisis.

Mr. Kriner noted that it was included in the legislative initiative but that they may have misinterpreted it because of the response he received.

Dr. Greenberg commented that MDs and DOs should agree to assume the care of all those patients and

1 accept welfare insurance if podiatry services are not

2 | mandatory and removed due to a budgetary crisis

3 because they are not physicians. He noted that those

4 people would have nowhere to go for foot care

5 problems unless it is made mandatory that they be

6 accepted by MDs and DOs, which would make it fair for

7 | the health and safety of those patients.

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getting paid.

Dr. Greenberg mentioned that at the current time a podiatrist cannot be called a physician but licensees are allowed to not accept welfare insurance, where people would be forced to go to the podiatrist to treat them for free because they ethically have to keep treating them once someone starts treating a patient even if they are not

Acting Commissioner Claggett stated it is not as simple as having other boards agree to do that but noted that Mr. Kriner could take some of the information back for another discussion.

Dr. Greenberg further explained that every welfare patient who has welfare coverage are at risk if podiatry is taken away because of a budgetary crisis because the state would not pay for podiatry services because it is not mandatory like it is for physicians. He stated anyone who develops a new

problem, such as a foot ulcer, would not be accepted by a podiatrist if they are off the table and would not be accepted by an MD or DO because they do not accept welfare.

Dr. Greenberg mentioned that it is common for budgetary crises to arise in states, especially Pennsylvania, which puts welfare patients at risk. He noted that requiring MDs and DOs to accept welfare insurance for podiatric problems if podiatry is removed from the table would take patients out of that risk.

Chairman Paris commented that it is important for the Governor's Office to realize this is coming from the Board, noting their agenda is the safety and welfare of the citizens of Pennsylvania and not about reimbursement. He mentioned that it would be a different story if it was coming from a state association.

Dr. Greenberg noted that the talk about reimbursement or fees was from a different organization and stakeholder to the Board but is why it is important for the Board to be independent from political organizations.]

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25 Report of Board Chair

1 [Michael J. Paris, D.P.M., M.B.A., Chairman, 2 addressed their regulation allowing online credits 3 for CMEs. He mentioned that 13 states were not 4 allowing 100 percent online when they first started 5 working on that regulation but is now down to 8. noted the 2 most restrictive states are Florida and 6 7 Minnesota and only allow 20 percent, which is what the Board allowed before their regulation went 9 through.

Chairman Paris provided information from a topic earlier this year in *Podiatry Management*, where podiatrists in Florida were wondering why they cannot get more credits online. He noted their state association was holding them back, and they realized there was a conflict of interest and different priorities as far as what they are allowed and not allowed to do regarding online credits.

Chairman Paris commented that everyone worked together to do something good for the state and practitioners in Pennsylvania, along with following the rest of the country. He mentioned that MD and DO counterparts are able to get their credits online.]

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24 Report of Acting Commissioner

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25 | [Arion R. Claggett, Acting Commissioner, Bureau of

Professional and Occupational Affairs, informed
everyone that the State Board of Podiatry would be
moving to 2525 North 7th Street in Harrisburg on July
10, 2023. He noted that an announcement was placed
on the Board's website, and an email blast would be
sent at the end of the week.

Acting Commissioner Claggett also informed everyone that the next Board meeting would be at One Penn Center.]

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11 Report of Board Counsel - Regulatory Status

Report (cont.)

[Todd P. Kriner, Esquire, Board Counsel, addressed

14 the annex for 16A-4419 regarding licensure by

15 endorsement and qualifications for licensure. He

16 noted the need for further discussion concerning

17 competency. He mentioned the regulation was

18 initially written to show competency by one of two

19 ways, including experience in the practice of

20 podiatry by demonstrating they actively engaged in

21 practice for a minimum of two of the last five years

22 in their jurisdiction.

Mr. Kriner noted the other one was successfully passing all parts of the exam and suggested removing that part of the regulation to prove competency. He

explained that someone's education or qualifications
in a state that does not have the national exam would
not be substantially equivalent, and the Board would
have the ability to deny them their license coming in
under licensure by endorsement under act 41.

Mr. Kriner stated most of the other boards do not have it and advised the Board to keep it similar to the State Board of Osteopathic Medicine and State Board of Medicine, where the Board would still have the ability to review their qualifications.

Mr. Kriner referred to § 29.76(a)(2), demonstrate competency by one of the following. He suggested removing one of the following; keeping (i) experience in the practice of podiatry by demonstrating, at a minimum, that the applicant has actively engaged in the practice of podiatry under a license, certificate registration or permit in a jurisdiction or jurisdictions that have substantially equivalent licensure standards, for at least two of the five years immediately preceding the filing of the application with the Board; and removing (ii), successfully passing all parts of APMLE within the five years immediately preceding the filing of the application with the Board.]

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                Would there be a motion for that?
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   DR. WEBER:
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                 I make the motion to follow the same
                criteria as the MD Board and DO Board.
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   DR. GREENBERG:
                I second that motion.
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   CHAIRMAN PARIS:
                Could we have a roll call vote?
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                Mr. Claggett, aye; Dr. Paris, aye; Dr.
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                Weber, aye; Dr. McCaughan, aye; Dr.
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                Greenberg, aye; Dr. Fetchik, yes.
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   [The motion carried unanimously.]
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   [Eric B. Greenberg, D.P.M., J.D., mentioned having an
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   older colleague ask about whether the Board could
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   establish reciprocity of licensure between
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   Pennsylvania and South Carolina.
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        Dr. Greenberg commented that South Carolina may
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   have their own type of Act 41 but actually involves
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   grandfathering because South Carolina requires
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   passing three separate sections of the national
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   board, which did not come into being until after many
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   of the podiatrists in Pennsylvania started practice
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   but are now approaching the age where they are
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thinking about going to South Carolina.

Dr. Greenberg asked whether someone could reach out to the South Carolina State Board of Podiatry

Examiners to see if they wished to establish reciprocity and grandfathering in between Pennsylvania licensed podiatrists and South Carolina licensed podiatrists.

Acting Commissioner Claggett offered to reach out to the South Carolina State Board of Podiatry

Examiners directly concerning reciprocity.

Dr. Weber asked whether someone designated as a physician in their state would be considered a physician in Pennsylvania under proposition 41.

Dr. Greenberg explained that they would fall under the laws of Pennsylvania. He stated any argument outside the safety and health of residents of Pennsylvania kills the entire request from the Board because people with diabetic alterations or those who are ready to suffer from those or any other podiatric illness are at risk of losing care for those services as the law now states.

Dr. Greenberg commented that a podiatrist should be put under the title of physician if MD and DO Boards do not accept welfare coverage for those conditions.

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Chair Paris mentioned being on staff at WellSpan Health and they recognize podiatrists as physicians because it is on his ID. He noted that Acting Commissioner Claggett and Mr. Kriner understand and would present the matter again.

Dr. McCaughan asked whether any statistical data is available showing how many states recognize podiatrists as physicians.

Dr. Greenberg noted having that number in the original letter to Mr. Suter. He mentioned a bipartisan entry was submitted by Senator Grassley and Senator Schumer called the Helping Ensure Lifeand Limb-Saving Access to Podiatric Physicians (HELLPP) Act that would recognize podiatrists for all federal medical services as physicians but got lost in the woods.

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Report of Board Administrator - No Report [Michael J. Paris, D.P.M., M.B.A., Chairman, noted prior Board discussion concerning a link to the Pennsylvania Insurance Department page listing 22 insurance companies that have been admitted into 23 Pennsylvania for podiatrists and requested the link 24 be placed on their website, and Acting Commissioner 25 Claggett offered to provide that.]

- 2 For the Board's Information/Discussion Board
- 3 Meeting Dates
- 4 [Michael J. Paris, D.P.M., M.B.A., Chairman, referred
- 5 to meeting date changes for 2025.
- 6 Nichole Wray, Division Chief, explained that the
- 7 dates are the same dates approved by the Board but
- 8 were changed from proposed dates to final dates that
- 9 are now formally on the calendar.]
- 10 ***
- 11 Miscellaneous
- 12 [Todd P. Kriner, Esquire, Board Counsel, noted items
- 13 17 through 20 for the Board's perusal.]
- 14
- 15 Adjournment
- 16 CHAIRMAN PARIS:
- 17 Motion to adjourn this meeting.
- 18 DR. WEBER:
- 19 I'd like to make a motion.
- 20 DR. GREENBERG:
- I second that motion.
- 22 CHAIRMAN PARIS:
- The meeting is adjourned.
- 24 ***
- 25 | [There being no further business, the State Board of

Podiatry Meeting adjourned at 11:24 a.m.] CERTIFICATE I hereby certify that the foregoing summary minutes of the State Board of Podiatry meeting, was reduced to writing by me or under my supervision, and that the minutes accurately summarize the substance of the State Board of Podiatry meeting. Derek Richmond, Minute Clerk Sargent's Court Reporting Service, Inc.