

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

**F I N A L M I N U T E S**

MEETING OF:

**STATE BOARD OF PODIATRY  
VIA TELECONFERENCE**

TIME: 10:32 A.M.

Wednesday, August 19, 2020

State Board of Podiatry  
August 19, 2020

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50

BOARD MEMBERS:

Robert B. Weber, D.P.M., Chairman  
K. Kalonji Johnson, Commissioner, Bureau of  
Professional and Occupational Affairs  
Michael J. Paris, D.P.M., Vice Chairman  
Eric B. Greenberg, D.P.M., J.D., Secretary  
Melissa Haluszczak, Public Member  
Dia D. McCaughan, D.P.M.

BUREAU PERSONNEL:

Kenneth J. Suter, Esquire, Board Counsel  
Christopher K. McNally, Esquire, Board Prosecution  
Liaison  
Aaron Hollinger, Board Administrator  
Theodore Stauffer, Executive Secretary, Bureau of  
Professional and Occupational Affairs  
Cynthia K. Montgomery, Esquire, Deputy Chief  
Counsel/Regulatory Counsel, Department of State  
Marc Farrell, Deputy Policy Director, Department of  
State

ALSO PRESENT:

Michael Davis, Executive Director, Pennsylvania  
Podiatric Medical Association  
Sabrina Minhas, DPM, President, Pennsylvania Podiatric  
Medical Association  
John Mattiacchi, DPM, Secretary,  
Pennsylvania Podiatric Medical Association

1 \*\*\*

2 State Board of Podiatry

3 August 19, 2020

4 \*\*\*

5 [Pursuant to Section 708(a)(5) of the Sunshine Act, at  
6 9:15 a.m. the Board entered into Executive Session  
7 with Kenneth J. Suter, Esquire, Board Counsel, for the  
8 purpose of conducting quasi-judicial deliberations.  
9 The Board returned to open session at 10:30 a.m.]

10 \*\*\*

11 The regularly scheduled meeting of the State  
12 Board of Podiatry was held on Wednesday, August 19,  
13 2020. Robert B. Weber, D.P.M., Chairman, called the  
14 meeting to order at 10:32 a.m.

15 K. Kalonji Johnson, Commissioner, Bureau of  
16 Professional and Occupational Affairs, was not present  
17 during commencement of the teleconference.

18 \*\*\*

19 Approval of minutes of the April 15, 2020 meeting

20 CHAIRMAN WEBER:

21 In regard to approval of the minutes,  
22 could I have a motion to approve the  
23 minutes?

24 DR. PARIS:

25 I will make that motion.

1 CHAIRMAN WEBER:

2 Do I have a second?

3 MS. HALUSZCZAK:

4 I'll second.

5 CHAIRMAN WEBER:

6 All in favor?

7 [The motion carried unanimously.]

8 \*\*\*

9 Report of Prosecutorial Division

10 [Christopher K. McNally, Esquire, Board Prosecution

11 Liaison, presented the Consent Agreements for Case

12 Nos. 19-44-011610 & 20-44-003691, for which Ms.

13 Haluszczak recused from the discussion.]

14 \*\*\*

15 MR. SUTER:

16 As a result of discussion in Executive  
17 Session, I understand the Board will  
18 entertain a motion to accept this Consent  
19 Agreement, which is Item No. 3 on the  
20 agenda, at Case Nos. 19-44-011610 & 20-  
21 44-003691.

22 DR. PARIS:

23 I'll make that motion.

24 CHAIRMAN WEBER:

25 Could I have a second, please?

1 DR. GREENBERG:

2 I'll second that.

3 CHAIRMAN WEBER:

4 All in favor?

5 [The motion carried. Ms. Haluszczak recused herself  
6 from deliberations and voting on the motion. The  
7 Respondent's name is Ronald Paul Belin, D.P.M.]

8 \*\*\*

9 Report of Board Counsel

10 [Kenneth J. Suter, Esquire, Board Counsel, noted the  
11 delay of Executive Session prior to the meeting until  
12 about 9:15 a.m. due to technical difficulties.

13 Mr. Suter noted prior discussion in Executive  
14 Session regarding one consent agreement at Item No. 3;  
15 one application by Christopher Dreikorn, D.P.M., at  
16 Item No. 11; and two continuing education program  
17 approval requests from Jefferson Health Northeast  
18 Podiatry Grand Rounds for August 6, 2020 and October  
19 29, 2020.

20 Mr. Suter addressed the Sunshine Act, stating the  
21 act prevents decisions from being made by the  
22 government, where the public does not have access and  
23 cannot participate. He noted providing an annual  
24 reminder summary for the Board. He explained the  
25 purpose of the Sunshine Act was the right of the

1 public to be present at all agencies to witness  
2 deliberations and the functioning of democracy, where  
3 the public can participate with their government.

4 Mr. Suter stated the Board is considered an  
5 agency under the Sunshine Act, where any type of  
6 official action and discussion of agency business has  
7 to be done in public with a public notice. He  
8 addressed exceptions to the Sunshine Act, including  
9 conferences and Executive Session.

10 Mr. Suter mentioned personnel issues, consulting  
11 with him for legal advice, and issuing an Adjudication  
12 and Order or Consent Agreement are appropriate for  
13 Executive Session. He noted the Board must vote in  
14 public session on matters discussed in Executive  
15 Session. He commented that Board business should be  
16 conducted in open session and not be discussed outside  
17 the meeting.

18 Mr. Suter stated Act 41 is an example of an  
19 administrative function, but licensees that are denied  
20 will come before the Board for official action.]

21

\*\*\*

22 Report of Regulatory Counsel

23 [Cynthia K. Montgomery, Esquire, Deputy Chief

24 Counsel/Regulatory Counsel, Department of State,

25 referred to 16A-4412 regarding the Proposed Preamble

1 and Annex for the child abuse reporting regulations.

2 Ms. Montgomery referred to the Annex as a  
3 combination of amendments made to the Child Protective  
4 Services Law from 2014 through November 2019 and  
5 updated the existing child abuse reporting  
6 requirements to comport with the requirements and  
7 changes made to the Child Protective Services Law.

8 Ms. Montgomery stated the requirements for  
9 applicants had been updated to include the requirement  
10 that applicants complete child abuse recognition and  
11 reporting training of at least 3 hours for licensure  
12 and volunteer licensees and 2 hours for renewal.

13 Ms. Montgomery also updated the reference to the  
14 Health Care Services Malpractice Act to reference the  
15 Medical Care Availability and Reduction of Error Act  
16 in this regulation.

17 Ms. Montgomery stated continuing education (CE)  
18 requirements had been updated to include the 2 clock  
19 hours, making clear the 2 hours in child abuse  
20 recognition and reporting becomes part of the Board's  
21 continuing education requirement.

22 Ms. Montgomery updated each of the sections on  
23 child abuse reporting, and § 29.91 was updated with  
24 the definitions contained in the Child Protective  
25 Services Law.

1 Ms. Montgomery reported the Department of Public  
2 Welfare had been changed to the Department of Human  
3 Services throughout the regulation.

4 Ms. Montgomery referred to § 29.92 regarding  
5 mandated reporting requirements, which had been  
6 updated to clarify that licensed podiatrists are  
7 mandated reporters and to set forth the four criteria  
8 in which the podiatrists must report suspected child  
9 abuse. She also noted it had been updated to require  
10 a podiatrist to make their own report as a member of  
11 staff of a facility, institution, or school and then  
12 inform them of the reporting.

13 Ms. Montgomery noted the reporting procedure had  
14 been updated to include the new electronic reporting  
15 option at the Department of Human Services through the  
16 Child Welfare Information Solutions self-service  
17 portal. She referred to § 29.93, which had been  
18 updated to include the requirement that photographs,  
19 X-rays, medical tests, or summaries have to be  
20 submitted to the agency within 48 hours after making  
21 an electronic report.

22 Ms. Montgomery referred to § 29.24 regarding a  
23 minor amendment to a suspected death as a result of  
24 child abuse from coroner to coroner or medical  
25 examiner.



1 Ms. Montgomery referred to § 29.95, where  
2 immunity from liability had been amended to be  
3 consistent with the Child Protective Services Law.

4 Ms. Montgomery referred to § 29.96 regarding a  
5 new section to the Child Protective Services Law that  
6 states any privileged communications between a  
7 mandated reporter and a patient does not apply to a  
8 situation involving child abuse and does not relieve  
9 the mandated reporter of the duty to make the report.

10 Ms. Montgomery referred to § 29.97, noting  
11 criminal penalties have increased twice over the last  
12 few years for failure to report.

13 Ms. Montgomery referred to § 29.98 regarding  
14 mandatory training requirements of at least 3 hours as  
15 a condition of licensure and at least 2 hours of a  
16 condition of renewal.

17 Ms. Montgomery noted exemptions to include  
18 individuals who received training required under the  
19 public school code or training under a different  
20 section of the Child Protective Services Law (CPSL),  
21 which applies to people regulated by the Department of  
22 Human Services. She also mentioned a circumstance  
23 where an individual would have to convince the Board  
24 of the unnecessaryness to complete the training.

25 Ms. Montgomery referred to § 29.99, which is the

1 process put in place by the Department of Human  
2 Services in conjunction with the Bureau of  
3 Professional and Occupational Affairs, where course  
4 providers must have their courses approved.

5 Ms. Montgomery also provided the Preamble, which  
6 is a description of the amendments, to be published  
7 for public comment.

8 Chairman Weber questioned whether anyone who  
9 formatted the Preamble and Annex had any personal  
10 experience dealing with child abuse or just  
11 professionals with very good intentions drawing up the  
12 document.

13 Chairman Weber questioned what would be  
14 considered a reasonable request for a person to be  
15 excused from completing the CE every 2 years.

16 Chairman Weber questioned whether it would be  
17 acceptable for a practitioner to contact the local or  
18 state police rather than going to another mechanism.

19 Ms. Montgomery explained the document is based on  
20 the amendments to the Child Protective Services Law  
21 and was created by a task force to update regulations  
22 to match the Child Protective Services Law.

23

\*\*\*

24 [K. Kalonji Johnson, Commissioner, Bureau of  
25 Professional and Occupational Affairs, joined the

1 teleconference.]

2

\*\*\*

3           Commissioner Johnson commented the individuals  
4 responsible for the amendments to the CPSL were a  
5 broad-ranging group of individuals, who work  
6 specifically within the field and were comprised of  
7 attorneys, doctors, a judge, and people within the  
8 legislative committee.

9           Ms. Montgomery explained why exemptions are  
10 granted. She provided an instance where the State  
11 Board of Dentistry granted a waiver to a dental  
12 hygienist, who happened to be a court-appointed  
13 special advocate for child victims of abuse and  
14 required to do way more training for that position  
15 than the Board required.

16           Ms. Montgomery also noted many licensees of the  
17 State Board of Social Workers, Marriage and Family  
18 Therapists, and Professional Counselors actually work  
19 in this field and work for the Department of Human  
20 Services Office of Children, Youth, and Families are  
21 exempt.

22           Ms. Montgomery stated the expanded duty no longer  
23 includes just coming in contact with an individual in  
24 the course of your profession. It had been expanded to  
25 include scheduled programs, activities, and services.

1 Ms. Montgomery also noted it was not restricted  
2 to just the workplace any longer, and it must be  
3 reported if someone makes a specific disclosure that  
4 an identifiable child is the victim of child abuse or  
5 if an individual 14 years of age or older tells you  
6 they committed child abuse. She referred to § 29.92,  
7 where professionals have a duty to report if any of  
8 the criteria are met.

9 Ms. Montgomery noted going to the police would be  
10 appropriate if the child abuse rises to the level of a  
11 criminal offense but an electronic report through  
12 ChildLine would also be required. She commented the  
13 Office of Children, Youth, and Families will  
14 investigate a matter if it rises to the level of a  
15 crime and would then refer the matter to local law  
16 enforcement.

17 Dr. Greenberg questioned whether state-mandated  
18 courses and credits in opioids, child abuse, and  
19 others were included in the 50-mandatory CE  
20 requirements.

21 Ms. Montgomery explained the Child Protective  
22 Services Law specifically sets forth that the 2 hours  
23 are included as part of the existing continuing  
24 education requirements.

25 Dr. Greenberg questioned whether all of the other

1 mandatory CEs are acceptable as part of the credits a  
2 podiatrist submits.

3 Ms. Montgomery noted the statute states that  
4 dispensers and prescribers applying for renewal are  
5 required to complete at least 2 hours of continuing  
6 education in pain management, identification of  
7 addiction, or the practice prescribing or dispensing  
8 opioids as a portion of the total continuing education  
9 required. She assumed the General Assembly does that  
10 for all of them.

11 Dr. McCaughan referred to § 29.99 regarding the  
12 course approval process and questioned whether courses  
13 had been approved through the appropriate channels and  
14 if courses offered out of state would be applicable to  
15 Pennsylvania.

16 Ms. Montgomery suggested looking at the Act 31  
17 list of approved providers and courses on the Board's  
18 website. She stated the approved course can  
19 electronically report attendees who participated in  
20 their course, which is then linked to their licensure  
21 record, where it can be verified at renewal.]

22

\*\*\*

23 MS. MONTGOMERY:

24 It would be appropriate at this time, I  
25 would be seeking a motion to approve the

1 proposed rulemaking documents to move  
2 forward through the regulatory process.

3 CHAIRMAN WEBER:

4 Could I have a Board member make a  
5 motion, please?

6 MS. HALUSZCZAK:

7 So moved.

8 MR. JOHNSON:

9 Second.

10 CHAIRMAN WEBER:

11 All in favor?

12 [The motion carried unanimously.]

13 \*\*\*

14 [REQUESTED VERBATIM]

15 Appointment - Governor's Executive Order of May 6,  
16 2020 and Statement in Recognition of Podiatrists  
17 [Marc Farrell, Deputy Policy Director, Department of  
18 State. The Department's Policy Office operates in a  
19 full-report capacity, and by that, I mean that we  
20 report not only to the Secretary of State, Kathy  
21 Boockvar, but also to the Governor's Secretary of  
22 Policy and Planning, Margaret Snead, who leads the  
23 Governor's Policy Office.

24 One of my roles is to serve as a policy liaison,  
25 essentially between the Department and Bureau of

1 Professional and Occupational Affairs (BPOA) and all  
2 our Boards and the Governor's Office with whom we work  
3 very closely on a daily basis.

4 I spent the first four years of Governor Wolf's  
5 term working in the Governor's Policy Office before  
6 moving over to the Department of State. It is a very,  
7 very intricate, integral, and strong relationship with  
8 them. Much of the work we have been doing since about  
9 March, not surprisingly, is focused on a series of  
10 waivers and Executive Orders that were approved and  
11 issued by Governor Wolf related to the COVID-19  
12 pandemic.

13 In particular, the Governor issued an Executive  
14 Order on May 6 that accomplished a host of things.  
15 One of the things it did, basically in recognition of  
16 the fact that podiatrists are well-trained and  
17 qualified health care professional members of the  
18 healing arts, was to provide podiatrists with an  
19 expanded scope of practice in order to allow  
20 podiatrists, you, if you wanted to, to assist with the  
21 COVID-19 response effort.

22 I think it is important to note that underlying  
23 that Executive Order is a recognition that there are  
24 certain groups of health care practitioners, among  
25 them podiatrists, that are not only well-trained in

1 their respective fields, of course, but also have a  
2 variety of skill sets to be useful in other areas  
3 outside their defined scopes of practice.

4       In that Executive Order, the practitioners  
5 identified by the administration have what they felt  
6 was a breadth of skills that in turn could provide a  
7 significant boost to the frontline health care  
8 workforce; and for podiatrists, that expanded scope  
9 that the Governor authorized, "assisting of triage  
10 support, the treating of injuries and wounds, and  
11 medical management not limited to just a patient's  
12 legs and feet but extending to all body parts."

13       That's, of course, as long as any expanded  
14 duties are consistent with the podiatrist's individual  
15 level of education, training, experience, etc. So,  
16 all of that is actually the long way of saying we  
17 wanted to formally convey our gratitude and say thanks  
18 to you and to all licensed podiatrists for your  
19 valuable contributions, particularly during the  
20 pandemic, but on an everyday basis as well.

21 [END OF REQUESTED VERBATIM]

22

\*\*\*

23 [Chairman Weber stated all podiatrists keep their  
24 diabetic patients and patients with circulatory and  
25 endocrine issues alive and out of the emergency room



1 and hospital.

2 Chairman Weber noted appreciation for the  
3 citation and proclamation but questioned whether there  
4 was a way to have the proclamation listed as podiatric  
5 medical physicians.

6 Mr. Farrell commented that a legislative change  
7 would be required.

8 Dr. Greenberg questioned whether the State Board  
9 of Podiatry could propose podiatric medical physician  
10 for legislative consideration and suggesting sending a  
11 letter to Commissioner Johnson.

12 Mr. Suter suggested working through the  
13 Commissioner's Office but noted that the Department of  
14 State, as a whole, puts legislation forward. He  
15 stated it is not in the Board's authority under their  
16 act, and the Board can express what they are thinking  
17 but cannot vote or take official action. He suggested  
18 contacting legislators as individual professional  
19 members but not in their official capacity as a Board  
20 member.

21 Commissioner Johnson commented that Chairman  
22 Weber had very eloquently raised this issue  
23 historically. He suggested stakeholders reach out to  
24 the administration on behalf of their members to the  
25 respective elected officials. He mentioned colleagues

1 in the respective oversight committees in the Senate  
2 and House could be a conduit to provide that advocacy.

3 Commissioner Johnson noted the importance of the  
4 collective will of the regulated community to put  
5 enough pressure on the legislature and then leaving it  
6 up to the lobbyists in the respective associations who  
7 have much more experience and skill.

8 Commissioner Johnson stated he will work with Mr.  
9 Farrell through the Governor's Policy Office and  
10 legislative affairs to give those concerns to  
11 colleagues in the House and Senate.

12 Dr. Greenberg mentioned that the letter should  
13 include administrative and health care billing and  
14 other matters. He mentioned remote areas in  
15 Pennsylvania, where there are certain wound care  
16 services that have to be written by a physician and  
17 are refused by a podiatrist because of not being on  
18 the list and recognized as a physician. He believed  
19 being recognized as a physician is very important to  
20 the health and safety of the citizens of Pennsylvania.

21 Mr. Suter will prepare a draft letter for the  
22 Board to vote on at the next meeting.

23 Chairman Weber thanked Mr. Farrell for the  
24 proclamation presentation.]

25

\*\*\*

1 Report of Board Counsel

2 [Kenneth J. Suter, Esquire, Board Counsel, noted the  
3 Bureau of Professional and Occupational Affairs  
4 Recusal Guidelines for the Board's review. He  
5 explained recusal as an individual not being part of  
6 the Board for consideration of a matter.

7 Mr. Suter provided an overview of mandatory,  
8 strongly suggested, discretionary, and uncertain  
9 recusals. He encouraged members to consult with him  
10 if any issues arise.]

11 \*\*\*

12 Report of Regulatory Counsel

13 [Kenneth J. Suter, Esquire, Board Counsel, referred to  
14 House Bill 2636 regarding the Health Care Practitioner  
15 Non-compete Agreement Act for the Board's review. He  
16 referred to Section 4(a), where a covenant not to  
17 compete is deemed contrary to public policy and is  
18 void and unenforceable to the extent the covenant not  
19 to compete restricts movement of health care  
20 practitioners or a health care practitioner from  
21 practicing within a geographic area.

22 Mr. Suter referred to Section 4(b) regarding  
23 notification and limitations, where any change in  
24 scope of practice, new compact information of the  
25 health care practitioner, or new employer health care

1 practitioner can only be provided to patients.

2 Mr. Suter referred to Section 5, where it is the  
3 duty of the employer and requires the employer within  
4 a reasonable period of time after written notice of  
5 the health care practitioner who intends to separate  
6 from the employer that all contact information and  
7 existing electronic medical records be made available  
8 to the health care practitioner. He stated it was  
9 referred to the House Professional Licensure Committee  
10 on June 29 but had not gone anywhere yet.

11 Mr. Farrell commented that they will adjourn in a  
12 couple months for sine die and believed the bill would  
13 not have time even if being pushed.

14 Mr. Suter explained that sine die happens every 2  
15 years at the end of November and is where all  
16 legislation dies and needs to be reintroduced.

17 Mr. Suter addressed Act 53 of 2020 and provided a  
18 copy of Act 53 for the Board's review. He stated the  
19 overall scope of Act 53 is how boards and commissions  
20 consider criminal convictions for applicants and  
21 disciplinary procedures. He noted a lot of it is  
22 already existing law that was codified by reorganizing  
23 existing law. He mentioned § 3112 through § 3118 are  
24 new and applies to issuance of a license and  
25 disciplinary proceedings but does not take effective

1 for 180 days.

2 Mr. Suter noted the importance of the definition  
3 of "directly relates," which is the nature of the  
4 criminal conduct for which the person was convicted  
5 has a direct bearing on the fitness or ability to  
6 perform one or more of the duties or responsibilities  
7 necessarily related to the profession, trade, or  
8 occupation for which the individual seeks licensure.

9 Mr. Suter referred to § 3112.1 regarding  
10 restrictive licenses for other occupations, noting it  
11 does not apply to the Podiatry Board because the Board  
12 issues one license.

13 Mr. Suter referred to § 3113 regarding  
14 Consideration of criminal convictions, where the Board  
15 has to follow the procedures in this section when  
16 determining whether an individual with a criminal  
17 conviction qualifies for a license from the Board. He  
18 stated the Board shall not consider good moral  
19 character, crimes of moral turpitude, ethical, or  
20 honest practice.

21 Mr. Suter noted the need to first determine  
22 whether the criminal conviction directly relates to  
23 the occupation and then look at the schedule of  
24 offenses developed by the Board in conjunction with  
25 the commissioner. He commented that offenses on the

1 list are considered a legal rebuttable presumption and  
2 a risk to health and safety.

3 Mr. Suter also addressed individualized  
4 assessment, where the board or commission shall  
5 conduct an individualized assessment of the individual  
6 with respect to criminal convictions and  
7 rehabilitation.

8 Mr. Suter noted a licensing Board may not issue a  
9 license, registration, certificate, or permit or  
10 otherwise allow an individual to practice as a health  
11 care practitioner if the individual had been convicted  
12 of a sexual offense.

13 Mr. Suter addressed crimes of violence, where the  
14 Board can grant a license if it is a crime of violence  
15 but 3 years have elapsed since the release from  
16 incarceration or three years since imposition of  
17 sentence and remained free of conviction from that 3-  
18 year period and then the Board has to do the  
19 individualized assessment and determine the person is  
20 not a risk to public health and safety of patients.

21 Mr. Suter addressed drug trafficking offenses.

22 Mr. Suter referred to § 3114 concerning juvenile  
23 adjudications, noting the Board is prohibited from  
24 considering those.

25 Mr. Suter referred to § 3115 regarding preliminary

1 determinations, where individuals can pay a \$45 fee  
2 and contact the Board if they cannot tell whether or  
3 not they can receive a license. He stated the Board  
4 must issue a preliminary determination within 45 days  
5 as to whether or not the Board thinks the crime  
6 directly relates to the profession. Mr. Suter noted  
7 he would be making the decision on behalf of the  
8 Board.

9 Mr. Suter mentioned that the wording for this is  
10 confusing in the act where it reads, if a preliminary  
11 determination is issued, it is not final or binding  
12 and then states in subsequent provisions that  
13 determination shall be binding.

14 Mr. Suter referred to § 3116, where a guide of  
15 best practices regarding criminal convictions must be  
16 developed by the state through the Commissioner's  
17 Office. Mr. Suter will provide a preliminary list  
18 that he developed to the commissioner who will then  
19 consult with the Board.

20 Mr. Suter referred to § 3117 regarding the list of  
21 criminal offenses, where the commissioner, in  
22 consultation with the board and public, must publish a  
23 list in the *Pennsylvania Bulletin*.

24 Mr. Suter addressed the proposed annex for Act 41  
25 regarding licensure by endorsement for an individual

1 licensed in another jurisdiction. He stated the  
2 individual has to be licensed in another jurisdiction,  
3 be in good standing, and meet their traditional  
4 licensure requirements.

5 Mr. Suter stated the other jurisdiction's current  
6 licensing laws have to be substantially equivalent to  
7 what is required for licensure in the commonwealth,  
8 and the burden of proof is on the person seeking the  
9 license.

10 Mr. Suter noted the Board had the choice of  
11 selecting a person has practiced 2 of the last 5 years  
12 prior to the application or the individual has  
13 completed continuing education to prove competency.  
14 He noted the Board previously selected experience,  
15 where the individual practiced 2 of the last 5 years  
16 immediately preceding their application and also  
17 required the licensee to pass all parts of the  
18 National Board Examination.

19 Mr. Suter informed the Board that regulatory  
20 counsel had a concern with the requirement of passing  
21 all of the parts of the national exam with the  
22 requirement of practicing 2 of the last 5 years  
23 because there was already an analysis that it was  
24 substantially equivalent. He mentioned this may be an  
25 obstacle of getting this through the Governor's Office



1 because it goes against the intent of Act 41, which is  
2 to get people licensed in Pennsylvania.

3 Mr. Suter mentioned that the Board of Osteopathic  
4 Medicine changed their language to read, practiced 2  
5 of the last 5 years preceding the application "or"  
6 passed the national examination within 3 years prior  
7 to the application.

8 Mr. Farrell suggested it to read, 2 of the last 5  
9 years or CE or have passed the national exam. He  
10 explained that somebody who is a year out of school  
11 and licensed in some other state cannot use 2 out of 5  
12 years because they have not been licensed for more  
13 than 1 year.

14 Mr. Farrell addressed the obstacles of requiring  
15 2 of the last 5 years and the exam. He does not  
16 believe that is something the Governor's Policy Office  
17 would like, especially if they already established  
18 substantial equivalency with their home state's laws  
19 and regulations.

20 Mr. Suter referred to Section 6.1(a) (2)  
21 regarding competency and questioned whether the Board  
22 would like to keep it the way it is on the agenda and  
23 if they want to limit how long ago they passed the  
24 national board exam.

25 Mr. Suter explained that those who have

1 maintained a license for 2 of the last 5 years  
2 immediately preceding the application are felt to have  
3 had continuing education or passed the national board  
4 exam. He mentioned that somebody who passed the exam  
5 5 years ago but have not practiced anywhere in the  
6 past 5 years would still qualify for licensure by  
7 using "or."

8 Chairman Weber mentioned considering individuals  
9 on a case-by-case basis to be fair to the individual  
10 and for the benefit of the public.

11 Mr. Suter addressed provisional licensure, where  
12 the Board can grant a provisional license for a year  
13 while the individual is completing Pennsylvania  
14 requirements but still coming from a jurisdiction that  
15 is substantially equivalent.

16 Chairman Weber suggested pushing the issue back  
17 till the next meeting, so the Board can review the act  
18 and be better equipped for discussion.

19 Mr. Suter stated he would need a guideline to  
20 follow in the meantime for licensure by endorsement  
21 requests.

22 Dr. Paris suggested leaving things status quo for  
23 licensure by endorsement requests till the next  
24 meeting.

25 Mr. Suter will use both requirements if any

1 applications are received, and Mr. Hollinger will put  
2 Act 41 on the agenda for the next meeting.

3 Mr. Suter addressed proposed rulemaking 16A-4417  
4 regarding continuing education. He noted PPMA  
5 comments, the Independent Regulatory Review Commission  
6 (IRRC) comments, and others.]

7

\*\*\*

8 Pennsylvania Podiatric Medical Association  
9 Presentation

10 [Michael Davis, Executive Director, Pennsylvania  
11 Podiatric Medical Association, referred to the  
12 previous discussion concerning podiatric medical  
13 physicians, stating that the definition of physician  
14 in Pennsylvania is contained in the Statutory  
15 Construction Act and is defined as a medical doctor  
16 (MD) or doctor of osteopathic medicine (DO).

17 Mr. Davis informed the Board of five current  
18 House bills connected with Medicaid that are in the  
19 House with amendments to those House bills being  
20 introduced by Representative Gaydos, which define  
21 doctors of podiatric medicine (DPMs) as physicians for  
22 purposes of the Human Services Code. He stated would  
23 solve the Section 607 Affordable Care Act (ACA) issue  
24 on the ability to prescribe home health care and wound  
25 care.

1 Sabrina Minhas, DPM, President, Pennsylvania  
2 Podiatric Medical Association, addressed the proposed  
3 regulatory amendments published by Board, noting  
4 strong objections to three of the proposed amendments.

5 Dr. Minhas discussed the amendment allowing 10  
6 continuing medical education (CME) hours through the  
7 reading of professional journals. She referred to a  
8 letter from the American Podiatric Medical Association  
9 concerning the issue and read the letter to the Board.

10 Dr. Minhas addressed the elimination of face-to-  
11 face instruction. She stated the proposed regulation  
12 was reviewed by the Independent Regulatory Review  
13 Commission (IRRC) but believed that IRRC's financial  
14 analysis was erroneous.

15 Dr. Minhas stated the objection to the amendment  
16 involves the quality of online education versus the  
17 quality of face-to-face education. She noted Dr. Jane  
18 Pontious, Clinical Professor, Temple University School  
19 of Podiatric Medicine, submitted a letter to IRRC  
20 addressing this issue. Dr. Minhas read the letter to  
21 the Board.

22 Dr. Minhas addressed the reduction of CME hours  
23 from 50 to 45. She noted PPMA considers CMEs to be an  
24 integral component of a podiatric physician's annual  
25 duty to stay current and maintain their level of

1 competence. She stated PPMA's position is that  
2 constant exposure to continued learning and peer  
3 interaction promotes the podiatric physician's ability  
4 to benefit patients.

5 Dr. Minhas stated IRRC's Regulatory Analysis Form  
6 (RAF) repeatedly relies on a small business cost of  
7 goods equation in its analysis. She commented that  
8 the proposed regulations are not in the best interest  
9 of patients, and IRRC's analysis and conclusions are  
10 not related to the field conditions of the profession.

11 Dr. Minhas recommended the Board not vote to  
12 change the sections which diminish the number of  
13 hours, eliminate face-to-face meetings, and allow  
14 journal hours which are not recognized by our Council  
15 on Podiatric Medical Education.

16 Dr. Minhas requested that allowable online  
17 education be recognized by CPME. She noted this is an  
18 objective recognition of education relevance and its  
19 eliminated company and product-driven online  
20 "educational" programs, which have flourished under  
21 COVID-19.

22 Dr. Minhas stated the PPMA Board recognizes  
23 today's field conditions driven by COVID-19 and would  
24 not object to the Governor's extension of a waiver of  
25 internet-based allowances into the next licensing term

1 but would urge that the waiver term be linked to the  
2 crisis term of this pandemic.

3         John Mattiacchi, DPM, Secretary, Pennsylvania  
4 Podiatric Medical Association, referred to the  
5 proposed reduction of continuing education hours from  
6 50 to 45. He stated mandatory things like opioid and  
7 child abuse should be in addition to the 50 hours for  
8 a podiatric license and lowering educational  
9 requirements seems ludicrous.

10         Dr. Mattiacchi commented that podiatrists save a  
11 great deal of money in the health care delivery system  
12 and believed it would diminish the credibility  
13 achieved over the years in reference to learning and  
14 schools. He noted taking pride in Temple University  
15 and hopes to be the one to set the standards for  
16 podiatric education. He believed a decision to reduce  
17 CE hours to 45 or permitting students or doctors to  
18 read journals is ludicrous.

19         Dr. Mattiacchi noted students are noncompliant  
20 and grades on testing have been lowered by going  
21 virtual due to the pandemic. He reported that most  
22 graduates in the last 10 years have not gone into solo  
23 business practices but become hospital podiatrists and  
24 join orthopedic surgeon groups and allopathic and  
25 osteopathic medicine, and insurance programs that pay

1 for their CMEs.

2 Dr. Mattiacchi believed the quality of the  
3 podiatric profession will decline and not have the  
4 same standards by going online and including journals  
5 regarding credits.

6 Mr. Suter clarified that he provided information  
7 that he thought was the position of the Board, so it  
8 is not fair to say IRRC analyzed something a certain  
9 way.

10 Mr. Suter questioned whether PPMA prefers and  
11 proposes the whole professional journal provision be  
12 deleted.

13 Dr. Mattiacchi commented that everyone should  
14 follow what the Council of Podiatric Medical Education  
15 and APMA suggests and recommended eliminating random  
16 reading of journals and giving credit.

17 Chairman Weber commented that he is not in favor  
18 of the journals because a lot of the people who write  
19 some of the articles are funded by different  
20 organizations and pharmaceutical companies, and  
21 somebody has to be really astute to pick out what is  
22 correct.

23 Dr. Paris reported MDs need 100 credits every 2  
24 years but 80 of those credits could be Category 2,  
25 which include reading authoritative medical literature

1 that do not need to be approved by an accredited  
2 provider.

3 Mr. Suter questioned what PPMA is recommending in  
4 terms of internet hours.

5 Dr. Mattiacchi recommended a disclaimer, where  
6 someone could get a break if they do not have enough  
7 hours. He stated increasing online hours does nothing  
8 to the quality of education or to enhance the  
9 podiatric profession

10 Dr. Minhas commented that PPMA's position is to  
11 stay with the current 10 hours that are not face-to-  
12 face lectures.

13 Dr. Minhas noted that PPMA currently offers 10  
14 credits that can be done online but does not want 100%  
15 online and is willing to negotiate that number.

16 Mr. Suter explained the process of how a  
17 regulation is enacted, stating that the proposed  
18 regulation is currently in the public comment period.  
19 He mentioned that any of the language in the proposed  
20 regulation could be changed for final regulation or  
21 abandoned.

22 Chairman Weber suggested no journals and having  
23 50 credits at 25-25 and 4 years from now, 60 credits  
24 at 30-30.

25 Mr. Suter noted that a staggered increase or



1 decrease down the road is possible, but it would not  
2 be able to be put into a regulation for a trial period  
3 of 4 years and not have direction.

4 Dr. Paris commented that he is in favor of moving  
5 forward with the regulation as written and giving  
6 people a choice. He mentioned the possibility of this  
7 enhancing the quality of in-person education because  
8 organizations will be keeping the bar high with good  
9 topics for those who want to travel and offer online  
10 for those who do not.

11 Dr. Minhas questioned whether the online courses  
12 would be accredited by CPME or some agency to ensure  
13 quality.

14 Mr. Suter referred to the proposed regulation at  
15 § 29.61(a)(1), where at least 30 clock hours must be  
16 in courses and programs in podiatry approved by the  
17 Board or approved by the Council of Podiatric Medical  
18 Education. He stated the Board has a committee that  
19 reviews applications and then makes a recommendation  
20 to the Board, and they use their regulations to  
21 determine if it meets the criteria.

22 Dr. Minhas expressed concern of individuals  
23 signing in to watch a video and not actually watching  
24 compared to showing up to a lecture, noting both sides  
25 can be argued and is willing to increase the current

1 10 to 15.

2 Dr. McCaughan questioned whether PPMA stands to  
3 be negatively impacted financially by the removal of  
4 the face-to-face lecture requirement.

5 Mr. Davis commented that one of the two online  
6 libraries for CMEs are approved by CPME, and PPMA also  
7 runs four seminars. He noted the possibility of being  
8 harmed, but it is not going to drive them out of  
9 business.

10 Dr. Paris stated the national and world trend is  
11 toward rapidly advancing health information technology  
12 with a trend toward remote monitoring and learning.  
13 He reported that Pennsylvania is one of eight states  
14 that allow 20% or less of their credits online with  
15 the majority of states allowing all of them online,  
16 which is the direction the medical field is heading  
17 toward. He commented that MDs and DOs are able to get  
18 all of their credits online in Pennsylvania and does  
19 not see any valid argument against allowing licensees  
20 to get CEs on online.]

21

\*\*\*

22 DR. PARIS:

23 I make the motion to keep the credits at  
24 50 instead of changing them to 45.

25 DR. MCCAUGHAN:

1 I second the motion.

2 MR. SUTER:

3 Any discussion?

4 [The Board discussed the motion.]

5 CHAIRMAN WEBER:

6 It is going to have to be a vote.

7

8 Dia, aye, 50; Mike, aye; Melissa, 50;

9 Chairman Weber, 50.

10 [The motion carried. Dr. Greenberg recused himself  
11 from voting on the motion.]

12 \*\*\*

13 Mr. Suter addressed internet hours, where  
14 individuals are currently allowed 10 hours. He stated  
15 under the proposal, an individual could get all of  
16 their hours on the internet but requires a skills  
17 assessment as part of that.]

18 \*\*\*

19 DR. PARIS:

20 I make a motion to keep that as drafted.

21 MR. SUTER:

22 As drafted, at least 30 clock hours must  
23 be in courses and programs in podiatry  
24 approved by the Board or approved by  
25 CPME. The remaining clock hours must be

1 in courses and programs in medical  
2 subjects pertinent to the practice of  
3 podiatry approved by the American Medical  
4 Association, American Osteopathic  
5 Association, the Board or CPME, or  
6 offered by an accredited school or  
7 college of podiatric medicine.

8 The motion is to keep it as drafted  
9 in the existing annex. In other words,  
10 an individual could get all of their  
11 credits online with the provisions that I  
12 read to you.

13 DR. MCCAUGHAN:

14 I second it.

15 CHAIRMAN WEBER:

16 We will go to the vote.

17

18 Dia, yes, Mike, yes; Melissa, yes.

19 Chairman Weber was not in favor of 50.

20 [The motion carried. Chairman Weber opposed the  
21 motion.]

22

\*\*\*

23 MR. SUTER:

24 The language with the professional  
25 journals was that too much of it got

1 deleted. I would like to entertain a  
2 motion that a maximum of 10 clock hours  
3 in approved courses and programs that  
4 involve the use of reading professional  
5 journals.

6 If you are going to skip to allowing  
7 the professional journals because there  
8 was a whole discussion on whether that  
9 should be allowed at all, and if we are  
10 going to go with the professional  
11 journals, I think it is important to put  
12 that language back into the regulation  
13 that is now deleted.

14 Is there a motion one way or the  
15 other about professional journals?

16 CHAIRMAN WEBER:

17 Could we kindly have somebody make a  
18 motion, please?

19 DR. PARIS:

20 I'll make that motion.

21 CHAIRMAN WEBER:

22 Someone to second, please?

23 DR. MCCAUGHAN:

24 I'll second the motion.

25 CHAIRMAN WEBER:

1 Are you in favor of the journals or not  
2 in favor?

3  
4 Dia, yes, Mike, yes; Melissa, yes;  
5 Chairman Weber, no.

6 [The motion carried. Chairman Weber opposed the  
7 motion.]

8 \*\*\*

9 Mr. Suter referred to 16A-4417 regarding  
10 continuing education comments from the proposed  
11 regulation. He explained the Board must respond to  
12 all of the comments when finalizing the preamble. He  
13 presented a question from IRRC in reference to the  
14 American Podiatry Association being outdated. The  
15 Board corrected the language to the American Podiatric  
16 Medical Association.]

17 \*\*\*

18 Report of Board Administrator

19 MR. SUTER:

20 As a result of discussion in Executive  
21 Session, the Board will entertain a  
22 motion to approve the Application of  
23 Christopher R. Dreikorn, D.P.M.

24 DR. GREENBERG:

25 I make a motion to approve.

1 CHAIRMAN WEBER:

2                   Could I have someone second?

3 MS. HALUSZCZAK:

4                   I'll second.

5 CHAIRMAN WEBER:

6                   All in favor? Anyone decline?

7 [The motion carried unanimously.]

8   \*\*\*

9 Continuing Education Program Approval

10 MR. SUTER:

11                   We are going to deal with items 12 and 13  
12                   together on the agenda. These are both  
13                   continuing education program approval  
14                   items from Jefferson Health Northeast  
15                   Podiatry Grand Rounds for August 5, 2020  
16                   and October 29, 2020.

17                   As a result of discussions in  
18                   Executive Session, the Board will  
19                   entertain a motion to approve both of  
20                   these items.

21 CHAIRMAN WEBER:

22                   Could I entertain a motion?

23 DR. GREENBERG:

24                   I vote in favor of it.

25 CHAIRMAN WEBER:

1                   Could I have someone second the motion,  
2                   please?

3 DR. PARIS:

4                   I'll second.

5 CHAIRMAN WEBER:

6                   All in favor? Anybody decline?

7 [The motion carried unanimously.]

8   \*\*\*

9 Report of Board Chair

10 [Robert B. Weber, D.P.M., Chairman, addressed the  
11 current difficult times physically, emotionally, and  
12 psychologically due to COVID-19 with loss of life and  
13 economic struggles. He commented that he asks all of  
14 his patients if they are having anxiety or depression  
15 issues and refers them to their family physician. He  
16 wished everyone's families and patients well.]

17   \*\*\*

18 Report of Commissioner - No Report

19   \*\*\*

20 For the Board's Information/Discussion - Meeting Dates

21 [Robert B. Weber, D.P.M., Chairman, noted 2020 and  
22 2021 Board meeting dates.]

23                   Dr. Paris questioned whether the virtual  
24 technology is available in Harrisburg if somebody  
25 could not attend the meeting or whether that requires



1 special work.

2 Mr. Suter explained that the Board is working  
3 under waivers and such, and there would need to be an  
4 amendment to the act. He stated a member may not be  
5 counted as part of a quorum or vote on any issue  
6 unless he or she is physically in attendance at the  
7 meeting.

8 Mr. Hollinger noted updated numbers regarding  
9 2018 and 2019 license counts for the Board's review.]

10 \*\*\*

11 For the Board's Information/Discussion - Old/New  
12 Business

13 [Kenneth J. Suter, Esquire, Board Counsel, referred to  
14 correspondence concerning the American Podiatric  
15 Medical Licensing Examination (APMLE) Clinical Skills  
16 Patient Encounter (CSPE) Part II for the Board's  
17 information. He noted examinations are being delayed  
18 until October 1, 2020 and extend through February  
19 2021. He also noted candidates from the class of 2021  
20 will be permitted to attempt Part III regardless of  
21 their status in Part II CSPE.]

22 \*\*\*

23 Miscellaneous - Election of Officers

24 DR. GREENBERG:

25 I nominate Dr. Weber for Board chair.

1 DR. PARIS:

2 Second.

3 MR. SUTER:

4 Any other nomination for chair? Does  
5 somebody want to make a motion that  
6 nominations be closed?

7 MS. HALUSZCZAK:

8 I make a motion that nominations be  
9 closed.

10 MR. SUTER:

11 Is there a second to that?

12 DR. GEENBERG:

13 Second.

14 MR. SUTER:

15 All those in favor of Dr. Weber serving  
16 another term, please signify by saying  
17 aye. All those opposed? Abstentions?

18

19 [The motion carried unanimously.]

20

\*\*\*

21 CHAIRMAN WEBER:

22 I'd like to have a motion for vice chair.

23 DR. GREENBERG:

24 I make a motion for Mike Paris as vice  
25 chair.

1 CHAIRMAN WEBER:

2                   Second, please?

3 MS. HALUSZCZAK:

4                   I second the motion.

5 CHAIRMAN WEBER:

6                   All in favor?

7 [The motion carried unanimously.]

8   \*\*\*

9 CHAIRMAN WEBER:

10                   Secretary?

11 DR. PARIS:

12                   I'd like to nominate Dr. Greenberg for  
13                   secretary.

14 CHAIRMAN WEBER:

15                   Second?

16 DR. MCCAUGHAN:

17                   I'll second that nomination.

18 CHAIRMAN WEBER:

19                   All in favor?

20 [The motion carried unanimously.]

21   \*\*\*

22 [Robert B. Weber, D.P.M., Chairman, thanked the Board  
23 for his placement as chairman and appreciates their  
24 support.]

25   \*\*\*

1 Adjournment

2 DR. PARIS:

3 Motion to adjourn?

4 DR. WEBER:

5 Second.

6 [The motion carried unanimously.]

7 \*\*\*

8 [There being no further business, the State Board of  
9 Podiatry Meeting adjourned at 3:22 p.m.]

10 \*\*\*

11

12 CERTIFICATE

13

14 I hereby certify that the foregoing summary  
15 minutes of the State Board of Podiatry meeting, was  
16 reduced to writing by me or under my supervision, and  
17 that the minutes accurately summarize the substance of  
18 the State Board of Podiatry meeting.

19

20

21



22

Morgan McKendrick,

23

Minute Clerk

24

Sargent's Court Reporting

25

Service, Inc.

STATE BOARD OF PODIATRY  
REFERENCE INDEX

August 19, 2020

	TIME	AGENDA
1		
2		
3		
4		
5		
6		
7		
8		
9	9:15	Executive Session
10	10:30	Return to Open Session
11		
12	10:32	Official Call to Order
13		
14	10:32	Approval of Minutes
15		
16	10:33	Report of Prosecutorial Division
17		
18	10:46	Report of Board Counsel
19		
20	11:02	Report of Regulatory Counsel
21		
22	11:30	Appointment - Marc Farrell, Deputy
23		Policy Director, Department of State
24		
25	11:53	Report of Board Counsel (cont.)
26		
27	11:57	Report of Regulatory Counsel
28		
29	1:06	Pennsylvania Podiatric Medical
30		Association Presentation
31		
32	2:59	Report of Board Administrator
33		
34	3:00	Continuing Education Program Approval
35		
36	3:02	Report of Board Chairman
37		
38	3:04	For the Board's Information
39		
40	3:12	Miscellaneous
41		
42	3:22	Adjournment
43		
44		
45		
46		
47		
48		
49		
50		