

**NEW JERSEY BOARD OF MEDICAL EXAMINERS
PHYSICIAN ASSISTANT ADVISORY COMMITTEE
HUDSON CONFERENCE ROOM
PUBLIC SESSION MINUTES
MAY 18, 2007**

FINAL

The May meeting of the Physician Assistant Advisory Committee was convened in accordance with its notice to the Secretary of State, the Bergen Record, the Trenton Times, Star Ledger and Courier Post and was conducted in accordance with the provisions of the Open Public Meeting Act.

PRESENT: George Argast Dr. Jeffrey Berman Todd Newman Claire O'Connell Jeffrey Maas

Also in attendance: Dorcas K. O'Neal, Executive Director, Debra Levine, Deputy Attorney General and Kathleen Griffith, Staff.

I. APPROVAL OF MINUTES

a. The Committee reviewed the Public Session Minutes for March 16, 2007. The following redaction was made. On Page 4, Item d, paragraph 5, Line 1, after physician add "assistant". On a motion by Claire O'Connell, seconded by Jeffrey Maas, the minutes were unanimously approved as redacted.

II. NEW BUSINESS

a. The Committee reviewed an e-mail from Joanne Adam, University of Medicine and Dentistry, Robert Wood Johnson University, Orthopaedic Group, inquiring as to whether in a trauma bay or emergency room a physician assistant can append modifier 57 to the consultation code indicating that his/her consultation resulted in the reason for surgery and whether in the emergency room a physician assistant can charge for both the consultation and reduction of the fracture.

The Committee determined that, pursuant to N.J.A.C. 13:35-2B.4, Scope of Practice, a physician assistant may perform a consultation. As to whether a physician assistant can charge for both the consultation and reduction of the fracture, is not within the jurisdiction of the Committee and querist will be advised that she should contact the insurance carrier.

b. The Committee reviewed a fax from Alberina Schiavo, Practice Manager, RDI, inquiring as to whether physician assistants can perform fluoroscopic tests and the following procedures: needle biopsies, and angiography, inserting and removing central and peripheral venous catheters, providing initial interpretations of studies, paracentesis, thoracentesis, abscess drainages, lumbar punctures, arthrograms and myelograms.

The Committee determined that pursuant to N.J.S.A. 26-2D-24 et seq., Radiologic Technologist Act, only a licensed practitioner or a licensed radiologic technologist are permitted to operate x-ray equipment. Licensed practitioner, as defined in the Act, does not include the practice of physician assistants. Therefore, a physician assistant may not perform fluoroscopic tests and angiography, as these are considered radiographic procedures and certification by the Department of Environmental Protection, Division of Environmental Safety, Health and Analytical Programs, Radiation Protection Program is required.

Pursuant to N.J.A.C. 13:35-2B.4 (b) Scope of Practice, a licensee who has complied with the provisions of N.J.A.C. 13:35-2B3, Practice Requirements may perform the following procedures provided the procedures are within the training and experience of both the supervising physician and the physician assistant, only when the supervising physician directs the licensee to perform the procedures or orders or prescribes the procedures, or the procedures are specified in a written protocol approved by the Board.

Therefore, a physician assistant may perform needle biopsies, inserting and removing central and peripheral venous catheters, providing initial interpretations of studies, paracentesis, thoracentesis, abscess drainages, lumbar punctures, arthrograms and myelograms. Mr. Schiavo will be so advised.

c. The Committee reviewed a fax from Brian Policastro, PA-C, inquiring as to whether a physician assistant can function on an EMS Task Force Disaster Medical Team.

The Committee determined that pursuant to N.J.A.C. 13:35-2B.10 (a) and (b) 1 and 2 Supervision. a. A physician assistant shall engage in practice only under the direct supervision of a physician.

b. The physician assistant shall not render care unless the following conditions are met:

1. In an inpatient setting, the supervising physician or physician designee is continuously or intermittently present on-site with constant availability through electronic communications for consultation or recall;
2. In an outpatient setting, the supervising physician or physician designee is constantly available through electronic communications for consultation or recall;

Further, the Physician Assistant Advisory Committee cannot make comment on State and/or Federal disaster task force teams. Mr. Policastro will be so advised.

d. The Committee reviewed a fax from James Lynch, PA-C, inquiring as to whether physician assistant can perform the following aesthetic procedures: botox, dermal fillers, sclerotherapy and laser hair removal.

The Committee determined that, consistent with the determination made by the Board of Medical Examiners, physician assistants may not perform laser treatments as these procedures are deemed the practice of medicine and may not be delegated to a nurse or any other licensed healthcare professional other than a "physician". However, the Board of Medical Examiners is investigating this latter issue and obtaining opinions from appropriate expert professionals. If the Board promulgates a regulation in this regard, it will be published in the New Jersey Register. Mr. Lynch will be so advised.

e. The Committee reviewed an e-mail with a number of questions from David Treiber, inquiring as to the scope practice specifically supervision and signing of charts. The Committee determined that a letter be sent to Mr. Treiber thanking him for his concerns and advising that a physician assistant works under the supervision of a physician. The law does not require that a physician be physically present but the supervising physician must sign off on the physician assistant charts. A copy of the regulations which govern the practice of physician assistants in the State of New Jersey will be enclosed.

f. The Committee reviewed a fax from Victoria Schwartz inquiring as to whether the Committee can alter the supervisory ratios .

The Committee determined that presently pursuant to N.J.A.C. 13:35-2B.10 (b), 5 i and ii, the following supervisory ratios are met: i. In a private practice which is not hospital based or institutionally affiliated, no more than two physician assistants to one physician at any one time, ii. In all other settings, no more than four physician assistants to one physician a any one time. Further, to alter the current ratio, the Committee is requesting that Ms. Schwartz submit the following information: 1) The specialty of the practice;

2) Average number of patients seen per day and per week in the practice;

3) Number of treatment rooms;

4) Average patient wait period;

5) Regular office hours;

6) Statistical treatment data from May 2006 to May 2007;

7) Time spent with each patient;

8) Percentage of medicaid patients;

9) Percentage of practice that is clinically based;

10) Number of patients seen by each of the the two physician assistants per diem/per week, and

11) Reason for requesting a third physician assistant at this time.

This matter will be reagendaized upon receipt of a response from Ms. Schwartz.

g. The Committee reviewed a fax from Don Metzler, Investigator, State Farm Indemnity Company inquiring as to whether a physician assistant can perform trigger point injections and if so, whether the supervising physician must be present either in the room or building. The Committee determined that the regulations which govern the practice of physician assistants in the State of New Jersey be sent to Mr. Metzler for his perusal.

h. ELECTION OF OFFICERS

Dorcas O'Neal, Executive Director, opened the floor for nomination of President, George Argast was nominated by Todd Newman. Executive Director O'Neal asked if there were any other nominations. Hearing none, the nominations were closed. On a motion by Claire O'Connell seconded by Todd Newman, George Argast was unanimously elected President.

Executive Director, O'Neal, opened the floor for nomination of Vice President, Todd Newman was nominated by Jeffrey Maas. Executive Director O'Neal asked if there were any other nominations. Hearing none, the nominations were closed. On a motion by Jeffrey Maas seconded by Claire O'Connell, Todd Newman was unanimously elected Vice President.

i. The Committee reviewed a letter from Dr. John Napoli, inquiring as to whether 1) a physician assistant can make rounds and write orders on inpatients in the hospital without the supervising physician being in attendance and if so, what is the time frame before the supervising physician needs to countersign the order. 2) whether regarding the above scenario, the supervising physician must also examine the patient and make an entry in the chart or whether a countersignature is sufficient; 3) whether a physician assistant can take "Night Call" for a supervising physician, give telephone orders and overall manage inpatients if the supervising physician reviews and countersigns the orders the next morning. 4) whether a physician assistant can function in the role of a "covering physician" until the supervising physician returns as long as there is communication electronically and 5) whether a physician assistant can write medical consults and clear patients for surgery as long as the consult or clearance is countersigned within 24 hours.

The Committee determined as to question 1) and 2) that Dr. Napoli be sent a copy of the regulations.

As to question 3), a physician assistant may take "Night Call" for a supervising physician, but is not deemed to be a "covering physician". A physician may give telephone orders and overall manage inpatients if the supervising physician reviews and countersigns the orders.

As to question 4) pursuant to N.J.A.C. 13:35-2B.10 (a) and (b) 1 and 2 Supervision.

a. A physician assistant shall engage in practice only under the direct supervision of a physician. b. The physician assistant shall not render care unless the following conditions are met:

1. In an inpatient setting, the supervising physician or physician designee is continuously or intermittently present on-site with constant availability through electronic communications for consultation or recall;
2. In an outpatient setting, the supervising physician or physician designee is constantly available through electronic communications for consultation or recall;

Further, a physician assistant may not serve as a covering physician but may serve as a "covering physician assistant". There must be a covering supervising physician. Also, the length of time a physician is not physically present must not be a long period of time, as there must be a reasonable standard of care.

As to question five, physician assistants may clear patients before surgery. Dr. Napoli will be so advised.

IV. REVIEW OF BOARD OF MEDICAL EXAMINERS MINUTES AND AGENDA

- a. The Committee reviewed the Ratified Open Board Minutes for February 14, 2007, from the Board of Medical Examiners, as informational.
- b. The Committee reviewed the Ratified Open Board Minutes Disciplinary- Matters for February 14, 2007, from the Board of Medical Examiners, as informational.
- c. The Committee reviewed the Open Board Agenda for April 11, 2007, from the Board of Medical Examiners, as informational.
- d. The Committee reviewed the Open Board Agenda Disciplinary-Matters, for April 11, 2007, from the Board of Medical Examiners, as informational.
- e. The Committee reviewed the Open Board Minutes for March 14, 2007, from the Board of Medical Examiners, as informational.
- f. The Committee reviewed the Open Board Minutes Disciplinary-Matters for March 14, 2007, from the Board of Medical Examiners, as informational.
- g. The Committee reviewed the Open Board Agenda for May 9, 2007, from the Board of Medical Examiners, as informational.
- h. The Committee reviewed the Open Board Agenda Disciplinary-Matters for May 9, 2007, from the Board of Medical Examiners, as informational.

V. LEGISLATION REGULATION

- a. The Committee reviewed a listing of Assembly and Senate Bills previously reviewed by the Committee, as informational.
- b. The Committee reviewed an e-mail from Maryann Sheehan, Regulatory Analyst advising that the proposal for prescribing controlled dangerous substances (CDS) for physician assistants will be published in the June 4th issue of the New Jersey Register, as informational.

VI. REVENUE REPORT

- a. The Committee reviewed the Revenue Report for March 2007, as informational.
- b. The Committee reviewed the Revenue Report for April 2007, as informational.

There being no other business to come before the Committee in Public Session, on a motion by Todd Newman, seconded by Claire O'Connell, the Public Session was adjourned and the Committee convened in Executive Session for the purpose of receiving counsel, to review one (1) item of new business, six (6) items of old business and six (6) applications.

The Committee reconvened in Public Session. The next scheduled meeting is July 20, 2007. There being no other business to come before the Committee in Public Session, the meeting was adjourned at 12:30 P.M.

Respectfully submitted,
Physician Assistant Advisory Committee

Dorcas Ko. O'Neal
Executive Director