The February 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, the Star Ledger and the Courier Post and was conducted in accordance with the provisions of the Public Meeting Act.

Claire O’Connell called the meeting to order at 9:00 A.M. A roll call was taken and the following attendance was recorded for these minutes.

PRESENT: Claire O’Connell
Dr. Jeffrey Berman
Jeffrey Maas

EXCUSED: George Argast
Todd Newman

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 December 17, 2010. On a motion by Jeffrey Maas, seconded by Dr. Jeffrey Berman, the Committee unanimously agreed that the Minutes be reagendaed for the next meeting.

II. OLD BUSINESS

There were no items of old business.

III. NEW BUSINESS

a. The Committee reviewed a fax from Randy Schwartz, Travelers Investigative Services, Medical Investigative Unit, inquiring as to whether a physician assistant can conduct an
initial examination on a patient and recommend NCV/EMG testing.

It was the consensus of the Committee that pursuant to N.J.A.C. 13:35-2B.4(b) Supervision. A licensee who has complied with the provisions of N.J.A.C. 13:35-2B.3 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.

Further, that the therapeutic plan is a joint relationship between the supervising physician and the physician assistant as the physician assistant has no independent practice. Therefore, there must be appropriate documentation of the examination.

b. The Committee reviewed a fax from Leigh Deveres, Field Investigator, Medical Investigation Group Inc., inquiring as to whether physician assistants may administer epidural/spinal injections or something more akin to a flu shot.

The Committee determined that pursuant to N.J.A.C. 13:35-2B.4 (b) Supervision. A licensee who has complied with the provisions of N.J.A.C. 13:35-2B.3 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.

Further, pursuant to N.J.A.C. 13:35-2B.4(b)6 i and ii, Scope of Practice. Performing other procedures for diagnostic therapeutic or interventional purposes such as, but not limited to, introduction of contrast material for radiologic studies use of endoscopic instruments and aspiration of fluid from joints and body cavities, collection of cerebrospinal fluid, biopsy of tissues, placement of central venous catheters or chest tubes, and endotracheal intubation.

i. The supervising physician or physician designee shall be available on premises for those procedures requiring intravenous or intra-arterial injection of contrast material, endoscopic biopsy of tissue, and elective endotracheal intubation.

ii. The supervising physician shall maintain documentation, or ensure that documentation is maintained evidencing that the physician assistant has the training, experience and proficiency to perform such procedures.

Finally, as to direct supervision, there is no independent practice for physician assistants. Pursuant to N.J.A.C. 13:35-2B.10 (a) and (b) 1 and 2 Supervision. 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.

A letter will be sent to Ms. Deveres so advising along with a copy of the regulations which govern the practice of physician assistants in the State of New Jersey,

c. The Committee reviewed a fax from Lenore Kelly, Director, Medical Staff Office, Bayonne Medical Center, inquiring as to whether physician assistants need to have a Controlled Dangerous Substances (CDS) certificate as well as a Federal (DEA) registration even if they write prescriptions for controlled dangerous substances on an infrequent basis.

The Committee determined that a letter be sent to Ms. Kelly advising that physician assistants who write prescriptions for controlled dangerous substances even if it is on an infrequent basis must have a CDS and DEA registrations. Specifically, pursuant to N.J.A.C. 13:35-2B.12 Requirements for issuing prescriptions for medications; special requirements for issuance of CDS, a physician assistant must comply with these regulations. A copy of the regulations which govern the practice of physician assistants in the State of New Jersey will also be provided.

d. The Committee reviewed a fax from Joy G. Johnson, PA-C, inquiring as to the frequency that the supervising physician must sign the physician assistant notes and requesting more clarity of the guidelines that are stated on the website.

The Committee determined that pursuant to N.J.A.C. 13:35-2B.10(b)4 i. and ii, Supervision. The supervising physician or physician-designee personally reviews all charts and patient records and countersigns all medical orders as follows:

i. In an inpatient setting, within 24 hours of the physician assistants’ entry of the order in the patient record; and

ii. In an outpatient setting, within a maximum of seven days of the physician assistant’s entry of the order in the patient record, except that in the case of any medical order prescribing or administering medication, a physician shall review and countersign the order within 48 hours of its entry by the physician assistant.
A letter along with a copy of the regulations will be sent to Ms. Johnson.

e. The Committee reviewed a fax from Chris Motavalli, PA-C, stating that he works for Seaview Orthopaedics. Within the practice there are six physician assistants supervised by nine physicians. The physician assistants work for each physician and prescribe medications for patients.

Mr. Motavalli is inquiring as to whether physician assistants can write for narcotics on the supervising physician’s prescription pad with the physician assistant signing the prescription and including the physician assistant’s New Jersey license number and DEA number.

The Committee determined that a letter be sent to Mr. Motavalli advising that he must have his own prescription pad in compliance with N.J.A.C. 13:35-2B.12 Requirements for issuing prescriptions for medications; special requirements for issuance of CDS. A letter along with the copy of the regulations will be sent to Mr. Motavalli.

f. The Committee reviewed an e-mail and a brochure from John Savoca, National Sales Manager, High Profile Technologies, regarding Therma Cell Radio Frequency Device 250 for skin tightening with technical specifications. He inquired as to whether physician assistants who are licensed estheticians in the State of New Jersey can operate a Therma Cell Radio Frequency Device.

The Committee determined that it is not in a position to evaluate the product and cannot evaluate whether physician assistants may use the device. The Committee recommends that Mr. Savoca seek legal counsel and have his attorney review the Board of Medical Examiners rules at N.J.S.A. 45-9.2, Chapter 35, the Board of Medical Examiners Policy Statement and the regulations governing physician assistants in the State of New Jersey, which were previously provided for his perusal. Mr. Savoca will be so advised.

IV. REVIEW OF BOARD OF MEDICAL EXAMINERS MINUTES AND AGENDA

a. The Committee reviewed the Ratified Open Board Minutes for November 10, 2010 of the Board of Medical Examiners, as informational.

b. The Committee reviewed the Ratified Open Board Minutes Disciplinary-Matters for November 10, 2010 of the Board of Medical Examiners, as informational.

c. The Committee reviewed the Open Board Agenda for January 12, 2011, of the Board of Medical Examiners, as informational.

d. The Committee reviewed the Ratified Committee Minutes for November 10, 2010, of the Board of Medical Examiners, as informational.
e. The Committee reviewed the Open Board Agenda Disciplinary-Matters for January 12, 2011, as informational.

f. The Committee reviewed the Open Board Agenda for February 9, 2011, of the Board of Medical Examiners, as informational.

g. The Committee reviewed the Open Board Agenda Disciplinary-Matters for February 9, 2011, of the Board of Medical Examiners, as informational.

V. REVENUE REPORT

a. The Committee reviewed the Revenue Report for December, 2010, as informational.

b. The Committee reviewed the Revenue Report for January 2011, as informational.

VI. LEGISLATION/REGULATIONS/REAGENDIZED


a. Summary of Comments and Draft Responses - Scope of Practice and Ratio Amendments by Maryann Sheehan, Regulatory Analyst. REAGENDIZED

The Committee reviewed the 10 comments submitted in response to the proposed amendments to N.J.A.C. 13:35-2B.4 and 2B.10 Scope of Practice and Ratio Amendments. The Committee agreed with the commenters who noted that the proposed amendments to N.J.A.C. 13:35-2B-4 would make the rule inconsistent with the expressed requirements of the Physician Assistant Licensing Act, concerning "facilitating the referral" of patients.

The Committee disagreed with the commenters who suggested that the proposed increase of the supervision ratio to 4 to 1 in N.J.A.C. 13:35-2B.10 is unreasonable, noting that the proposed ratio is consistent with the ratio standards adopted in a majority of other states. The Committee approved the comment summaries and draft responses presented by Regulatory Analyst Maryann Sheehan and voted to recommend that the Board of Medical Examiners adopt the proposed amendments to N.J.A.C. 13:35-2B.10, but decline to adopt the amendments to N.J.A.C. 13:35-2B.4.

On a motion by Jeffrey Maas, seconded by Dr. Jeffrey Berman, the Committee voted to adopt N.J.A.C. 13:35-2B.10.

Physician Assistant Advisory Committee
Public Session Minutes
February 18, 2011-p.5.

6 of 6

There being no other business to come before the Committee in Public Session, on a motion by Drl
Jeffrey Berman, seconded by Jeffrey Maas, the Public Session was adjourned and the Committee convened in Executive Session to review seven (7) items of old business, twelve (12) items of new business, tow (2) items of other business and to review seven (7) applications.

The Committee reconvened in Public Session.

The next scheduled meeting is March 18, 2011. There being no other business to come before the Committee in Public Session, the Public Session was adjourned at 12:00 noon.

Respectfully submitted,
Physician Assistant Advisory Committee

Dorcas K. O’Neal
Executive Director