

**NEW JERSEY BOARD OF MEDICAL EXAMINERS
PHYSICIAN ASSISTANT ADVISORY COMMITTEE
HUDSON CONFERENCE ROOM, 6TH FLOOR
PUBLIC SESSION MINUTES
MARCH 16, 2007**

> FINAL

The March 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.

The meeting was called to order at 9:00 A.M., by Vice Chairman Newman.

PRESENT: Todd Newman Claire O'Connell Jeffrey Maas

ABSENT: George Argast Dr. Jeffrey Berman Dorcas K. O'Neal, Executive Director

Also in attendance: John Hugelmeyer, Deputy Attorney General and Kathleen Griffith, Staff.

I. APPROVAL OF MINUTES

a. The Committee reviewed the Public Session Minutes for January 19, 2007. On a motion by Jeffrey Maas, seconded by Claire O'Connell, the minutes were unanimously approved as submitted.

II. NEW BUSINESS

a. The Committee reviewed a letter from Danielle Ferrer, PA-C, Deborah Heart and Lung Center, 200 Trenton Road, Browns Mills, New Jersey 08015, inquiring as to whether physician assistants in the State of New Jersey are allowed to order patient restraints or seclusions.

The Committee determined that physician assistants practicing in the State of New Jersey may order restraints or seclusions for patients under the supervision of a licensed physician. Inasmuch as she made this inquiry in the past, she will be directed to refer to the letter dated January 12, 2005 from the Committee.

The Committee reviewed the Article "Final Regulations Allow Physician Assistants to Order Patient Restraint or Seclusion" from the American Academy of Physician Assistants (AAPA), submitted by Danielle Ferrer, as informational.

b. The Committee reviewed a letter from Susan H. Blumenthal, PA-C, Medial Associates, Overlook Oncology Center, 99 Beauvoir Avenue, Summit, New Jersey 07902, inquiring as to whether 1) a physician assistant can sign for a Do Not Resuscitate (DNR) order in a hospital setting; 2) whether a physician assistant can pronounce death in a hospital setting and 3) whether a physician assistant can sign a death certificate.

The Committee determined that as to question 1) a physician assistant in the State of New Jersey may sign DNR's provided that there is documentation by a physician in the medical record pursuant to N.J.A.C. 13:35-2B.10.

As to question 2), pursuant to N.J.A.C. 8: 43G, Hospital Licensing Standards, require hospitals to establish policies and procedures for the declaration of death of patients in accordance with statutory requirements. The policies must also conform with regulations and policies promulgated by the New Jersey Board of Medical Examiners which address declaration of death based on neurological criteria.

The relevant statutes require pronouncement by a physician (generally, the attending, covering or resident physician) or, if not available, an attending licensed registered professional nurse or the county medical examiner.

There are no regulations, statutes or policies originating with the Department which specifically designate a physician assistant as one of those authorized to pronounce death in a hospital.

As to question 3), a physician assistant cannot sign a death certificate. Ms. Blumenthal will be so advised.

c. The Committee reviewed an e-mail from Kathleen Carbon, PA-C, inquiring as to whether, 1) a supervising physician needs to date his or her countersignature? 2) whether physician assistants are allowed to do shave biopsies, excisions, and punch biopsies in a private office? If so, does the physician need to be present? 3) what is the insurance reimbursement for biopsies? 4) if a patient is seen on a Friday and a prescription is written, does the 48 hour rule include weekends? 5) whether electronic communication includes a phone call? 6) whether, when a physician assistant prescribes medication to a patient without a physician on the premises, does communicating on the phone with the supervising physician qualify under the 48 hour rule? In other words, does he or she physically have to sign the chart? and 7) whether, when there is no physician in the office, is there 100% reimbursement on the insurances.

The Committee determined that as to question 1) the supervising physician does not have to date his or her countersignature.

As to question 2) pursuant to N.J.A.C. 13:35-2B.4 (b) (6) a licensee who has complied with N.J.A.C. 13:35-2B.3, Scope of Practice, may perform 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, as such procedures fall within the scope of practice for a physician assistant.

As to question 3) this is not within the jurisdiction of the Committee and querist will be advised that she should contact the insurance company.

As to question 4) and 6) the Committee determined that based on the limited facts presented, pursuant to N.J.A.C. 13:35-2B.10 (b) 4. The supervising physician personally reviews all charts and patient records and countersigns all medical orders as follows: 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. Further, the regulations allow for the period of weekends/holidays when the office will be closed and licensees should comply consistently with the regulations, in a reasonable time to avoid delay in the countersignature.

As to question 5) pursuant to N.J.A.C. 13:35-2B.10(a) and (b), 1 and 2 a physician assistant shall engage in practice only under the direct supervision of a physician. 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 and recall;
2. In an outpatient setting, the supervising physician or physician designee is constantly available through electronic communications for consultation or recall.

As to question 7) this is not within the jurisdiction of the Physician Assistant Advisory Committee and querist should contact the insurance company. .

d. The Committee reviewed a fax from Dr. Joshua Schor, inquiring as to whether, 1) when a physician assistant writes an order in a nursing home in New Jersey and has a collaborating physician, do those orders always need to be co-signed and if so, in what time frame? 2). If a physician assistant orders need to be co-signed, can that be done telephonically or by fax? 3) Can physician assistants write new narcotic orders Schedule II and do those need co- signing? and 4) Can a physician assistant write renewal narcotic orders, Schedule II and do these need co-

signing?

The Committee determined that as to question 1), pursuant to N.J.A.C. 13:35-2B.10 (b) 4, ii. the supervising physician personally reviews all charts and patient records and countersigns all medical records as follow: 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. However, on the New Jersey Prescription Blank (NJPB) no co- signature is required.

As to question 2), the Committee determined that a physician assistant orders may be co-signed by fax but cannot be done telephonically.

As to question 3), physician assistants may write new narcotic orders for Schedule II, once the narcotic is written on the New Jersey Prescription Pad (NJPB).

As to question 4), a physician assistant may write a renewal narcotic orders Schedule II, once the New Jersey Prescription Pad (NJPB) is utilized. No co-signature is required to enable the prescription to be filled by any New Jersey pharmacy.

e. The Committee reviewed a letter from George McCutcheon, (patient) inquiring as to whether it is permissible and/or legal for a physician assistant to perform surgery with no medical doctor in the building.

The Committee determined that, based on the limited facts presented, that a letter and a copy of the regulations be sent to Mr. McCutcheon directing him to N.J.A.C. 13:35-2B.4 Scope of Practice. He will be advised that, if after reading the regulations he has further questions he must be specific or seek legal counsel. Further, if he has a complaint against a physician assistant it must be sent to the Physician Assistant Advisory Committee in writing. Mr. McCutcheon will be so advised and a copy of the regulations will be provided.

III. OLD BUSINESS

There were no items of old business.

IV. REVIEW OF BOARD OF MEDICAL EXAMINERS MINUTES AND AGENDA

a. The Committee reviewed the Ratified Open Board Minutes for December 13, 2006 from the Board of Medical Examiners, as informational.

b. The Committee reviewed the Ratified Open Board Minutes Disciplinary- Matters for December 13, 2006 from the Board of Medical Examiners, as informational.

c. The Committee reviewed the Open Board Agenda for February 14, 2007 from the Board of Medical Examiners, as informational.

d. The Committee reviewed the Open Board Agenda Disciplinary-Matters for February 14, 2007 from the Board of Medical Examiners, as informational.

e. The Committee reviewed the Open Board Minutes for January 10, 2007 from the Board of Medical Examiners, as informational.

f. The Committee reviewed the Open Board Minutes Disciplinary-Matters for January 10, 2007, from the Board of Medical Examiners, as informational.

g. The Committee reviewed the Open Board Agenda for March 14, 2007 from the Board of Medical Examiners, as informational.

h. The Committee reviewed the Open Board Agenda Disciplinary-Matters for March 14, 2007 from the Board of

Medical Examiners, as informational.

V. LEGISLATION/REGULATIONS

a. SENATE BILL NO: 2534 - Requires licensed health care professionals and facilities to bill Medicare beneficiaries within six months of providing health care services. On a motion by Claire O'Connell, seconded by Jeffrey Maas the Committee voted to concur with the position taken by the Board of Medical Examiners.

b. ASSEMBLY BILL NO: 4044 - "New Jersey Health Information Technology Promotion Act", establishes New Jersey Health Information Technology Commission and provides for Statewide health information technology plan. On a motion by Jeffrey Maas, seconded by Claire O'Connell the Committee voted to concur with the position taken by the Board of Medical Examiners.

VI. REVIEW OF REGULATIONS

a. The sub-committee held a meeting with Danielle Swenson, Regulatory Analyst on February 16, 2007 with proposed changes presented to the full Committee on March 16, 2007. . Ms. Swenson is no longer with the agency.

Mary Ann Sheehan, the new Regulatory Analyst attended the March 16, 2007 meeting and continued the review of the Supervision regulations commencing at SUBCHAPTER N.J.A.C. 13:35-2B.4, Scope of Practice and N.J.A.C. 13:35-2B.10 Supervision.

Changes were made as follow:

N.J.A.C. 13:35-2B.4 (a) Scope of Practice. No Change

N.J.A.C. 13:35-2B.4 (a) (1) Scope of Practice. No Change

N.J.A.C. 13:35-2B.4 (a) (2) Scope of Practice. No Change

N.J.A.C. 13:35-2B.4 (a) (3) Scope of Practice. No Change

N.J.A.C. 13:35-2B.4 (a) (4) Scope of Practice. No Change

N.J.A.C. 13:35-2B.4 (a) (5) Scope of Practice. No Change

N.J.A.C. 13:35-2B.4 (6) Scope of Practice, Line 1, Delete "Facilitating the referral of patients to, and promoting their awareness" Insert "Referring to" before health care. Insert "practitioners," after health care.

N.J.A.C. 13:35-2B.10 (a) Supervision. No change.

N.J.A.C. 13:35-2B.10 (b) Supervision. No change.

N.J.A.C. 13:35-2B.10 (1)Supervision. No change.

N.J.A.C. 13:35-2B.10 (2) Supervision. No change.

N.J.A.C. 13:35-2B.10 (3) Supervision. No change.

N.J.A.C. 13:35-2B.10 (4) Supervision. No change.

N.J.A.C. 13:35-2B.10 (5) (i) (ii) Supervision. Delete all original text. Insert "The supervisory relationship shall be no more than four physician assistants to one physician at any one time".

On a motion by Claire O'Connell, seconded by Jeffrey Maas, the changes to the Scope of Practice and

Supervision were accepted. Regulatory Analyst Sheehan stated that the changes to the proposal will be made and sent to the Board of Medical Examiners (BME) for approval.

The sub-committee will meet with staff on April 20, 2007 to review the physician assistant application for possible changes.

Claire O'Connell stated that the law for prescribing Controlled Dangerous Substances (CDS) has been passed for two (2) years and presently the regulations have not been adopted. She requested that this matter be looked at in order to have the regulations adopted.

There being no other business to come before the Committee in Public Session, on a motion by Jeffrey Maas, 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, one (1) item of old business, two (2) statistical reports and seven applications.

The Committee reconvened in Public Session.

The next scheduled meeting is May 18, 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 K. O'Neal
Executive Director