



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
4201 Patterson Avenue • Baltimore, Maryland 21215-2299

Maryland Board of Podiatric Medical Examiners
Eva Schwartz, Executive Director

October 1, 2015

Joan Carter Conway, Chairperson

Senate Education, Health, and Environmental Affairs Committee

Miller Senate Office Building, 2 West Wing

11 Bladen Street

Annapolis, MD 21401

Dear Esteemed Chairperson Carter Conway.

In accordance with Section 2-1246 of the State Government Article, and Chapter 419, Senate Bill 90, effective July 1, 2011, the Board of Podiatric Medical Examiners ("the Board") is hereby submitting the requested report regarding the status of the Board and the regulation of podiatry in the State for the years fiscal 2011 through fiscal 2015, inclusive:

1. The number of podiatrists licensed by the Board:

FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
576	484	490	507	525

2. Whether the Board has implemented any new requirements for the licensure, certification, or registration of individuals who practice or assist in the practice of podiatry, and the number of individuals licensed, certified, or registered as a result of any new requirements implemented by the Board:

410-764-4785 • Fax 410-358-3083 • TTY 800-542-4964
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Web Site: www.dhmh.maryland.gov/mbpme



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Peter A. Hammen, Chairman

House Health and Government Committee

State Government Office

Annapolis Maryland 21401

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The Board has not promulgated any new regulations nor has statutorily changed any licensure requirements for the practice of podiatry for podiatrists or otherwise. A bill was introduced during the 2011 Legislative Session to develop a new certification base for Podiatric Medical Assistants. The bill failed, and was not reintroduced.

3. The number of complaints received by the Board for individuals who practice or assist in the practice of podiatry and the resolution of the complaints:

Fiscal Year	# of Licensees	Complaints Received	Complaints Resolved By Compliance/Closed
2011	576	42	42
2012	484	47	36
2013	490	48	41
2014	507	45	50
2015	525	34	38*

* Nine (9) Complaints Carried Over to FY 2016. Presently, six (6) of the nine (9) complaints have been resolved and as of October 1, 2015, only three (3) complaints remain in the completed investigative stages ready for final disposition status.

4. A Summary of any major legislative or regulatory changes impacting podiatry, including changes charged by the Board:

Summary of Board of Podiatric Medical Examiners Legislative & Regulatory Actions

SB 46/HB 52 – Podiatric Medical Assistants – BILL FAILED

Requiring the Board to register Podiatric Medical Assistants before performing certain tasks under the supervision of and delegated by a licensed podiatrist.

Chapter 181 (2011) – State Board of Podiatric Medical Examiners – Unannounced Inspections

Authorizes the Board to conduct unannounced inspections of the office of a podiatrist, except for an office of a podiatrist in a hospital, related institution, freestanding medical facility, or freestanding birthing center, against whom a complaint has been filed with the Board regarding a violation of the Centers for Disease Control’s Guidelines on Universal Precautions to determine compliance with the guidelines.

Chapter 267 (2012) – Health Care Practitioners – Licensed Dentists, Physicians, and Podiatrists – Personally Preparing and Dispensing Prescription Drugs and Devices

Requiring a podiatrist who holds a permit to dispense prescription drugs to comply with certain dispensing, labeling, inspection, packaging, recall procedure, and record keeping, requirements as a condition of being allowed to personally prepare and dispense prescription drugs or devices and to comply with certain purchase, verification, reporting, and continuing education requirements as a condition of being allowed to personally prepare and dispense prescription drugs; requiring the Board to report to the Division of Drug Control the names and addresses of licensees with a permit and the names and addresses of licensees who have reported that they have personally prepared or dispensed prescription drugs within the previous year; authorizing the Division of Drug Control to inspect the office of a podiatrist who holds a permit to dispense prescription drugs; requiring the Board to charge a fee for a permit to dispense in an amount that shall approximate the cost of additional inspectors for the Division of Drug Control.

Chapter 155 & 154 (2013) – Veterans Full Employment Act

Requiring the health occupations boards, in calculating an applicant's years of practice in a health profession, to give credit for relevant experience as a service member; requiring each Board to credit any completed training or education provided by the military towards the requirements for a license, certificate, etc. if the training or education is substantially equivalent to what is required and not otherwise contrary to any other licensing requirement; authorizing the Boards to allow a licensee to renew a license without paying a late fee if the lateness is due to a deployment; requiring the Boards to develop a method by which a veteran or veteran's spouse shall identify himself or herself as such on an application; requiring the Board to assign each veteran or veteran's spouse a staff member to assist with the application process; requiring expedited licensure for a veteran or veteran's spouse and, if a veteran or their spouse qualifies for licensure, that the license be issued within 15 days; if a veteran or veteran's spouse does not qualify for licensure, requiring a Board staff member to assist the applicant in obtaining the missing requirements; and requiring each Board to post prominently on its website information regarding the expedited licensure process.

Chapter 404 (2013) - Health Occupations Boards - License Renewal, Investigation of Alleged Violations, and Immunity from Liability

Authorizing the health occupations boards to email license renewal notices; and authorizing the Boards to set up a certain secure, electronic system for the distribution of a renewed license, certificate, or permit.

Chapter 140 (2014) – Health Occupations - Licensed Podiatrists - Scope of Practice and Hospital Privileges

Providing that the practice of podiatry includes surgical treatment of acute ankle fracture; and requiring that the qualifications that a hospital or related institution sets for granting privileges for services that podiatrists are authorized to perform shall include consideration of the training, experience, and education of the podiatrist.

Chapter 56 (2014) - State Board of Podiatric Medical Examiners – Cease and Desist Orders and Fines

Authorizing the Board to issue a cease and desist order or obtain injunctive relief against an individual who is practicing podiatry without a license; and authorizing the Board to impose a civil fine of up to \$50,000 against an individual for practicing podiatry without a license.

Chapter 437 (2015) - Health Care Disparities, Cultural and Linguistic Competency, and Health Literacy – Recommended Courses

Requiring the Office of Minority Health & Health Disparities to provide certain health occupations boards with recommended courses regarding cultural competency, health disparities, and health literacy; requiring the Boards to post the list of courses prominently on their websites, provide information regarding the courses to licensees at the time of license renewal, and advertise the availability of the courses in newsletters and other media.

COMAR 10.40.07 – implements the civil fines authorized by Chapter 56 (2014); effective March 2, 2015

COMAR 10.40.03.02 – implements the fee required by Chapter 267 (2012); effective July 20, 2015

COMAR 10.40.02 and .03 – requires new licensees and licensees applying for renewal to obtain CPR certification through a Board-approved course with a hands-on component; prohibits a licensee from letting their CPR certification lapse while licensed. Effective October 1, 2012.

COMAR 10.40.11 – implements sanctioning guidelines for the Board in accordance with legislation passed in 2010. Effective April 16, 2012.

COMAR 10.40.02 – makes changes to the Board’s Continuing Medical Education (CME) regulations: specifying that the required CPR course is worth a certain number of credit hours; authorizing the Board to waive the CPR requirement under certain circumstances; authorizing the Board to approve credit hours for pro-bono podiatric services; specifying that a certain number of required credit hours shall be completed in person, shall be directly related to the practice of podiatry, may include the CPR course, attendance at Board meetings, and at certain scientific meetings of professional or scientific associations; providing that no more than a certain number of required CME’s be completed online; and requiring that all CME’s be pre-approved by the Board. Regulation change in process.

COMAR 10.40.05 – Revision of the Board’s disciplinary regulations. Regulation change in progress.

Due to the Fiscal stability of the Board for the last five (5) years, and as further projected, under its fiscal and regulatory compliance, the Board did not have to raise any fees during the above stated fiscal years, nor does it plan to do so, unless circumstances beyond the Board’s present authority were to surface.

5. An update on the Board's finances including the revenue and expenditures for each fiscal year.

	Beginning Balance	Revenue	Expenditures	Ending Balance		AG Cost	Indirect Cost	Rent
FY11	151,141	278,144	210,222	219,063		30,793	8,100	14,509
FY12	219,063	306,584	310,919	214,728		27,317	7,080	13,285
FY13	214,728	290,790	317,113	188,404		27,544	8,952	14,848
FY14	188,404	331,375	302,187	217,592		13,461	7,022	17,134
FY15	217,592	297,875	282,749	232,718		14,649	11,662	15,213

NOTE: The budget related comments in the Sunset Report as expressed by the Analyst, that perhaps the revenues would not be sufficient to support a healthy fiscal future for the Board, have not born out. As stated in the Board's Report submitted on September 16, 2010, to the Department of Legislative Services, the Fiscal fiduciary responsibility of the Board has been met and will be met successfully, since and henceforth. The Board's revenue vis a vis the expenditures has remained appropriately balanced.

The Board wishes to thank the General Assembly for their support in the past and in the future.

Respectfully submitted,

Eva Schwartz, MS, MT, SBB (ASCP)

Executive Director

Maryland Board of Podiatric Medical Examiners

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