

**MARYLAND BOARD OF PHYSICIANS
PERFUSION ADVISORY COMMITTEE
OPEN MEETING MINUTES
Thursday, June 5, 2014, 4:00 p.m., Room 110**

PRESENT: Jeffrey Swett, D.O., Shelley Dulik-Brown, CCP, LP, Chair, Keith Amberman, CCP, LP, Theresa Lewis, Consumer Member

STAFF PRESENT: Ellen Douglas Smith, Acting Deputy Director, Noreen Rubin, Board Counsel, Mark Woodard, Policy Analyst, Phyllis Washington, Allied Health Analyst

ABSENT: Philip Roman, M.D., MPH, Tim Moretz, CCP

CALL TO ORDER

Ms. Dulik-Brown called the meeting to order at 4:11 p.m.

LEGISLATIVE REPORT

Mr. Woodard gave an update on the Legislative Session, which ended April 7, 2014. The Board put in a clean-up bill from the last session that cleaned language in the general licensure provisions for physicians. The Board will be regulating naturopaths effective October 2014. The Maryland State Perfusion Society put in a clean-up bill for the perfusion statute that will go into effect on October 1, 2014.

APPROVAL OF MINUTES

On a motion made by Mr. Amberman and seconded by Ms. Lewis, the Committee approved the open meeting minutes of April 3, 2014 with a correction.

Update on April 30, 2014 Board Meeting

Ms. Dulik-Brown provided an update on the April 30, 2014 Board meeting. She stated that the Board decided that the procedures the EVLP specialists would be performing for Lung Bioengineering is not considered the practice of perfusion. Therefore, the EVLP specialists would not be required to obtain a license to practice perfusion. The Board, however, limited its determinations to the one year trial/study authorized by the U.S. Food and Drug Administration.

Proposed Perfusionist Regulations Based on Proposed Amendments in HB 692

The Committee reviewed and made corrections to the proposed perfusionist regulations. The Board staff will provide a copy of the corrected proposed perfusionist regulations for Committee review.

Request for Extension of Licensure Deadline Date for Perfusion Basic

The Committee discussed 14-5E-10(E), which would allow a perfusionist basic to petition for an extension of their licensure expiration date. The Board staff provided the Committee with a copy of the language that was drafted for polysomnographic technologists who request an extension of their licensure deadline date. The Committee discussed incorporating language from the draft polysomnography regulations into 14-5E-10.

Ms. Dulik-Brown stated that as a result of LBI's argument that organ procurement agencies would no longer be able to procure and transport organs because perfusionists have organ procurement under their law, it was suggested that clarifying language be added to the definitions. The Committee recommended adding the following clarifying language:

“Organ procurement and preservation” means to use extracorporeal circuitry to manipulate gas exchange at the tissue level to safely support, treat, measure, or supplement organs to preserve and/or prolong the physiologic viability of the organs by monitoring and analyzing the parameters of the systems under an order and the supervision of a licensed physician. “Organ procurement and preservation” does not include excising the organ from the body and placing it in cold storage for transport.

NEW BUSINESS

CVs for Perfusionist and Cardio-Thoracic Surgeon Vacant Positions

The Committee reviewed the CV for Chad Wierschke, BA, CCP, to fill the perfusionist position that Ms. Dulik-Brown will be vacating at the end of June 2014.

On a motion made by Mr. Amberman and seconded by Dr. Swett, the Committee recommended that the Board approve Mr. Wierschke to fill the vacant position.

The Committee reviewed the CV for Dr. Hodgson and nominated him to fill the Cardio-Thoracic Surgeon vacant position.

Transporting ECMO Patients across State Lines – Discussion

The Committee discussed transporting ECMO patients across state lines. There is nothing in the perfusionist statute that would allow a perfusionist from another state to transport ECMO patients to a Maryland hospital.

Ms. Dulik-Brown stated that Mr. Moretz wrote about a non-cardiac hospital where the vendor wants to start an ECMO program. Ms. Dulik-Brown feels that this is unprecedented and she recommends against the vendor starting the program because adult ECMO is different than

pediatric ECMO. Pediatric ECMO deals with respiratory and adult ECMO can deal with cardiac and respiratory, which is much more complex.

ADJOURNMENT

There being no further business the meeting was adjourned at 5:55 p.m.

Submitted by:

Phyllis Washington

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