

Amended by R.1990 d.525, effective November 5, 1990.

See: 22 N.J.R. 1988(a), 22 N.J.R. 3384(a).

Medicine and surgery examination fees increased.

Amended by R.1991 d.286, effective June 3, 1991.

See: 23 N.J.R. 833(a), 23 N.J.R. 1815(a).

Added (a)1viii and (a)2v.

Deleted (a)2 [Chiropractic (license)]; redesignated existing (a)3 through 11 as (a)2 through 10.

Changed fees in (a)1 through 8.

Amended by R.1993 d.91, effective February 16, 1993.

See: 24 N.J.R. 4011(a), 25 N.J.R. 708(a).

Revised (a)1 through 4.

Amended by R.1993 d.92, effective February 16, 1993.

See: 24 N.J.R. 4334(a), 25 N.J.R. 709(a).

Added new (a)10; redesignated old (a)10 to (a)11.

Amended by R.1993 d.260, effective June 7, 1993.

See: 25 N.J.R. 1058(a), 25 N.J.R. 2487(a).

Amended by R.1993 d.299, effective June 21, 1993.

See: 24 N.J.R. 4013(a), 25 N.J.R. 2689(c).

Amended by R.1994 d.170, effective April 4, 1994.

See: 25 N.J.R. 4583(a), 26 N.J.R. 1520(a).

Administrative Correction.

See: 26 N.J.R. 2589(b).

Amended by R.1994 d.522, effective October 17, 1994.

See: 26 N.J.R. 2526(a), 26 N.J.R. 4195(a).

Amended by R.1995 d.330, effective June 19, 1995.

See: 27 N.J.R. 640(a) (see also, 27 N.J.R. 1746(a)), 27 N.J.R. 2410(a).

Increased some of the fees.

Amended by R.1995 d.423, effective August 7, 1995.

See: 27 N.J.R. 1526(a), 27 N.J.R. 2959(a).

Added Physician Assistant temporary license fee at (a)8.ii.

Administrative correction.

See: 33 N.J.R. 1411(a).

Amended by R.2005 d.120, effective April 18, 2005.

See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).

Rewrote the section.

Amended by R.2005 d.175, effective June 6, 2005.

See: 37 N.J.R. 206(a), 37 N.J.R. 1203(a), 37 N.J.R. 2041(b).

In (a), increased the fees in 1ii(1), 1ii(2), 1vi, 2iii(1), 2iii(2), 2v, 3iv(1), 3iv(2), 3v, 5iv(1), 5iv(2) and 5v.

Administrative correction.

See: 37 N.J.R. 2553(a).

Amended by R.2005 d.378, effective November 7, 2005.

See: 37 N.J.R. 1918(a), 37 N.J.R. 4281(a).

Increased fees in (a).

Case Notes

Degree designation on license. *Eatough v. Albano*, 673 F.2d 671 (1982) certiorari denied 102 S.Ct. 2931, 457 U.S. 1119, 73 L.Ed.2d 1331, see: dissenting opinion.

Preliminary injunction against rule. *Davis v. Board of Medical Examiners*, 497 F. Supp. 525 (1980).

13:35-6.14 Delegation of physical modalities to a licensed health care provider or an unlicensed physician aide

(a) "Physician," for the purpose of this section, shall mean a doctor of medicine (M.D.), a doctor of osteopathic medicine (D.O.) or a doctor of podiatric medicine (D.P.M.).

1. "Licensed health care provider," for the purpose of this section, shall mean an individual holding a current, valid license in this State as a physical therapist, registered nurse, licensed practical nurse, physician assistant, chiropractor or athletic trainer. "Licensed health care provider" also includes, for purpose of this section, an individual who holds a current, valid license as an occupational therapist,

except that nothing shall authorize the delegation of a physical modality, which pursuant to N.J.A.C. 13:44K-5.4 is deemed to be an advanced physical agent modality without the occupational therapist having complied with N.J.A.C. 13:44K-5.4(e).

(b) A physician may direct his or her unlicensed employee to administer to the doctor's patients certain physical modalities in the limited circumstances set forth in this section, without being in violation of the pertinent professional practice act implemented by the Board, to the extent such conduct is permissible under any other pertinent law or rule administered by the Board or any other State agency.

(c) A physician may direct a licensed health care provider with training and experience to administer to the physician's patients physical modalities including ultraviolet (B and C bands) and electromagnetic rays including, but not limited to, deep heating agents, microwave diathermy, shotwave diathermy, ultrasound, and those modalities listed in (d) below. The physician shall retain responsibility for examining the patient, determining the appropriate modalities, assessing training and experience, as well as providing the appropriate level of supervision consistent with practice standards, applicable to the specific licensed health care provider.

(d) A physician may direct an unlicensed aide to administer the following physical modalities: hot packs, cold packs, paraffin baths, contrast baths, and whirlpool baths. The aide shall not be permitted to perform any rehabilitative exercise programs. No other modalities including T.E.N.S. or traction shall be performed by the unlicensed physician's aide.

(e) A physician may direct the administration of an appropriate physical modality by an unlicensed assistant only where the following conditions are satisfied:

1. The doctor shall examine the patient to ascertain the nature of the trauma or disease; to determine whether the application of a physical modality will encourage the alleviation of pain and promotion of healing; to assess the risks of the modality for a given patient and the diagnosed injury or disease and to decide that the anticipated benefits are likely to outweigh those risks.

2. The doctor shall determine all the components of the precise treatment to be given at the present therapy session, including the type of modality to be used, extent of area to which it shall be applied, the length of treatment, and any other factors peculiar to the risks of that modality such as strict avoidance of certain parts of the body. This information shall be written on the patient's chart and made available at all times to the assistant carrying out the instructions. The doctor shall assure that the aide administering the treatment is identified in the patient chart on each such occasion.

3. The doctor shall ascertain a satisfactory level of education, competence and comprehension of the particular

assistant, who shall be at least 18 years of age, to whom instruction has been given by the doctor as to modalities used in that office. The doctor shall prepare and maintain a written document certifying as to the instructions given to each assistant, and both doctor and assistant shall sign it.

4. The doctor shall see the patient prior to any subsequent scheduled application of the modality to ascertain that continued treatment is appropriate and that no contraindications to treatment have become apparent.

5. The doctor shall remain on the premises at all times that treatment orders are being carried out by the assistant and shall be within reasonable proximity to the treatment room and available in the event of emergency.

(f) A physician shall have due regard for the specialized training and experience of registered physical therapists, and of physiatrists and orthopedists. Injuries or diseases requiring prolonged treatment, if not administered personally by the doctor, shall normally be referred to a licensed physical therapist, to a physiatrist, orthopedist or other appropriate health care provider.

(g) A bill rendered for the limited consultation set forth in (d)4 above shall not exceed a sum which reasonably reflects the actual level of service, supervision and responsibility personally rendered by the doctor, and consistent with the factors listed in the rule prohibiting excessive fees, N.J.A.C. 13:35-6.11(b) and (c).

(h) On a health insurance claim form pertaining to such service and requiring certification by the doctor, the doctor shall specify the modality applied and shall not generically identify physical therapy.

New Rule, R.1985 d.159, effective April 1, 1985.

See: 16 N.J.R. 2065(a), 17 N.J.R. 836(a).

Amended by R.1989 d.532, effective October 16, 1989.

See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).

Requirements added that aides be identified on the patient Chart and that the aides be at least 18 years of age.

Amended by R.1994 d.522, effective October 17, 1994.

See: 26 N.J.R. 2526(a), 26 N.J.R. 4195(a).

Amended by R.2011 d.155, effective June 6, 2011.

See: 42 N.J.R. 1310(a), 43 N.J.R. 1359(b).

In (a)1, inserted the second sentence.

Case Notes

Rule was not ultra vires as to the Board of Medical Examiners on theory that authority rested solely with the Board of Physical Therapists. Matter of Promulgation of N.J.A.C. 13:35-6.14, 205 N.J.Super. 492, 501 A.2d 547 (App.Div.1985).

13:35-6.15 Continuing medical education

(a) The following words and terms, when used in this section, shall have the following meanings, unless the context clearly indicates otherwise:

“Category I” and “Category II” mean the categories of medical education courses recognized by the American Medical Association as credited toward the Physician Recognition

Award, and those categories of medical education courses recognized by the American Osteopathic Association or the American Podiatric Medical Association.

“Licensee” means a physician or podiatrist licensed and subject to regulation by the Board of Medical Examiners (the “Board”).

(b) Except as provided in (b)1 and 2 and (c) below, a licensee applying for a biennial license renewal shall complete, in each biennial renewal period commencing with the biennial renewal period beginning on July 1, 2003, 100 continuing medical education credits in Category I or Category II courses, of which at least 40 of such credits shall be in Category I.

1. A licensee shall be required to complete 50 continuing medical education credits for the biennial renewal period beginning on July 1, 2003, if this section becomes effective on or before July 1, 2004, of which at least 20 credits shall be in Category I courses.

i. A licensee who completes credits in excess of the 50 continuing medical education credits required pursuant to (b)1 above may apply no more than 25 of the excess credits to the continuing medical education requirements for the following biennial period only.

2. A licensee shall be exempt from the continuing medical education requirements for the biennial renewal period beginning on July 1, 2003, if this section becomes effective after July 1, 2004.

(c) An applicant for initial licensure who has completed an accredited graduate medical education program within 12 months prior to licensure shall be exempt from the continuing medical education requirements of this section for the initial biennial period of licensure. Notwithstanding such exemption from the continuing medical education requirements, the applicant, once licensed by the Board, shall complete, within 24 months of becoming licensed, an orientation course which is presented or approved by the Board.

(d) A licensee shall certify on the application for biennial licensure renewal that he or she has completed the required number of continuing medical education credits. The Board may conduct random audits to determine licensee compliance with the continuing medical education requirements of this section.

(e) A licensee who completes credits in excess of the 100 continuing medical education credits required pursuant to this section may apply no more than 25 of the excess credits to the continuing medical education requirements for the following biennial period only.

(f) Licensees holding an inactive or retired license shall be exempt from continuing medical education requirements, except that any licensee holding an inactive or retired license, or whose license is suspended or revoked, who applies to resume practice shall provide proof of having attained 50

credits of continuing medical education for each year out of practice in New Jersey. At least 50 credits shall have been obtained in the year preceding the application to resume practice. At the time of application to resume practice, the licensee shall provide proof of the completed continuing medical education during the period while out of practice in New Jersey. The Board may accept such continuing medical education credits or require additional credits as a condition to return to practice.

(g) The Board may delineate specific topics of medical education which the Board deems necessary to address a particular issue or problem. Notification of the specific topic(s) shall be through the Board newsletter, the Division of Consumer Affairs website or by direct communication to licensees.

(h) To report continuing medical education credits, a licensee shall:

1. Certify, on the application for biennial renewal, completion of the required number of continuing medical education credits; and
2. Maintain all evidence of verification of continuing medical education requirements for a period of six years after completion of the credits and submit such documentation to the Board upon request.

(i) The Board may extend the time period for completion of continuing medical education requirements or may waive continuing medical education requirements on an individual basis for reasons of hardship, such as severe illness, disability or military service, consistent with the following:

1. A licensee seeking an extension and/or waiver of the continuing medical education requirements shall apply to the Board in writing and set forth in specific detail the reasons for requesting the extension and/or waiver. The licensee shall submit to the Board all documentation in support of the extension and/or waiver;
2. A licensee shall apply for an extension and/or waiver within 60 days of the expiration of the biennial renewal period. All requests shall be sent to the Board office, by certified mail, return receipt requested, or other proof of delivery; and
3. An extension and/or waiver granted pursuant to this section shall be effective for the biennial licensure period in which the extension and/or waiver is granted. If the condition(s) which necessitated the extension and/or waiver continues into the next biennial period, the licensee shall apply to the Board for the renewal of such extension and/or waiver for the new biennial period.

(j) A licensee shall provide verification and proof of compliance with continuing medical education requirements for the prior biennial renewal period when appearing before an investigative committee of the Board or the Medical

Practitioner Review Panel, or when required to do so pursuant to a Board Order, Directive or request.

(k) Failure to complete continuing medical education requirements or falsification of any information submitted on a renewal application shall provide cause for penalties and/or license suspension pursuant to N.J.S.A. 45:1-21.

New Rule, R.1991 d.56, effective February 4, 1991 (operative May 12, 1991).

See: 22 N.J.R. 2135(b), 23 N.J.R. 311(a).

Repealed by R.1999 d.356, effective October 18, 1999.

See: 31 N.J.R. 1742(a), 31 N.J.R. 3117(a).

Section was "Delegation of tasks to physician assistants".

New Rule, R.2004 d.232, effective June 21, 2004.

See: 36 N.J.R. 607(a), 36 N.J.R. 3057(b).

Amended by R.2011 d.155, effective June 6, 2011.

See: 42 N.J.R. 1310(a), 43 N.J.R. 1359(b).

In (i)2, inserted ", or other proof of delivery".

13:35-6.16 Professional practice structure

(a) A licensee of the Board of Medical Examiners shall engage in professional practice in this State only when in possession of a current biennial registration issued by the Board.

1. The term "professional practice" is deemed to include the offering by a Medical Board licensee of opinions on matters of professional practice (including testimony and professional review organization service), whether or not the offeror has provided direct patient care, where the holding of a professional board license is a significant component or foundation for the offering of the professional opinion.

2. The name of the professional practice entity shall be composed of the actual last names of one or more of the owning licensees, partners or shareholders or composed of a phrase or words reasonably descriptive of the type of professional practice.

(b) The practice shall be conducted in a business form consistent with the principles set forth in this rule and, where so noted, only in accordance with the designated special conditions pertaining to that form. There shall be policies and procedures with respect to professionally licensed personnel. These topics shall include, but not be limited to, the following:

1. Responsibility of a licensed practitioner for review and approval of hiring professional staff and timely demand for and verification of current licensing credentials and any other educational credentials required by law or pertinent agency rule (for example, recertifications, continuing professional education, cardiopulmonary resuscitation, etc.);
2. Medical policies at the office or place where services shall be rendered;
3. Cleanliness of premises;

4. Maintenance, registration and inspection of professional equipment as necessary;

5. Standards for recordkeeping as to patient medical records, billing records, and such other records as may be required by law or rule including Controlled Dangerous Substance inventories, as applicable;

6. Security, including drug storage, prescription pad control, confidentiality of patient records;

7. Periodic audit of patient records and of professional services to assure quality professional care on the premises;

8. Responsibility for the professional propriety of billing and of advertising or other representations including disclosure of financial interest in health care services offered to the public; and

9. Preparation and maintenance of a written list of current fees for standard services, which list shall be available to patients on request.

(c) The licensee shall post a conspicuous notice in the waiting room stating: "INFORMATION ON PROFESSIONAL FEES IS AVAILABLE TO YOU ON REQUEST."

(d) A licensee, alone or with the other investing licensees, may employ a licensed health care professional as director of the professional entity to carry out those policies and procedures designated by the licensee(s). The director must be licensed to conduct all services offered at the premises. Either the director, one of the investing licensees, or another licensed health care professional authorized to render those medical services without direct supervision, must be on the premises at all times when patients or clients are receiving professional services, except as specified herein or otherwise permitted by rule of the Board. With regard to health care entities whose services are performed away from the primary office address (for example, entities providing house calls, mobile medical services, or provision and management of services relating to durable medical equipment, etc.), the director need not be present at all times, provided that patients or clients are receiving professional services from an investing or employed professional who is a licensee of a professional health care board of this State, except as may be limited by law or by another rule of this Board.

(e) A licensee may invest in a health care service as defined in N.J.A.C. 13:35-6.17(a). Said service shall be owned solely by one or more licensed health care professionals except as otherwise permitted by licensure granted by another State agency. Whether or not any or all of the owners, partners or directors all regularly practice on the premises or within the entity, each such person who is a licensee of this Board shall be responsible to the Board for requiring maintenance of all professional practice standards and control set forth in this rule, except as excused by (g) below. A licensee who has invested in a health care service in which he or she has a significant beneficial interest as defined in N.J.A.C. 13:35-6.17(a)5, to which he or she refers patients,

shall assure that professional justification for the referred service is documented in the patient record maintained at that entity. Referred services include but are not limited to prescriptions for devices such as hearing aids, eyeglasses, intraocular lenses, requests for radiologic studies, etc. Referral of patients is now limited to the exceptions set forth in N.J.S.A. 45:9-22.4 as amended.

(f) Acceptable professional practice forms are as follows:

1. Solo: A practitioner may practice solo and/or may employ or otherwise remunerate other licensed practitioners to render professional services within the scope of practice of each employee's license, but which scope shall not exceed that of the employer's license. The practitioner may employ ancillary non-licensed staff in accordance with Board rules, if any, and accepted standards of practice.

2. Partnership, professional association or limited liability company: A practitioner may practice in a partnership, professional association, or limited liability company, but such entity shall be composed solely of health care professionals, each of whom is duly licensed or otherwise authorized to render the same or closely allied professional service within this State. A limited liability company means a limited liability company formed under the laws of this State, pursuant to the New Jersey Limited Liability Company Act, N.J.S.A. 42:2B-1 et seq., except where inconsistent with these rules. A practitioner who is a member, employee, agent, or representative of the limited liability company shall remain personally responsible for his or her own negligence, wrongful acts, or misconduct, and that of any person under his or her direct supervision and control while rendering professional services on behalf of the limited liability company in this State to the person for whom such professional service was being rendered. The professional services offered by each practitioner, whether a partner, member or shareholder, shall be the same or in a closely allied medical or professional health care field. For the purpose of this rule, closely allied fields, pursuant to the Professional Service Corporation Act, N.J.S.A. 14A:17-1 et seq., shall be deemed to include the health care professions licensed by the State Professional Boards under the Division of Consumer Affairs, for example, chiropractic, dentistry, nursing, nurse midwifery, optometry, physical therapy, podiatry, psychology, social work, etc. If the scope of practice authorized by law for each such person differs, any document used in connection with professional practice including, but not limited to, professional stationery, business cards, advertisements or listings and bills, shall designate the field to which such person's practice is limited. Prescriptions shall list only those practitioners authorized by law to prescribe; shall designate the practice of each listed prescriber as required by N.J.A.C. 13:35-6.1; and shall comply with the data requirements of N.J.A.C. 13:35-6.6.