MISSION STATEMENT:
To be a leader in improving the quality, safety and integrity of podiatric medical health care by promoting high standards for podiatric physician licensure, regulation and practice.

“An ounce of prevention is worth a pound of cure.”
- Benjamin Franklin

Benjamin Franklin had it right. The idea of heading off a large problem later by taking small preventive steps sooner is sound advice.

This has long been a core principle of medicine. The Federation of Podiatric Medical Boards (FPMB) promotes high standards for the podiatric physician licensure, regulation, and practice. Recognizing that the most powerful prescription is a well-trained physician our board serves our Member Boards in assuring that the podiatrists they serve successfully fulfilled their educational requirements.

We are the authorized source for providing certified Part I/II/III score and disciplinary reports to the state boards and other credentialing organizations.

In addition to this reporting we serve to assist our Member Boards with regulatory information that they may need to be in compliance with their chosen state boards.

FPMB is a great resource for Member Boards to share their concerns, questions, and ideas that are common among all licensure boards. We invite all our Member Boards to contact us if we can help in any way in your efforts to credential applicants and serve participating physicians.

It is my honor to serve as President of the Federation of Podiatric Medical Boards as this organization grows and gains visibility for its service within our profession.

E.D.’S MESSAGE
Russell J. Stoner
Germantown, Maryland

FPMB Sole Provider of APMLE Part I, II, II CSPE, & III Score Reports

Since June 1987, the FPMB has provided Part III (formerly PMLexis) score reports to Member Boards upon the request of podiatrists. In its commitment to efficiency and accuracy, the FPMB invested in technology to enable online ordering and electronic delivery of score reports.

The National Board of Podiatric Medical Examiners (NBPME), recognizing that the FPMB is the fastest and easiest part of the licensing process, has transitioned all score reporting to the FPMB. (NOTE: The FPMB also provides disciplinary action reports to Member Boards.)

“In Q2 2019, the FPMB processed 2,567 score reports, an average of 40 reports per business day.”

This transition provides benefits to Member Boards and podiatrists

(Continued on page 2)
alike. Both benefit from the convenience of engaging one agency, the FPMB, for all online ordering and electronic delivery of APMLE score reports.

Prior to June 2019:

<table>
<thead>
<tr>
<th>Part I/II Exams</th>
<th>Prometric</th>
<th>Additional Requests</th>
<th>Member Boards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part III Exam</td>
<td>Prometric</td>
<td>Score Release</td>
<td>Member Boards</td>
</tr>
<tr>
<td></td>
<td>FPMB</td>
<td>Additional Requests</td>
<td>Member Boards</td>
</tr>
</tbody>
</table>

As of June 2019:

| Part I/II/III     | FPMB      | Score Release       | Member Boards |

The FPMB sends email notifications to podiatrists and Member Boards each step of the way. The most important notification is the one that informs podiatrists that their report(s) have been downloaded by you, the Member Board.

This greatly reduces the number of “Did you receive my report(s)?” emails and phone calls from podiatrists to Member Boards.

The licensure process can be a time of heightened stress. The FPMB is committed to its role in this process and provides fast and friendly, one-on-one phone and email support to bring “peace of mind” to podiatrists and Member Boards.

how important the task is to safe, competent practice. The survey form and the test specifications that are designed from the results are developed by a group of practitioners under the guidance of testing and measurement experts. Only the tasks and topics that meet established criteria in a ranking of importance are included.

When individual test items are drafted, a review session is held to determine whether the item is appropriate and relevant to practice. Further, every question must be linked to a specific line in the test specifications. Review sessions include both practitioners and faculty for items in Part I and II tests, and are done entirely by practitioners for Part III. All practitioners are obtained from an expert panel maintained by NBPTME. Complete test specifications can be found at [https://www.apmle.com/tools-downloads/bulletins-registration/](https://www.apmle.com/tools-downloads/bulletins-registration/)

The National Board devotes substantial resources to continually ensuring the relevance and currency of its licensing examination series. Questions are welcome at NBPMEOfc@aol.com.
MEMBER BOARD BENEFITS

**Representation**
The FPMB provides representation to:
- American Podiatric Medical Association (APMA)*
- American Society of Podiatric Executives (ASPE)
- Federation of State Medical Boards (FSMB)
- National Board of Podiatric Medical Examiners (NBPME)
- Professional Licensing Coalition (PLC)

**Public Policy & Advocacy**
The FPMB supports its Member Boards by:
- Advocating for the restoration of antitrust immunity
- Monitoring and reporting on the increased focus on occupational licensing reform
- Increasing license portability (*model law, licensure compact, etc.*)

**Primary Source Verification (Licensure)**
The FPMB provides primary source verification of:
- APMLE Part I/II/III Score Reports
- Disciplinary Action Reports

**Under 1 Business Day:** Median turnaround time from order placed to downloaded by Member Board.

**Collaboration & Communication**
The FPMB is a catalyst for its Member Boards by:
- Collecting and disseminating information that results in changes to requirements, regulatory structure, etc.
- Publishing key contact, general, licensure, and regulatory information to be viewed and compared
- Publishing a quarterly newsletter

*Continuing Education Committee (CEC) of the Council on Podiatric Medical Education*
EDUCATION & WORKFORCE STATS

The following is residency placement data as of June 28, 2019:

**RESIDENCY APPLICANTS: Class of 2019**
- Placed in Residencies: 571 (99.8%)
- To Be Placed: 1 (0.2%)
- **TOTAL**: 572 (100.0%)

**RESIDENCY POSITIONS:**
- CPME Approved Positions at June 28, 2019: 621
- Positions not filling for this training year: 24
- Total Active Positions Available for this year: 597

**Prior Year Applicants:**
- 2018: Placed in Residencies: 12 (85.7%)
  - To Be Placed: 2 (14.3%
  - **TOTAL**: 14 (100.0%)
- 2017: Placed in Residencies: 4 (100.0%)
  - **TOTAL**: 4 (100.0%)
- Prior Years: 9 (81.8%)

**Prior Year Applicants:**
- 2018: Placed in Residencies: 12 (85.7%)
  - To Be Placed: 2 (14.3%
  - **TOTAL**: 14 (100.0%)
- 2017: Placed in Residencies: 4 (100.0%)
  - **TOTAL**: 4 (100.0%)
- Prior Years: 9 (81.8%)

**Projected Supply and Demand for Podiatrists in the United States, 2016-2030**

<table>
<thead>
<tr>
<th>Podiatrists</th>
<th>Scenario One (Status quo)</th>
<th>Scenario Two (Evolving care delivery)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supply</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated supply, 2016</td>
<td>18,160</td>
<td>18,160</td>
</tr>
<tr>
<td>Projected supply, 2030</td>
<td>19,010</td>
<td>19,010</td>
</tr>
<tr>
<td>New entrants, 2016-2030</td>
<td>7,620</td>
<td>7,620</td>
</tr>
<tr>
<td>Attrition, 2016-2030</td>
<td>-6,770</td>
<td>-6,770</td>
</tr>
<tr>
<td>Projected supply, 2030</td>
<td>19,010</td>
<td>19,010</td>
</tr>
<tr>
<td>Total growth (%), 2016-2030</td>
<td>850 (5%)</td>
<td>850 (5%)</td>
</tr>
<tr>
<td><strong>Demand</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated demand, 2016</td>
<td>18,160</td>
<td>18,160</td>
</tr>
<tr>
<td>Projected demand, 2030</td>
<td>23,290</td>
<td>23,430</td>
</tr>
</tbody>
</table>

**SOURCE:**
- American Association of Colleges of Podiatric Medicine (via email)
- HRSA Health Workforce Supply & Demand
OCCUPATIONAL LICENSING REFORM

FTC Roundtable Flashback

On November 7, 2017, the FPMB attended the Federal Trade Commission’s Economic Liberty Task Force roundtable that examined empirical evidence on the effects of occupational licensure.

The following, from the event description, illustrates the FTC’s concerns about the balance of cost vs. benefits of licensure and regulation:

“Licensing restrictions define the occupation’s metes and bounds or ‘scope of practice and establish conditions for entry into an occupation. Although licensing can confer certain consumer benefits, licensing requirements also impose costs on anyone who wants to enter or continue an occupation.

State-by-state licensing rules can be especially costly to workers who seek to move to another state or to offer services across state lines. These costs, in turn, can increase prices and reduce output, access, quality, and choice for consumers of services and goods offered by licensed occupations.

For some occupations, licensing restrictions may be an appropriate policy response to protect public safety or satisfy other consumer protection concerns. For other occupations, however, it is questionable whether policy rationales for licensing – and for many of the particular license-related restrictions adopted in some states – are adequate to justify the costs to workers and consumers."

FTC Acting Chairman Maureen Ohlhausen spoke directly about health care, stating:

“A classic example is in health care, where the state has a strong interest in preventing unqualified people from providing certain health care services that pose risks to patients’ safety and where consumers may find it difficult to evaluate whether a provider is qualified or not. At the same time, however, licensing can drive up prices, reduce supply, and restrict consumer access and choice. And it can also impose barriers to entry for qualified workers, preventing individuals from moving up the economic ladder or getting through [the] door. So it’s thus important to ask whether all of these licensing restrictions are necessary to protect public health and safety. Are the benefits sufficient to justify the cost to workers and consumers? Or should we be encouraging states to explore alternative approaches?”

Many of the roundtable participants focused on this “alternative approaches” theme (see graphic below for an example).

Use of Least Restrictive Form of Regulation Consistent with Policy Goals

Market Competition and Private Litigation
Deceptive Trade Practice Acts and Other Targeted Consumer Protections
Inspections
Bonding or Insurance
Registration
Certification
Licensing

Lee McGrath, Institute for Justice, 2016

EFFICIENCY IN LICENSURE

The FPMB is committed to its role in efficient licensure. Despite receiving over 40 Score and Disciplinary report requests per business day, the FPMB has a median processing time of under one business hour.

Member Boards have an opportunity to demonstrate efficiency via the timely download of these reports. In Q2 2019, half of Member Boards downloaded reports within two business days, while another third downloaded them within one business week.

Timely downloads of reports enables the FPMB to provide metrics demonstrating efficiency in licensure by its Member Boards.

The FPMB is in a weaker position to advocate for the 16% of Member Boards that require more than one business week to download reports.
RESTORING BOARD IMMUNITY

-FPMB & Professional Licensing Coalition (PLC)

How are state boards impacted by N.C. Dental?

While state boards have been and continue to be subject to Sherman Act scrutiny irrespective of N.C. Dental, this case further refined the test for immunity that was previously available for most state boards (state action immunity). As a result, if a board is comprised of “active market participants,” it must demonstrate both prongs set forth in the case of Cal. Liquor Dealers v. Midcal Aluminum, Inc. to qualify for state action immunity: (1) that the board is acting pursuant to clearly articulated state policy, and (2) that the actions of the board are “actively supervised” by the state to ensure they accord with state policy. Previously, state boards were considered in most cases to only have to demonstrate the first prong to be entitled to immunity.

The Supreme Court’s decision does not explicitly outline what “active supervision” means for the sake of this test, causing confusion regarding how licensing boards and states should address their regulatory structure. Additionally, the case does not proclaim that state boards are unlawful, that they cannot or should not be staffed by licensees, or that they should be subjected to bureaucratic oversight by other existing or to-be-created state agencies.

Why is federal legislation needed on this issue? Wouldn’t state legislation & executive action be adequate?

There have been quite a few attempts to address the case and its mandate including explicit immunity from the state, additional oversight and commission, and changes to the composition of boards, but these attempts to confer immunity to federal laws may not stand up to scrutiny in court and could serve only to increase the regulatory burden for state officials and, ultimately, the public they seek to protect.

A worst-case scenario for a state is that it overreacts by implementing a quick fix that significantly realigns its regulatory boards, reassigns or changes staffing, or imposes a regulatory oversight structure that results in a disruption in public service while running the risk of having those changes invalidated. The quick fix could be found to be insufficient to achieve the original intent of conferring immunity and protecting boards and board members.

How are boards and board members different from private corporations with respect to antitrust laws and policies?

State licensing boards are state agencies that are created by statute with a mandate to protect the public by carrying out statutorily-prescribed duties. State board members are volunteers appointed by governors or other elected officers of the state who are state officials bound to a litany of state laws including ethical and conflict of interest prohibitions. They are not akin to private, nonprofit corporations.

Are the cases stemming from N.C. Dental resulting in antitrust findings against boards? What guidance have authorities offered?

The majority of the more than 35 cases filed since N.C. Dental have been dismissed. Of these dismissed cases, very few turned on the issue of state action immunity.

The Supreme Court stated that “active supervision need not entail day-to-day involvement in an agency’s operations or micromanagement of its every decision.” Active state supervision need only apply to a limited range of activities engaged in by a state board.

The FTC, in its 2015 staff guidance on active supervision, noted that “if a regulatory board suspends the license of one electrician for substandard work, such action likely does not unreasonably harm competition.” This has been demonstrated in a body of recent case law that makes clear that the discipline of a licensee by a state board, standing alone, is not an antitrust violation because there is no injury to competition.

If the cases are being dismissed, why does the litigation matter?

Even though most N.C. Dental fallout cases are being dismissed, it is important to consider the costs borne by states to dispense of these suits. Often, the lawsuits have been against state boards and board members in
The issue of insurance options available to boards differs by state. Some boards have express statutory authority to procure insurance either through a state insurance office or through private carriers. However, most state boards, like other state agencies, do not carry private insurance and would have to pay antitrust damage awards on behalf of the board or its board members from board reserves and/or the state treasury. Antitrust liability involves “joint and several liability” which ensures that everyone shares in the full financial liability – the entity or person with the ability to pay will be the one on the hook.

Questions arise on a state-by-state and board-by-board basis as to: whether boards have any insurance coverage and what would be covered, whether board members are covered under the state tort claims act, and whether that act encompasses antitrust claims, and whether any applicable coverage extends to state board members sued in their individual capacity along with their official capacity.

As a general policy, should antitrust damages be available against state agencies & officials?

While many states would have a duty to indemnify and defend board members when they are faced with an antitrust lawsuit, a broader policy issue arises when we subject public servants to even the potential of monetary damage awards, as opposed to the antitrust laws being applied to private actors in commercial transactions.

There have been instances of state board members asking for greater support or clarification from their governor and/or attorney general regarding their potential exposure and, in some instances, board members resigning as a result of the legal uncertainty relating to their service. This uncertainty could lead to a vacuum whereby states have difficulty in staffing their state boards (at the board and staff levels) with the best individuals for the roles, thereby diminishing the regulatory expertise, effectiveness, and efficiency of state agencies.

Without this legislation, who will end up paying for these lawsuits? Would they be covered by insurance, or would public funds have to be used?

The PLC is working to introduce a re-draft of the legislation that sharpens the focus on antitrust protection while striking a balance on occupational licensure reform and portability.
**Member Podiatric Medical Boards Newsletter — Q3 2019**

**MEMBER BOARDS DATA SNAPSHOT**

**POST GRADUATE TRAINING - RESIDENCY REQUIREMENT**

*(Licensure by Examination)*

<table>
<thead>
<tr>
<th>State</th>
<th>Requirement</th>
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<tbody>
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</tr>
<tr>
<td>Alaska</td>
<td>1 Year</td>
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<tr>
<td>Arizona</td>
<td>3 Years</td>
</tr>
<tr>
<td>Arkansas</td>
<td>1 Year</td>
</tr>
<tr>
<td>California</td>
<td>2 Years</td>
</tr>
<tr>
<td>Colorado</td>
<td>1 Year</td>
</tr>
<tr>
<td>Connecticut</td>
<td>None</td>
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<tr>
<td>Delaware</td>
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<tr>
<td>District of Columbia</td>
<td>Completion</td>
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<td>Florida</td>
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<td>Georgia</td>
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<tr>
<td>Hawaii</td>
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<tr>
<td>Idaho</td>
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<td>Indiana</td>
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<td>Iowa</td>
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<td>Louisiana</td>
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<tr>
<td>Maine</td>
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<td>Maryland</td>
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<td>Vermont</td>
<td>1 Year</td>
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<td>Washington</td>
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<tr>
<td>West Virginia</td>
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<tr>
<td>Wisconsin</td>
<td>2 Years</td>
</tr>
<tr>
<td>Wyoming</td>
<td>Completion</td>
</tr>
</tbody>
</table>

**NOTES:** 1) Some Member Boards require additional years for ankle surgery. 2) Member Boards data is reported voluntarily by Member Boards regulating the practice of podiatric medicine. Therefore, the Federation of Podiatric Medical Boards makes no guarantee or warranties on its accuracy and does not assume responsibility for errors or omissions. For more specific information, the appropriate state agency should always be consulted.

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**MEMBER BOARDS INFO / COMPENDIUM**

The FPMB’s data visualization page provides general, contact, licensure, and regulatory information about its Member Boards. The [webpage](http://www.fpmb.org) contains the following sections:

**MEMBER BOARDS INFO**

Enables visitors to open an “information card” for an in-depth view of the contact, general, licensure and regulatory information for any Member Board.

**DATA POINTS**

Enables visitors to compare 15+ general and licensure data points across all Member Boards. The data can be viewed in both map and table format.

**COMPENDIUM**

Enables visitors to compare all 15+ general and licensure data points across all, or a subset of, Member Boards.

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**YOUR Accurate, Complete, and Current Data is CRITICAL!**

Contact the FPMB if your data points have not been updated in the last 6-12 months *(see darker shaded states below or visit the webpage)*.

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[Select a Data Point: Data Points Last Updated](http://www.fpmb.org)
REQUESTS FOR INFORMATION

The FPMB serves as an information and communication conduit across all Member Boards to collect and disseminate pertinent information. Often, this is executed via a Request for Information (RFI) process that has had a real impact on licensure and regulation. Examples of previous RFI topics include:

- AMA PRA Category 1 Credit(s) for License Renewal for Podiatrists
- Limited Licenses for Podiatry / Quality Assurance Programs
- NC v. FTC / Board Certification
- Newsletters & Advertising
- Opioid and Pain Management CME Requirements
- Part III (Licensure Reciprocity)
- Residencies / Board Meeting Frequency
- State Board Interpretation Requests
- State Laws or Regulations on Re-Entry into the Practice of Podiatry
- Survey Related to Restoring Board Immunity
- Temporary Licenses & Renewals

To initiate a “Request for Information”, contact the FPMB at fpmb@fpmb.org.

LEGISLATIVE NEWS

FSMB Advocacy Network News

Eliminating surprise medical billing and lowering the price of prescription drugs continue to be at the center of the healthcare debate in the 116th Congress. In June, President Trump signed Executive Order 13877 requiring hospitals to publicly share certain pricing information. The Order also requires the development of a "Health Quality Roadmap" aimed at establishing common quality measures eliminating "low-value or counterproductive measures" in healthcare.

The Senate Health, Education, Labor and Pensions (HELP) Committee also took aim at lowering healthcare costs on these same issues with Senator Lamar Alexander’s (R-TN) Lower Health Care Costs Act (S. 1895), which has been reported out of Committee for future consideration by the full Senate. Discussions on the bill will resume after the August recess.

Opioids & Addiction Treatment

Combating the opioid crisis remains top of mind for the 116th Congress with bills to create more funding opportunities, increase training for practitioners, and expand access to medication assisted treatments.

Mainstreaming Addiction Treatment (MAT) Act (S. 2074) - Senators Hassan (D-NH) and Murkowski (R-AK) introduced a bill to expand the ability to prescribe certain narcotics for maintenance or detox treatment via telemedicine and would prohibit states from requiring certain community health workers to have a license to dispense these drugs.

The bill also shares provisions of the Mainstreaming Addiction Treatment Act of 2019 (H.R. 2482) introduced by Rep. Tonko (D-NY), which eliminates the separate registration requirement for dispensing narcotic drugs in schedule III, IV, or V (such as buprenorphine) for maintenance or detoxification treatment and provide for a national education campaign to encourage practitioners to integrate substance use treatment into their practices.

The Opioid Workforce Act (H.R. 3414), sponsored by Rep. Brad Schneider (D-IL) and 21 cosponsors, provides funding for 1,000 new residency positions over
five years in addiction medicine and psychiatry passed the House Ways and Means Committee.

The FDA will be hosting a meeting in September entitled, "Standards for Future Opioid Analgesic Approvals and Incentives for New Therapeutics to Treat Pain and Addiction," to discuss its approval process for new opioids.

**Confidentiality of Substance Use Disorder Records**

Congress also continues to debate the highly contested issue of whether to make changes to 42 CFR Pat 2 to align the use of substance use disorder records for treatment with other HIPAA provisions. The American Medical Association recently changed its position on this issue to support the alignment for healthcare professionals.

Rep. Blumenauer (D-OR) and 51 cosponsors previously introduced the Overdose Prevention and Patient Safety Act (H.R. 2026). Senator Manchin (D-WV) and 13 cosponsors have introduced the Protecting Jessica Grubb’s Legacy Act (S. 1012), both addressing this issue.

**Telehealth**

In addition to the possible expansion of using telemedicine for MAT mentioned above, Congress is also looking to expand the use of telehealth in other ways. The BETTER Act (H.R. 3417) introduced by Rep. Richard Neal (D-MA) would remove barriers to mental health telehealth treatment by removing originating site and geographic location limitations. This bill was approved unanimously by the House Ways and Means Committee, while other bills look to expand payment for telehealth used to treat certain conditions including COPD and chronic eye disease.

Representatives John Curtis (R-UT) and Joe Neguse (D-CO) introduced the Telehealth Innovation and Improvement Act, which is a companion to Senate Bill (S. 773), introduced by Senator Gardner (R-CO) earlier this year, that creates additional opportunities for telehealth services funding models. The review of new models would include an analysis of "licensing or credentialing barriers," amongst other provisions. The bill number for the House companion bill has not yet been released.

The FCC is seeking comment on its proposed $100 Million Connected Care Program that aims to bring telehealth services to low-income patients and veterans through discounted broadband connectivity. The Notice of Proposed Rulemaking is seeking comment on funding, eligibility, and scope.

**Occupational Licensure**

National Defense Authorization Act of 2019 (S. 1790/H.R. 2500) - The NDAA includes up to $10M in grants for the Department of Defense to work with Council of State Governments on license portability through interstate compacts for military spouses.

**Emergency Preparedness Update**

Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 (S. 1379) - This bi-partisan bill reauthorizing certain programs under the Public Health Services Act and the Federal Food, Drug, and Cosmetic Act passed both chambers and was signed by the President in June.

This bill contains provisions of interest to state medical boards aimed at improving hazard preparedness responses by making additional information available to States seeking to implement mechanisms to waive licensing requirements during emergencies after verifying that a volunteer professional's license is in good standing in another state (See Sec. 207) and adding a provision to the All-Hazards Public Health Emergency Preparedness and Response Plan that includes making information available to professionals on how to register or enroll in volunteer services during licensure or other mechanisms as the State determines appropriate. (See Sec. 207).

The bill also includes a GAO study on current use of several emergency response factors.
NEWS CLIPS

Licensing and Regulation

California medical board changes application questions
California Medical Association
May 28, 2019

More states pushing for autonomy in scope-of-practice battle
HealthLeaders Media
May 1, 2019

Ohio Medical Board considers new conditions for Medical Marijuana Control Program
State Medical Board of Ohio
June 12, 2019

Discipline, Misconduct & Patient Safety

Butte psychiatrist with troubled past faces new suit alleging negligence
Montana Standard
May 5, 2019

Medical board sued for licensing psychiatrist with troubled past
Montana Standard
May 6, 2019

A look at the numbers: How many doctors get in trouble in MT
Montana Standard
May 6, 2019

Navigating tumultuous change in the medical profession: The Coalition for Physician Accountability
Academic Medicine
May 21, 2019

Medical errors: How health care providers can address long-term harm
HealthLeaders
June 11, 2019

20 years of patient safety
AAMC News
June 6, 2019

Nearly 1 in 5 Americans have experienced physician misconduct
Fierce Healthcare
May 31, 2019

Majority of physician misconduct goes unreported
FSMB
May 30, 2019

The relationship between board certification and disciplinary actions against board-eligible family physicians
Academic Medicine
June 2019

10 top patient safety concerns for 2019, ranked by ECRI Institute
Becker's Hospital Review
March 11, 2019

New California law requires doctors to disclose misconduct to patients
Fierce Healthcare
March 28, 2019

Opioids / Pain Management

Pain patients left in anguish by doctors 'terrified' of opioid addiction, despite CDC change
USA Today
June 24, 2019

States with medical marijuana laws have higher opioid overdose rates, study finds
Associated Press
June 10, 2019

Physicians get addicted too
The Atlantic
May 2019

With public meeting, FDA signals interest in new opioid limits
MedPage Today
June 10, 2019

As the opioid crisis peaks, meth and cocaine deaths explode
Stateline
May 13, 2019

Rapid opioid cutoff is risky too, federal agencies warn
Stateline
May 21, 2019

Meth vs. opioids: America has two drug epidemics, but focuses on one
Fierce Healthcare
May 9, 2019

Managing pain differently: A look at alternative therapies
AAMC News
March 26, 2019

Doctors welcome CDC's clarification of opioid prescribing
Fierce Healthcare
April 25, 2019

CDC clarifies opioid guidelines for severe pain
HealthDay News
April 10, 2019

Report finds more doctors stealing prescriptions
CBS News
May 6, 2019

Education / Workforce

Medical school strategies to address student well-being
Academic Medicine
June 2019

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(News Clips: Continued from page 11)

 Skipping class is the new normal. What does it mean for med school today? The DO April 3, 2019

 For the first time, employed doctors outnumber self-employed doctors HealthLeaders May 7, 2019

 North Dakota’s ‘grow our own’ strategy aims to tackle doctor demand Forum News Service May 6, 2019

 When should an aging doctor call it quits? Washington Post April 1, 2019

 Close to half of last-year residents would prefer hospital employment, survey finds Becker’s Hospital Review May 20, 2019

 AAMC: New findings confirm predictions on physician shortage AAMC News April 23, 2019

 Incivility in operating rooms associated with diminished clinical performance HealthLeaders June 10, 2019

 When surgeons are abrasive to co-workers, patients’ health may suffer NPR June 19, 2019

 When patients lie AAMC News June 4, 2019

 Telemedicine / Rural Health

 Five things to know about telehealth fraud Becker’s Hospital Review May 2, 2019

 1 in 5 physicians use telehealth. Burnout may drive more adoption Fierce Healthcare April 15, 2019

 Top 15 physician specialties most engaged with telemedicine Becker’s Hospital Review July 16, 2019

 Florida Legislature Passes New Telehealth Law JDSUPRA May 13, 2019

 State-by-state breakdown of rural health clinics Becker’s Hospital Review May 24, 2019

 The struggle to hire and keep doctors in rural areas means patients go without care NPR May 21, 2019

 New Treatments / Technology

 Illinois medical board helping lead crackdown on questionable stem cell clinics CBS-2 May 30, 2019

 Web startups raise concerns about access to Rx medicine Associated Press June 6, 2019

 Lawsuit highlights state role in regulating regenerative medicine Pew May 14, 2019

 As AI moves into medicine, the human touch could be a casualty NPR April 30, 2019

 How can we be sure AI is safe for medical use? NPR April 14, 2019

 How can doctors be sure a self-taught computer is making the right diagnosis? NPR April 1, 2019

 Miscellaneous

 What’s doctor burnout costing America? NPR May 29, 2019

 Vision for the future of Continuing Board Certification JAMA May 17, 2019

 Why do doctors overtreat? For many, it’s what they’re trained to do NPR April 19, 2019

 Diabetic amputations are again on the rise, raising red flags for health care access and equity The Philadelphia Inquirer June 16, 2019
BOARD NEWSLETTERS, NEWS & ANNOUNCEMENTS

ALABAMA
- Alabama State Board of Podiatry
- Alabama Board of Medical Examiners  ❖  July 2019

ALASKA
- Alaska State Medical Board [includes podiatry]

ARIZONA
- Arizona State Board of Podiatry Examiners

ARKANSAS
Arkansas Board of Podiatric Medicine
- Arkansas State Medical Board

CALIFORNIA
- Podiatric Medical Board of California  ❖  Fall/Winter 2018
- Medical Board of California  ❖  Spring 2019

COLORADO
- Colorado Podiatry Board
- Colorado Medical Board

CONNECTICUT
Connecticut Board of Examiners in Podiatry
Connecticut Medical Examining Board

DELWARE
Delaware Board of Podiatry
- Board of Medical Licensure and Discipline

DISTRICT OF COLUMBIA
District of Columbia Board of Podiatry
- District of Columbia Board of Medicine Newsletter  ❖  November 2018

FLORIDA
- Florida Board of Podiatric Medicine
- Florida Board of Medicine

GEORGIA
Georgia State Board of Podiatry Examiners
- Georgia Composite Medical Board  ❖  June 2019

HAWAII
- Hawaii Medical Board [includes podiatry]

IDAHO
Idaho Board of Podiatry
- Idaho Board of Medicine  ❖  Spring 2019

ILLINOIS
- Department of Financial & Professional Regulation [includes podiatry]  ❖  June 2018

INDIANA
Indiana Board of Podiatric Medicine
- Indiana Professional Licensing Agency

IOWA
- Iowa Board of Podiatry Examiners
- Iowa Board of Medicine

KANSAS
- Kansas State Board of Healing Arts [includes podiatry]

KENTUCKY
Kentucky Board of Podiatry
- Kentucky Board of Medical Licensure  ❖  Summer 2019

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LOUISIANA
 Louisiana State Board of Medical Examiners [includes podiatry]
❖ April 2019

MAINE
 Maine Board of Licensure of Podiatric Medicine
 Maine Board of Licensure in Medicine ❖ Summer 2019

MARYLAND
 Maryland Board of Podiatric Medical Examiners
 Maryland Board of Physicians

MASSACHUSETTS
 Massachusetts Board of Registration in Podiatry
 Massachusetts Board of Registration in Medicine

MICHIGAN
 Michigan State Board of Podiatric Medicine and Surgery
 Michigan Board of Medicine

MINNESOTA
 Minnesota Board of Podiatric Medicine
 Minnesota Board of Medical Practice

MISSISSIPPI
 Mississippi State Board of Medical Licensure [includes podiatry]

MISSOURI
 Missouri State Board of Podiatric Medicine
 Missouri Board of Registration for the Healing Arts

MONTANA
 Montana Board of Medical Examiners [includes podiatry]
❖ August 2019

NEBRASKA
 Nebraska Board of Podiatry Licensing Unit
 Nebraska State Board of Health

NEVADA
 Nevada State Board of Podiatry
 Nevada State Board of Medical Examiners ❖ June 2019

NEW HAMPSHIRE
 New Hampshire Board of Podiatry
 New Hampshire Board of Medicine

NEW JERSEY
 New Jersey State Board of Medical Examiners [includes podiatry]

NEW MEXICO
 New Mexico Board of Podiatry
 New Mexico Medical Board

NEW YORK
 New York State Education Department [includes podiatry]

NORTH CAROLINA
 North Carolina Board of Podiatry Examiners
 North Carolina Medical Board ❖ May-June 2019

NORTH DAKOTA
 North Dakota Board of Podiatric Medicine
 North Dakota Board of Medicine

OHIO
 State Medical Board of Ohio [includes podiatry] ❖ August 2019

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OKLAHOMA
Oklahoma Board of Podiatric Medical Examiners

❖ Oklahoma Board of Medical Licensure and Supervision ❖ Spring 2019

OREGON
❖ Oregon Medical Board [includes podiatry] ❖ Spring 2019

VERMONT
❖ Vermont State Board of Medical Practice [includes podiatry]

PENNSYLVANIA
❖ Pennsylvania State Board of Podiatry
❖ Pennsylvania State Board of Medicine

VIRGINIA
❖ Virginia Board of Medicine [includes podiatry] ❖ July 2019

WASHINGTION
❖ Washington Podiatric Medical Board ❖ Winter 2018
❖ Washington Medical Commission ❖ Summer 2019

WEST VIRGINIA
❖ West Virginia Board of Medicine [includes podiatry] ❖ July 2019

WISCONSIN
Wisconsin Podiatry Affiliated Credentialing Board

❖ Wisconsin Medical Examining Board ❖ Summer 2019

WYOMING
Wyoming Board of Registration in Podiatry
Wyoming Board of Medicine

IMLCC
❖ Interstate Medical Licensure Compact Commission ❖ May 2019

NBPME
❖ National Board of Podiatric Medical Examiners ❖ Spring 2019

TEXAS
❖ Texas Podiatric Medical Examiners Advisory Board
❖ Texas Medical Board ❖ May 2019
VISION STATEMENT

Strong Member Boards working independently and collectively to promote and protect the public’s podiatric health, safety, and welfare.

This is your Federation. This is your newsletter. Your feedback is always welcomed!

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