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.

The View from Here

As the situation around the COVID-19 pandemic continues to evolve, we will stay in touch to make sure you get the latest information when we have it. The need for the FPMB has never been more obvious than now. Comprehensive information about the composition, policies, and work of member podiatric medical boards is of great importance and value for our profession.

Currently, the scope of podiatric medicine differs from state-to-state. During this pandemic, here in California, our board was contacted by the Agency for the Governor’s office in regard to possible waivers the Governor may use to modify existing laws. One item is the Scope of Practice waiver. This waiver would remove the foot and ankle restriction which would allow DPMs to function like MDs and DOs. If allowed, this request would provide additional health care providers during the COVID-19 pandemic. This request was submitted and under review.

Today, more than ever, we need to remain diligent in our data collection given the conversations taking place for expanding health care to all, interstate licensure, and parity. As our profession evolves, this information strengthens our ability to disseminate important information and advocate for our profession.

The FPMB is committed to continuing its efforts in collecting and reporting state data. By encouraging and expanding interaction with our Member Boards, we hope to continue to serve the profession in ways that will support individual state efforts as well as our profession collectively. We are most impactful when working together as a coalition.

(Continued on page 8)
Detailed Steps of Item Development and Scoring for the APMLE

The questions presented to candidates in the American Podiatric Medical Licensing Examination (APMLE) series go through a rigorous review process before they are used in a test and counted for scoring.

Prometric is the test development and administration contractor used by National Board of Podiatric Medical Examiners (NBPME). All draft questions are submitted to Prometric using a specialized secure item writing system. They are first reviewed by a test development editor to ensure that the question is in the appropriate format (four question multiple choice) and that grammar and syntax are correct. Each question must be tied to an acceptable reference, such as an approved textbook. Finally, each question must be assigned to a specific line item in the test specifications. Draft items for the Part I (Basic Sciences) and Part II (Clinical Sciences) are written by faculty at the podiatric medical schools. Practitioners recruited by the NBPME are responsible for drafting questions for Part III.

No draft item is used in an examination for any part until it has first been reviewed and scrutinized by a panel of subject matter experts. The panel looks at the item to evaluate whether it is correctly classified in the test specifications, is relevant to current practice, that it has only one correct response and three plausible, but incorrect, alternatives, and that it is testing an important concept, not trivia. Questions for Parts I and II are reviewed by panels of both faculty and practitioners in a telephone conference. Questions for Part III are reviewed in person by separate panels of practitioners. Once a question has been reviewed and possibly revised, it is labeled as pre-test and will be inserted in a future examination.

Following each test administration, Prometric test development specialists review every item to see if it met expected standards of performance. That is, was the question neither too difficult nor too easy? Secondly, was it an item that good performers on the test generally answered correctly and that poor performers did not? Any item that does not meet strict statistical limits is submitted to a panel of faculty and practitioners for Parts I and II, or only practitioners for Part III. This panel’s task is to analyze why the item statistics are inappropriate and decide whether it should be used in scoring as is, or in a revised form. For pre-test items, the determination is whether it can be used in actual scoring in a future test, or be returned for editing by another panel. No item is used in scoring if the reviewers determine that it is unfair or inappropriate.

Complete test specifications can be found at: 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.

EXPERT PANEL MEMBERS NEEDED

The NBPME is continually seeking new volunteers to serve at test development and review workshops. Participants are provided travel, per diem, an honorarium, and continuing education contact hours.

Workshops are held in Arlington, VA, Conshohocken, PA or by telephone and web conference calls that are typically three-hour calls from 2:00 to 5:00 Eastern Time.

Eligible persons will have completed a residency program and all three parts of the APMLE series. Please submit a CV with email contact information to NBPMEOfc@aol.com.
APMA’s Center for Professional Advocacy: Celebrating 10 Years Promoting and Protecting the Interests of Podiatric Physicians and their Patients

Created by American Podiatric Medical Association’s (APMA) House of Delegates in 2010, the mission of APMA’s Center for Professional Advocacy (CPA) is to advance the podiatric medical profession by providing direction for legal, regulatory, and state legislative advocacy activities.

A Framework for Collaboration

The CPA provides the framework for APMA to assess national impact of a legal or legislative issue and provide assistance to state components and members. Through the CPA, APMA champions the concepts of equity and fairness for its members so that they may be able to provide the best quality of lower extremity health care to their patients. Issues may include, but are not necessarily limited to, those related to scope of practice, public and private insurance, and hospital and private health-care systems.

The types of advocacy efforts that may be undertaken by the CPA include:

- assisting the membership in representing the interests of the profession in public and private health-care systems;
- advocating in the state legislative process by providing state components resources;
- representing the profession in federal and state regulatory agencies through comment letters and regulatory hearing testimony; and
- providing advice and counsel to states considering potential litigation regarding the benefits and drawbacks associated with such litigation.

A staff director leads the CPA within APMA’s Health Policy and Practice Department and provides support and technical assistance to members and state component leaders. Decisions on financial and direct assistance are made with the advisement of the CPA Advisory Group. To further the goal of collaboration, the CPA Advisory Group consists of state component leaders appointed annually by the APMA president. Such leaders include past or current component board members, delegates, and component executive directors.

The CPA organizes a biennial State Advocacy Forum to provide an opportunity for state association leaders and representatives to discuss ongoing state legislative issues and learn from each other’s successes and setbacks, as well as receive expert advice from APMA staff, health-care attorneys, and lobbyists. In 2019, the meeting was held in Milwaukee and highlighted successful case studies from the Wisconsin Podiatric Medical Association (WPMA) as well as other components.

An example of the CPA’s collaborative efforts is its work with the Federation of Podiatric Medical Boards and members of state podiatric medical boards. For example, the CPA has assisted state agencies conducting sunset review of the state podiatric medical board and its laws; staff has helped state board members conduct comparative reviews of other states’ laws relevant to the podiatric medical profession; and the CPA has worked with an outside attorney to publish an article on the impact of North Carolina State Board of Dental Examiners v. Federal Trade Commission.

10 Years of Advancing the Profession

Over the past 10 years, the CPA has successfully supported its members and state components on a variety of issues. Of utmost priority is modernizing state scope-of-practice laws to ensure state laws are commensurate with the education, training, and experience of podiatric physicians and surgeons. The CPA has provided technical and financial assistance to state components to update their state scope-of-practice laws to permit podiatrists to diagnosis and perform procedures on the ankle and governing and

(Continued on page 5)
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*
related structures of the lower leg. South Carolina was the most recent state to modernize its scope-of-practice law, and CPA staff regularly spoke with South Carolina Podiatric Medical Association staff, lobbyists, and leaders as well as provided financial support to help podiatrists engage in grassroots advocacy efforts.

Another key legislative issue for the podiatric medical profession is adding DPMs to the pool of physicians who are permitted to supervise physician extenders. In 2018, WPMA successfully updated its state law to ensure podiatrists can supervise physician assistants and nurse practitioners. Another policy area in which the CPA assists state leaders is advocating to reinstate services by podiatrists in the state Medicaid program, and in some cases the CPA has been successful in helping stave off cuts to these services. The CPA provides resources to help demonstrate the value of podiatric medicine and the cost savings realized for states when patients enrolled in Medicaid have access to care provided by podiatrists.

Recent successes include helping Ohio members obtain privileges to perform histories and physicals, and assisting Kentucky members when an ERISA plan erroneously denied claims for surgical procedures performed by podiatrists. The CPA is committed to building off of these successes and others from the past decade and continuing to advance the profession for the benefit of APMA members and their patients. For more information about the CPA, visit www.apma.org/CPA or contact CPA staff at advocacy@apma.org.

**Member Board Spotlight**

**State Medical Board of Ohio**

Through an ever-changing and complex health care environment, the State Medical Board of Ohio has provided strong leadership and regulatory guidance over the last 124 years. As an independent board, it is comprised of 12 board members: seven allopathic physicians, one osteopathic physician, one podiatrist, and three consumer members, which are appointed by the governor for 5-year terms.

Ohio is uniquely positioned to have a combined board which oversees all DPMs, MDs, DOs, and physician assistants. It also regulates a variety of allied health professionals, including massage therapy, dietetics, and respiratory care.

In Ohio, the most common reason for disciplinary action is impairment. To alleviate this pattern and help in the rehabilitation of these licensees, the Medical Board adopted rules for the One-Bite program in 2019. One-Bite is a confidential monitoring program that allows an eligible practitioner who is impaired due to a substance use disorder to avoid formal disciplinary action by the Medical Board.

To maintain eligibility for the One-Bite program, practitioners must complete treatment at an approved One-Bite program facility, complete continuing care, enter into a monitoring agreement with the state-approved monitoring organization, and comply with all conditions of treatment and monitoring. The program offers an opportunity for Ohio to retain skilled practitioners with substance use disorder and equip them with the tools needed to get help without fear of putting their license in jeopardy.

The Medical Board continues to grow and learn from the lessons of the past. As it reviews cases from the last 25 years, it has now been given the opportunity to strengthen its sexual misconduct regulation. The board has identified areas of improvement and implemented additional policies and procedures that fur-
EDUCATION & WORKFORCE STATS

SOURCE:
Podiatry Management Online -
PM Annual Survey Report 2019
(1,138 respondents)
https://podiatrym.com/Annual_Survey_report2.cfm?id=2303

Practice Location (by population)

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Rural (Less than 25,000)</td>
<td>14%</td>
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<tr>
<td>Small City (25,000 - 100,000)</td>
<td>34%</td>
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<tr>
<td>Large City (100,000 - 500,000)</td>
<td>27%</td>
</tr>
<tr>
<td>Metropolis (500,000 or more)</td>
<td>24%</td>
</tr>
</tbody>
</table>

SOURCE:
Podiatry Management Online -
PM Annual Survey Report 2019
(1,138 respondents)
https://podiatrym.com/Annual_Survey_report2.cfm?id=2303
REQUESTS FOR INFO
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:

- CMEs and Licensure during the COVID-19 pandemic
- Limited Licenses for Podiatry / Quality Assurance Programs
- NC v. FTC / Board Certification
- Opioid and Pain Management CME Requirements
- Part III (PMLexis) - Licensure Reciprocity
- Residencies / Board Meeting Frequency
- State Laws or Regulations on Re-Entry into the Practice of Podiatry
- Temporary Licenses & Renewals
- Unprofessional Conduct Statutes / Podiatric Medical Assistants

EFFICIENCY IN LICENSURE
The FPMB is committed to its role in efficient licensure and has a median Part I/II/III and Disciplinary report processing time of under one business hour. Member Boards also have an opportunity to demonstrate efficiency via the timely download of these reports:

To initiate a “Request for Information,” contact the FPMB at fpmb@fpmb.org. Past report outs are available to Member Boards: Organization Dashboard.

Member Boards must respond to each “Request for Information” for the FPMB to be able to provide a complete and accurate report out.

The FPMB recognizes the following Member Boards for the timely download of reports sent November 2019 through January 2020:

Within 4 Hours
- Alabama
- Arizona
- California
- Colorado
- Florida
- Hawaii
- Illinois
- Kansas
- Kentucky
- Louisiana
- Michigan
- Montana
- Ohio
- Pennsylvania
- South Carolina
- Texas

Within 1 Day
- Massachusetts
- Nevada
- New Jersey
- New Mexico
- New York
- Oregon
- Washington

Within 2 Days
- District of Columbia
- Indiana
- Missouri
- Oklahoma
- Tennessee
- Utah
- Virginia
- Wisconsin

NOTE: Member Boards not listed above took longer than 2 days to download reports -or- did not receive reports during this time period.

Timely downloads of reports enables the FPMB to provide metrics demonstrating efficiency in licensure by its Member Boards.
and reporting, as well as hosting a video webinar that included board and staff from Member Boards, American Podiatric Medical Association (APMA), and Council on Podiatric Medical Education (CPME). Participants also took the opportunity to identify and discuss other potential challenges.

I cannot understate the importance of this engagement. Individually, Member Boards are from small states and large states, separate and combined boards, small staff and large staff, and long-tenured and newly hired. Working together, we better protect the public’s podiatric health, safety, and welfare.

This is supported by the post-webinar survey responses the FPMB received from its participants:

- “Collaborative nature to educate and inform stakeholders”
- “The free flow of information and professionalism of all participants”
- “As a board administrator, and relatively new, very good to know what is coming”

Whether it’s the COVID-19 pandemic, impact of the NC Dental Supreme Court decision, or any other challenges, the FPMB is here to serve you, its Member Boards. At the same time, your engagement is a force-multiplier for that service. Thank you for your support past, present, and future.

Stay safe and be well.

(Edward D. Cook’s Message - Continued from page 1)

Other protect victims and more swiftly address licensees in violation of the Medical Practice Act.

One invaluable addition is the incorporation of victim coordinators in the investigative process. A victim coordinator is a resource for the overall coordination of internal and external communications related to that investigation in partnership with board investigators and key legal and law enforcement entities. Their role is to provide trauma-informed, emotionally safe communications to the victim while coordinating the victim’s participation in a board investigation. The Medical Board is also creating a variety of educational resources to remind its licensees of their statutory and regulatory duty to report. These resources include presentations, videos, posters and a new confidential hotline, which can be used to file a complaint.

As it looks to the future, the Medical Board recognizes the practice of medicine will be carried on by the physicians in training today. That’s why it developed the Partners in Professionalism program, a joint effort between the State Medical Board of Ohio and Ohio medical schools to provide professionalism and medical-licensure education to current medical students. The program took life in 2007, beginning with the Ohio University Heritage College of Medicine and has grown to include the Ohio State University College of Medicine and the Kent State School of Podiatric Medicine as well. The Medical Board has found great success in developing these relationships and exposing students to board processes and real-life cases that necessitate disciplinary actions. It hopes to help prepare these future physicians for responsibilities they will assume in professional careers and to expand this program to additional medical schools in the state.

With nearly 90,000 licensees, the State Medical Board of Ohio continues its mission to protect and enhance the health and safety of the public through effective medical regulation. The Medical Board has been pivotal in the success of improved prescriber safety and Ohio Automated Rx Reporting System (OARRS) compliance and strives to increase its outreach strategies to keep its licensees informed. These efforts include the development of cultural competency education, prescribing tips, training videos, and translated materials for licensees and the public.

You can visit the State Medical Board of Ohio website at med.ohio.gov.

The FPMB wants to spotlight YOUR board!

Please contact fpmb@fpmb.org.
**MEMBER BOARDS DATA SNAPSHOT**

<table>
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<th>State</th>
<th>CONTINUING EDUCATION REQUIREMENT (Hours/Year Equivalent)</th>
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**NOTES:** 1) More detail is available via the FPMB webpage, including additional requirements. 2) Member Boards data is reported voluntarily by Member Boards regulating the practice of podiatric medicine. Therefore, the FPMB 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 / COMPRENDIUM**

The FPMB’s data visualization page provides general, contact, licensure, and regulatory information about its Member Boards. The webpage 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.

**COMPRENDIUM**

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).
ANTITRUST AND LICENSE PORTABILITY

The House Judiciary Subcommittee on Antitrust, Commercial and Administrative Law held a hearing on October 29th entitled: Antitrust and Economic Opportunity: Competition in Labor Markets. Witnesses included staff from the Federal Trade Commission, the Department of Justice, and Rick Masters who represents the Council of State Governments National Center for Interstate Compact.

The FTC discussed the NC Dental decision and testified that antitrust concerns and portability continue to be an issue in the licensed professions. Mr. Masters provided testimony regarding the ongoing efforts licensed professions have made to promote license portability, highlighting several health professions compacts including the Interstate Medical Licensure Compact.

The hearing and testimony can be accessed here.

CONTINUING MEDICAL EDUCATION

The Improving Access to Health Care in Rural and Underserved Areas Act (S. 3194) was introduced by Sen. Rosen (D-NV) and would give grants to federally-qualified health centers and rural health clinics to administer accredited continuing medical education courses to ensure access for their primary and behavioral care physicians and medical providers that serve medically underserved populations.

OPIOIDS

The Opioid Prescription Verification Act of 2019 (H.R. 4810) was introduced by Rep. Rodney Davis (R-IL) and would require the Secretary of Health and Human Services (HHS), within one year of bill enactment, to create materials for training pharmacists on circumstances under which they may decline to fill a prescription. The bill would also allow the CDC to use a set of preferences in awarding grants, including the use of PDMPs by physicians and pharmacists.

The Ensuring Compliance Against Drug Diversion Act of 2019 (H.R. 4812), introduced by Rep. Morgan Griffith (R-VA), would provide for the modification, transfer, and termination of a registration to manufacture, distribute, or dispense controlled substances under the Controlled Substances Act under certain circumstances, including when a registrant: dies, ceases legal existence, discontinues business or professional practice or surrenders such registration.


The DEBAR Act of 2019 (H.R. 4806), introduced by Rep. Bob Latta (R-OH), would allow the Attorney General to prohibit any person from being registered to manufacture, distribute, or dispense a controlled substance or a list I chemical under certain circumstances.

The Family Support Services for Addiction Act of 2020 (H.R. 5572) was introduced by Rep. Trone (D-MD) and would create "family community organizations" that mobilize resources within and outside of the community of families with individuals living with addiction, providing a support network, education, and evidence-based tools for families of individuals struggling with substance use disorders. The program would be governed by experts in the addiction field including behavioral health providers, primary care providers and family-support services.

The Solutions Not Stigmas Act of 2019 (H.R. 5631) was introduced by Rep. Kim (D-NJ) and would award grants to medical and other health professional schools to establish, expand, and implement substance use disorder treatment or chronic pain education curricula, focusing on clinical training experiences in primary care, mental, and behavioral health settings.

The Synthetic Opioid Danger Awareness Act (H.R. 5633) was also introduced by Rep. Kim (D-NJ) and would provide for the planning and implementation of a public education campaign to raise public awareness around the potency and danger of synthetic opioids (such as fentanyl) and non-opioid pain management alternatives. It also includes a training guide and outreach on synthetic opioid exposure prevention for first responders and others at risk of exposure.

(Continued on page 11)
VETERANS AFFAIRS

The FSMB responded to a letter from the Department of Veterans Affairs (VA) asking for comments on a proposal to expand VA telehealth rules to trainees. In the response letter, the FSMB highlighted the importance of only allowing licensed practitioners to practice telemedicine in any setting.

The FSMB provided a letter to the House Committee on Veterans' Affairs for a hearing entitled "Broken Promises: Assessing VA's Systems for Protecting Veterans from Clinical Harm." The letter highlighted the importance of requiring the VA to report adverse actions to state licensing boards. During the hearing, several Committee members asked about VA reporting to state medical boards - an issue that the FSMB continues to engage on. The hearing and testimony can be accessed here.

The Improving Confidence in Veterans' Care Act (H.R. 3530), introduced by Rep. Michael Cloud (R-TX), was amended by Rep. Mark Takano (D-CA) in markup to include several quality improvement measures, including: verification of credentials, reporting to state licensing boards and the NPDB, and limitations on settlement agreements.

The Ensuring Quality Care for Our Veterans Act (H.R. 4858), introduced by Rep. Ralph Norman (R-SC), mirrors the language in the Senate version introduced by Sen. Joni Ernst (R-IA). The bill would require third party reviews of VHA appointees who had a license terminated for cause by a state licensing board for care or services rendered at a non-VHA facility. It would also require that persons treated by such appointees be given notice if it is determined that care or services they received was below the standard of care.

WORKFORCE

The Pathways to Health Careers Act (H.R. 3398), introduced by Rep. Danny Davis (D-IL), would create grant programs for demonstration projects to address health professions workforce needs. One opportunity grant program would require that a state, "has in effect policies or laws that permit certain allied health and behavioral health care credentials to be awarded to people with certain arrest or conviction records," among other provisions.

The DEMO Act (H.R. 3336), also introduced by Rep. Danny Davis (D-IL), would create grants for demonstration projects to provide career pathways in the health professions for certain individuals with an arrest or conviction record.

MANDATORY REPORTING

The Improving Safety and Security for Veterans Act of 2020 (H.R. 5616), was introduced by Rep. McKinley (R-WV) and would require the Secretary of Veterans Affairs to produce a report regarding the quality of care and the steps that the Department has taken to make improvements in patient safety and quality of care at VA medical centers. One element of this report is a description of the system-wide reporting process that the Department will or has implemented to ensure that relevant employees are properly reported to State licensing boards.

FUNDING AND EDUCATION

The HEALTHIER Act (H.R. 2216), introduced in the 116th Congress by Rep. Tim Burchett (R-TN), would create grants for states wishing to allow Volunteer Health Professionals to provide care in their states under certain circumstances.

The EMPOWER for Health Act of 2019 (H.R. 2781), introduced by Rep. Janice Schakowsky (D-IL), would reauthorize Public Health Service Act programs relating to the health professions workforce. The bill passed the House and was referred to the Senate HELP Committee.

The College Affordability Act (H.R. 4674), introduced by Rep. Bobby Scott (D-VA), was amended to include a U.S. Government Accountability Office (GAO) study on state practices related to the denial, suspension, or revocation of an individual's professional or driver's license as a penalty for student loan default. It includes the requirement that the Comptroller General conduct outreach with state and local licensing boards and other entities. The bill was reported favorably out of the Committee and now heads to the House floor.
TELEMEDICINE

The CONNECT for Health Act (S. 2741/H.R. 4932), a bipartisan bill introduced by Sen. Brian Schatz (D-HI) and five co-sponsors that would increase access to telehealth in the Medicare program. The bill was reintroduced for the 116th Congress and would allow for waivers of certain originating site and geographic requirements for telehealth benefits, including mental health services and emergency care. A House companion was introduced by Rep. Mike Thompson (D-CA). The bill respects state law and licensure requirements and has been widely supported by more than 120 organizations.

The National Defense Authorization Act for 2020 (S. 1790) is still in negotiations and would provide funding for the development of interstate compacts for license portability for military spouses. It would also establish a pilot program intended to expand access to broadband, including for telehealth services for military families located in underserved areas.

The Telehealth Across State Lines Act of 2019 (H.R. 4900) was introduced in the House by Rep. David Roe (R-TN) and mirrors the legislation introduced in the Senate by Sen. Marsha Blackburn (R-TN). The bills would require the Secretary to issue guidance on uniform best practices for the provision of telehealth across state lines. The bills do not specifically mention licensure, but the FSMB is actively engaging with Senate staff on this issue to emphasize the importance of state medical licensure to patient safety.

The Asthma Care and Prevention in Rural Communities Act of 2019 (H.R. 4548), introduced by Rep. Juan Vargas (D-CA), would authorize the Centers for Disease Control and Prevention (CDC) to award grants to underserved counties for mobile clinics and telemedicine to diagnose and treat children with asthma.

The Specialty Treatment to Access and Referrals Act of 2019 ("STAR Act," H.R. 5190) was introduced by Rep. Harder (D-CA) and would create a pilot program for health centers and rural health clinics to implement electronic provider consultations (E-Consults) and related telemedicine services through improving infrastructure and training. The bill seeks to advance the use of E-Consults to bring specialty care to areas where services are lacking. It also defines these consults as those primarily intended to provide specialty expertise to treating clinicians (primary care providers) without requiring a direct interaction between the patient and the medical specialist.

The Telemental Health Expansion Act of 2019 (H.R. 5201), was introduced by Rep. Matsui (D-CA) and would lift geographic requirements that restrict payment on mental health services provided via telemedicine. The bill specifically excludes state licensure requirements from those geographic requirements being removed.

The Data Mapping to Save Mom’s Lives Act (S. 3152), was introduced by Sen. Rosen (D-NV) and would require the Federal Communications Commission (FCC) to incorporate data on maternal health outcomes for at least one year postpartum into the broadband health mapping tools of the FCC in consultation with the Centers for Disease Control and Prevention.

REGULATORY NEWS

The FSMB submitted a comment on CMS Proposed Rule (CMS-1715-P) that raised concerns over a proposal to allow CMS to expand its authority to revoke or deny physicians' and other healthcare providers' Medicare billing privileges in instances where providers have been subject to prior board disciplinary actions based on conduct that resulted in patient harm.

CMS will remove certain factors it had originally included: a) participation in rehabilitation or mental/behavioral health programs, b), required abstinence from drugs or alcohol and random drug testing, and c) "any other information that CMS deems to be relevant to its determination."

Congress is anticipating that the Drug Enforcement Administration (DEA) will soon reveal their proposed rule on telemedicine prescriptions of controlled substances. In 2018, the SUPPORT for Patients and Communities Act (H.R. 6) became law, which gave the DEA an October 2019 deadline to produce the rule, and its absence has recently been the subject of Congressional scrutiny.

CBD Guidance from the Food and Drug Administration (FDA) has stalled. Several deadlines following the 2018 Farm Bill have been missed and the spending bill signed in December 2019 gives the FDA $2M and 60 Days to release the guidance and/or regulations.
MEMBER’S CORNER

Arizona State Board of Podiatry Examiners

Running legislation this session with a bill that includes:

- Requiring fingerprinting for new applicants;
- Increasing practicing without a license from a class 2 misdemeanor to a class 5 felony (consistent with state statute); and
- Clarifying that a podiatrist can perform full body physical examination within the profession’s scope of practice.

Oregon Medical Board

Oregon podiatric physicians diagnose and treat ailments of the human foot, ankle, and tendons directly attached to and governing the function of the foot and ankle. To qualify for an Oregon license, podiatric physicians must pass Parts I, II, and III of the NB-PME licensing exam. Part III may be waived under certain circumstances. Podiatric physicians may apply for an endorsement on their license to perform foot and ankle surgery. Any applicants who have ceased practice for more than two years must submit a plan for re-entry.

NEWS CLIPS

Licensing and Regulation

- Three challenges to the regulation of digital health
  Becker’s Hospital Review
  October 2019

- Number of certified physician assistants surging
  HealthLeaders
  October 2019

- Understanding fraud and abuse laws key to adherence by physicians
  Medical Economics
  October 2019

Discipline, Misconduct & Patient Safety

North Carolina Medical Board urges consumers to take charge of researching their doctors

- Should doctors apologize for mistakes?
  Medical Economics
  October 2019

- Interstate medical licensure by the numbers
  AMA Wire
  October 2019

- One-size-fits-all approach to patient safety improvement won’t get us to the ultimate goal—zero harm?
  Modern Healthcare
  November 2019

Education / Workforce

- Rural hospital closing crisis leaves millions without nearby health care
  AAMC News
  October 2019

- Physician burnout eases, but much work remains to be done
  HealthLeaders
  October 2019

- For growing number of doctors, life in medicine extends into 70s
  AMA Wire
  October 2019

- How IMGs have changed the face of American medicine
  AMA Wire
  October 2019

- Half of surgery residents report harassment, bullying
  HealthLeaders
  October 2019

- Six ways to reduce doctor burnout at the systemic level
  The DO
  October 2019

- Massachusetts approves expanding Risk Management CME to include wellness and burnout prevention
  Mass.gov
  October 2019

- Is burnout among healthcare providers associated with poor patient care?
  Medical Bag
  November 2019

- Dealing with sexual harassment in healthcare
  HealthLeaders
  November 2019

- Physician depression linked to medical errors, new study finds
  Fierce Healthcare
  November 2019

- Only four percent of medical students come from rural areas
  Becker’s Hospital Review
  December 2019

- How this year brought physician burnout into clearer focus
  AMA Wire
  December 2019

(Continued on page 14)
The majority of U.S. medical students are now women
Fierce Healthcare
December 2019

Opioids / Pain Management

Opioid treatment scam may be coming to your state
Stateline
October 2019

HHS announces new guide for appropriate tapering or discontinuation of long-term opioid use
HHS
October 2019

Don't force patients off opioids abruptly, new guidelines say, warning of severe risks
NPR
October 2019

How should physicians respond to patients' pain when new opioid prescribing laws limit shared decision making?
AMA Journal of Ethics
October 2019

Opioid crisis fallout: Physicians increasingly avoid treating chronic pain patients
Medical Economics
November 2019

Rate of opioid use disorder in every state
Becker's Hospital Review
November 2019

Florida opioid-prescribing law reduced use of deadly painkillers
UPI
December 2019

Nearly 50,000 U.S. deaths per year linked to opioid use
UPI
December 2019

Telemedicine / Rural Health

Rural hospital closing crisis leaves millions without nearby health care
UPI
October 2019

They enrolled in medical school to practice rural medicine. What happened?
Fierce Healthcare
October 2019

These telemedicine doctors are getting licenses in all 50 states to treat patients in remote areas
CNBC
October 2019

Telehealth adoption remains low, but satisfaction is growing
Becker's Hospital Review
October 2019

CDC: Gap between rural and urban deaths increasing in U.S.
Becker's Hospital Review
November 2019

Changing America: Your virtual doctor is in
The Hill
November 2019

New Treatments / Technology

An introduction to machine learning for clinicians
Academic Medicine
October 2019

NEWS SPOTLIGHT

UTRGV Announces Steps Toward School of Podiatry

On Thursday, February 27, the University of Texas Board of Regents approved University of Texas Rio Grande Valley’s proposal to establish a school of podiatry and a doctor of podiatric medicine degree program.

The Monitor
February 2020
BOARD NEWSLETTERS, NEWS, & ANNOUNCEMENTS

ALABAMA
❖ Alabama State Board of Podiatry
❖ Alabama Board of Medical Examiners ❖ ❖ October-December 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 ❖ ❖ Spring/Summer 2019
❖ Medical Board of California ❖ ❖ Winter 2019

COLORADO
❖ Colorado Podiatry Board
❖ Colorado Medical Board

CONNECTICUT
Connecticut Board of Examiners in Podiatry
Connecticut Medical Examining Board

DELAWARE
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 ❖ ❖ December 2019

FLORIDA
❖ Florida Board of Podiatric Medicine
❖ Florida Board of Medicine

GEORGIA
Georgia State Board of Podiatry Examiners
❖ Georgia Composite Medical Board

HAWAII
❖ Hawaii Medical Board [includes podiatry]

IDAHO
Idaho Board of Podiatry
❖ Idaho Board of Medicine ❖ ❖ Winter 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 ❖ ❖ Winter 2020

(Continued on page 16)
LOUISIANA
Louisiana State Board of Medical Examiners [includes podiatry]
❖ January 2020

MAINE
Maine Board of Licensure of Podiatric Medicine
Maine Board of Licensure in Medicine ❖ Winter 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 ❖ January 2020

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 ❖ January-February 2020

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

OHIO
State Medical Board of Ohio [includes podiatry] ❖ February 2020

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VISION STATEMENT
The FPMB is an empowering leader, helping Member Boards work 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!