

Member Podiatric Medical Boards Newsletter — Q2 2020



PRESIDENT'S MESSAGE

Bruce R. Saferin, DPM

Toledo, Ohio

On behalf of the FPMB, I thank the participants from our 2020 Annual Meeting last month. Your engagement and energy are infectious, and I look forward to our work together over the year ahead to further our shared vision and mission to promote and protect the public's podiatric health, safety, and welfare.

I would like to welcome our newest board member, Marlene Reid, DPM, from Chicago, Illinois. Dr. Reid brings with her a tremendous amount of experience and knowledge which will enhance our board. Additionally, I am pleased to announce that

Jay S. LeBow, DPM, will now serve as the FPMB's first Director Emeritus. Dr. LeBow will continue to provide his insight and understanding of our profession that makes him invaluable to our board.

The FPMB remains focused on the impact of the COVID-19 pandemic, particularly with regard to licensing exams. The Executive Board continues to participate in the National Board of Podiatric Medical Examiner's (NBPME) contingency planning conference calls related to the podiatric licensure exams. Information gathered from you, our Member Boards, has been critical to the decision-making process, and an update on the NBPME's response to COVID-19 disruptions is included in this edition of the newsletter.



E.D.'S MESSAGE

Russell J. Stoner

Germantown, Maryland

Occupational Licensure

In November 2017, I attended the Federal Trade Commission's (FTC) Economic Liberty Task Force roundtable that examined empirical evidence on the effects of occupational licensure. Most of the presenters focused on the impact of licensure on competition and consumers. On the other hand, Beth Redbird, Ph.D., assistant professor in the Department of Sociology at Northwestern University, provided insight on the impact of licensure on the workforce.

In her [paper](#), "The New Closed Shop? The Economic and Structural Effects of

Occupational Licensure", Redbird states:

"The external authority of the license grants legitimacy to the classification, which is then passed on to the practitioner. Upon achieving licensure, newly credentialed workers become entitled to use a state-endorsed signal of quality, a device that helps them bypass initial questions of employability and also partially overcome problems of fit, such as a race, gender, or age mismatch, that might otherwise keep a qualified worker from being selected."

At a time that occupational licensure is under a microscope, licensing boards, like the FPMB's Member Boards, should be recognized for providing qualified workers an occupational path forward free of discriminatory barriers.

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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**.



NATIONAL BOARD OF PODIATRIC MEDICAL EXAMINERS

Alyssa K. Stephenson, DPM, *President*

NBPME Responds to COVID-19 Disruptions

Written Test Actions

Early in the pandemic crisis, there was considerable risk that the planned testing schedule could be threatened. In the coming months, this would affect the May Part II, June Part III, and July Part I sessions. The National Board of Podiatric Medical Examiners (NBPME) recognized the widespread repercussions and organized a series of bi-weekly conference calls beginning April 2.

Participants from American Association of Colleges of Podiatric Medicine (AACPM), American Podiatric Medical Students Association (APMSA), Council of Teaching Hospitals (COTH), American Podiatric Medical Association (APMA), Federation of Podiatric Medical Boards (FPMB), Council on Podiatric Medical Education (CPME), and American Society of Podiatric Executives (ASPE) were invited to join board officers and Prometric representatives for regular briefings on the status of shutdowns and planned re-openings of Prometric test centers. Approximately 30 persons joined each call. The discussions topics included potential changes to the testing calendar and the ramification of various alternatives. Full consideration was given to all concerns expressed.

Facing extensive uncertainty, and the possibility of that Prometric test centers would not be allowed to reopen at full capacity, the NBPME approved adjustments to the test calendar. The May Part II and the June Part III tests would be authorized over periods of three days each. Because of the higher numbers and greater concentrations of candidates for the July Part I, the board authorized testing to be conducted over a period of two weeks.

The Prometric report on the June 4 call described considerable success. All candidates were tested in the May Part II, and their scores were reported timely. The June Part III concluded June 6, after a storm and

other problems affected four candidates. A total of 272 candidates were tested over the four days. NBPME president, Dr. Alyssa Stephenson, gave high praise to Prometric staff for their unflagging efforts to schedule candidates with the greatest possible accommodations to each one's unique circumstances and limitations. "We consistently saw the staff working long hours and making incredible efforts to contact candidates and resolve problems. Prometric staff have given the NBPME remarkable service throughout this unusual time," she said.

Prometric has also reported significant progress in planning the July Part I test. As of June 5, 559 of 593 eligible candidates have been scheduled and Prometric expects to have all candidates scheduled at a facility appropriate to each candidate's needs when registration is completed.

CSPE Test Actions

The pandemic has also required planning and adjustments for the Clinical Skills Patient Encounter (CSPE) examination. The board's CSPE committee and the board as a whole have frequently consulted the National Board of Osteopathic Medical Examiners (NBOME) who develop and conduct the patient encounter examination.

The board officers and Dr. Vivian Rodes, chair of the CSPE committee, recently discussed NBOME's plan to delay the start of their own testing until September 1 in a call with NBOME staff. At this point, the board believes it is safe and prudent to continue to plan starting the CSPE exam August 18th.

NBOME has described significant steps to enhance the safety of the test for all participants. These include changes to the building HVAC system, a dramatically increased cleaning regimen using a quaternary germicide, and various social distancing measures. In addition, all NBOME exam staff, standardized patients, and candidates will be screened for temperature and recent health history before admission every day. The conclusion of the CSPE committee is that the overall result of these modifications is to provide an environment that is actually safer than what candidates face in clinical rotations.

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

MEMBER BOARD SPOTLIGHT

Arizona Board of Podiatry Examiners



The state of Arizona Board of Podiatry Examiners came into existence on March 26, 1941. The mission of the Board is to protect the health, safety, and welfare of the citizens of Arizona by regulating and maintaining standards of practice in the field of podiatric medicine.

The Board is an independent Board which consists of five board members; three podiatrists, and two public members. Each Board member is appointed by the Governor for five-year terms. A Board member can be reappointed after the five-year term at the Governor's discretion. The Board has one Executive Director as its staff person.

Each Board member is required to obtain twelve hours in Board member training within one year of being appointed to the Board. The Board is appointed an Assistant Attorney General to provide legal advice to the Board. Additionally, the Assistant Attorney General provides education and guidance on maintaining consistency with other health Boards.

The Board recently ran legislation to update and provide clarification to current statutes, specifically to the residency requirement, and the definition of podiatrist. The legislation included authorizing the Board to require fingerprinting for new applicants and the incorporation of the American Podiatric Medical Association (APMA) guidelines on sexual misconduct. Due to political reasons, the APMA guidelines on sexual misconduct were struck from the legislation. Ultimately, all non-essential legislation was stalled due to the COVID-19 crisis as the legislature only passed essential Bills. The Board is planning on running legislation during the 2021 legislative session. During each legislative session there is talk of consolidation amongst the Boards, but nothing has yet to be done in that regard.

The Board is currently undergoing the rule-making process. Included in the Board's rule package is to allow licensees to obtain all of their continuing medical education electronically. Additionally, recent legislation repealed the Board's oral exam; therefore, the section regarding the exam is being struck from rule.

To date, Arizona licenses 470 podiatric physicians. Arizona only offers an active license for podiatrists. If a licensee chooses not to renew their license, the license is cancelled.

Licensees are required to renew their license by June

30th of each year. In addition, licensees are required to obtain twenty-five hours of continuing medical education each fiscal year. Fifteen of the twenty-five continuing medical education hours must be in-person. In the 2019 legislative session the Governor declared an opioid crisis and passed legislation requiring all health professionals that hold a DEA certificate of registration to obtain three continuing medical education hours in opioid related issues. The opioid-related continuing medical education is included in the twenty five required hours. Since Arizona declared a State of Emergency due to COVID-19, the Board has allowed licensees to obtain all of their continuing medical education via electronically pursuant to the Governor's Executive Order. Deadline extensions for the continuing medical education will be determined on a case-by-case basis.

The Board employs four podiatric physicians as Board Investigators to review and investigate complaints. Once a Complaint is received by the Board, and all necessary documentation is received by the licensee, the Complaint is assigned to a Board Investigator. The Board Investigator provides a report of the Complaint along with a recommendation to the Board. Typically, Complaints are resolved within four to six months of the Complaint being received by the Board. On average, the Board receives 40 -50 Complaints per year. The majority of the Complaints are regarding poor outcomes of treatment/procedures.

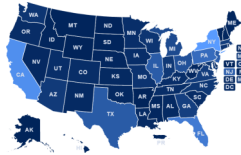
Board meetings are typically held the second Wednesday of each month. Since the pandemic, the Board has been encouraging telephonic participation at each Board meeting. In the event participants appear in-person at Board meetings, social distancing measures have been implemented at the meetings.

Recently, the University of Arizona partnered with the State of Arizona to provide COVID-19 antibody testing to frontline workers and healthcare professionals. Various health Boards are included in the testing, including the Arizona Board of Podiatry Examiners. Participation in the antibody testing is not mandatory.

The Board Chair, Dr. Barbara Campbell, is very active in the podiatric community. Dr. Campbell gives a yearly lecture to first-year students at Midwestern University. Dr. Campbell's lecture focuses on Professional Conduct from the Board Perspective. The presentation discusses the functions of the Board, license requirements, state statutes (particularly those associated with unprofessional conduct), legislative updates, and issues affecting the practice of podiatric medicine in Arizona. Dr. Campbell sits on several national associations as well.

2020 Annual Meeting Recap

On May 1, 2020, over 35 attendees participated in the FPMB's 2020 Annual Meeting video webinar with the following agenda:



- Announcements
- FPMB's COVID-19 Pandemic Response
- APMA – Scope of Practice & Parity
- Increasing Information Engagement
- Open Forum for Key State Issues and Updates

Announcements

In recognition of the likely financial burden of the COVID-19 pandemic on Member Boards, the FPMB Executive Board announced that it had voted to freeze dues at the current 2019-2020 amounts. These amounts will apply for the upcoming fiscal year of 2020-2021 that runs from August through July.

The FPMB also announced its 2020-2021 Executive Board elections. The FPMB welcomes Marlene Reid, DPM (Chicago, Illinois) as its newest Director. The FPMB also announced that Jay S. LeBow, DPM will now serve as the organization's first Director Emeritus.

COVID-19 Pandemic Response

The FPMB presented a timeline of its COVID-19 response, along with special focus on its [web resource](#) for Member Boards and other key stakeholders. Meeting participants discussed key issues, such as CME licensure requirements, elective surgeries, potential delays with examinations, safety guidelines, telemedicine, etc.

APMA—Scope of Practice & Parity

American Podiatric Medical Association (APMA) President, Seth A. Rubenstein, DPM, and Executive Director/CEO, James R. Christina, DPM, presented on scope of practice and parity.

Increasing Information Engagement

The FPMB presented on increasing information engagement with its Member Boards. The FPMB conducts topic-specific data collection and reporting via a

“request for information” process that generates data that impacts decisions and leads to change (i.e., rules, regulations, etc.). For this reason, it is critical that every Member Board respond to these information requests.

The FPMB also highlighted its quarterly newsletter as another vehicle for information engagement with its Member Boards and other key stakeholders. The newsletter features data from the FPMB, Member Boards, and other national sources.

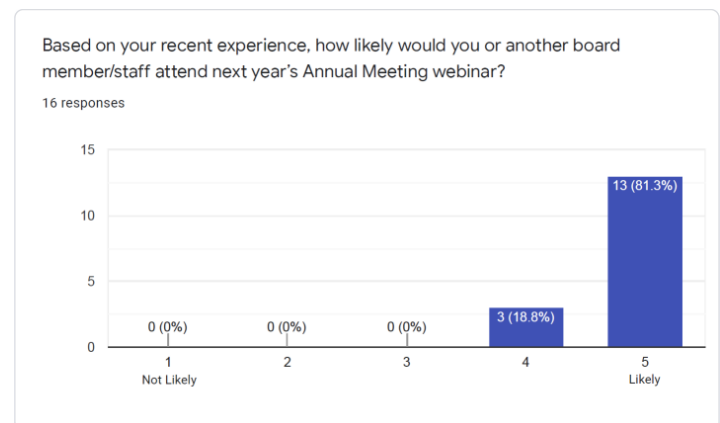
*** New Data Initiative ***

The FPMB announced a new data initiative to increase the data collection and reporting of state podiatric medical board data and podiatric physician licensure data. This will increase both the depth and breadth of data collected and reported.

The FPMB is forming a “Data Initiative” committee to identify specific data elements to collect, execute the data collection, and publish results. *More details will be forthcoming ...*

Open Forum for Key State Issues and Updates

The open forum provided a unique opportunity for participants to interact on critical topics. Feedback received includes, “I found this to be the best part of the meeting”, and “It was great to have such engaged participants.”



Participation in the Annual Meeting is a key benefit restricted to dues-paid Member Boards.

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.

***** Higher response participation is needed! *****

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.



Date	Topic	Responses
Nov-2013	AMA PRA Category 1 Credit(s) for License Renewal for Podiatrists	19
Mar-2014	State Laws or Regulations on Re-Entry into the Practice of Podiatry	9
Jun-2015	Limited Licenses for Podiatry / Quality Assurance Programs	37
Jan-2017	NC v. FTC / Board Certification	22
Feb-2017	Residencies / Board Meeting Frequency	38
Jun-2017	Part III (Licensure Reciprocity)	40
Jul-2017	Newsletters & Advertising	42
May-2018	Temporary Licenses & Renewals	45
Jun-2018	State Board Interpretation Requests	31
Jul-2018	Survey Related to Restoring Board Immunity	32
Oct-2018	Opioid and Pain Management CME Requirements	37
Feb-2019	HBO and N2O use by Podiatrists	10
Oct-2019	Code of Ethics / Physical Exams / Podiatric Medical Assistants	20
Mar-2020	COVID-19: Licensing & CME	23
Apr-2020	Limited License Requirements for Residents	37
Jun-2020	Continuing Education Received Through Non-Live Methods	40

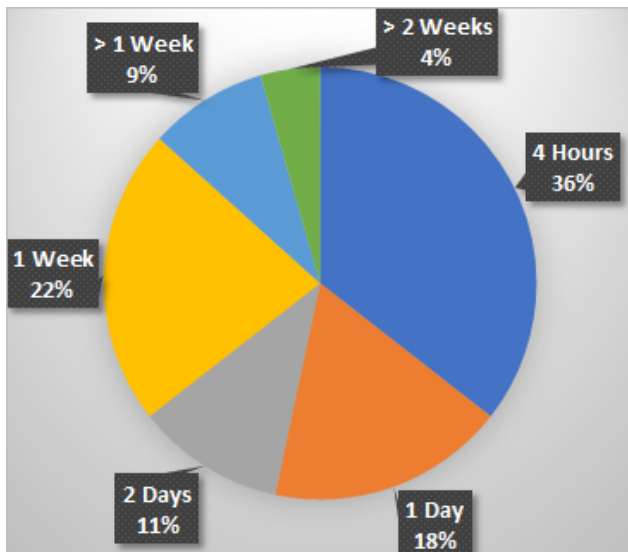
EFFICIENCY IN LICENSURE

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:

The FPMB recognizes the following Member Boards for the timely download of reports sent **March 2020 through May 2020**:

Within 4 Hours	New Mexico	Massachusetts
Connecticut	North Carolina	Nebraska
Alabama	North Dakota	Ohio
California	Pennsylvania	Texas
Colorado	South Carolina	
District of Columbia	Washington	Within 2 Days
Florida		Maryland
Kansas	Within 1 Day	Michigan
Kentucky	Arizona	Oklahoma
Montana	Arkansas	Utah
New Hampshire	Georgia	Wisconsin
	Illinois	

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.

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MEMBER BOARDS DATA SNAPSHOT

 NUMBER OF DPM BOARD MEMBERS

(DPMs serving on each Board)

Alabama	7
Alaska	0
Arizona	3
Arkansas	3
California	3
Colorado	4
Connecticut	3
Delaware	3
District of Columbia	2
Florida	4
Georgia	3
Hawaii	0
Idaho	4
Illinois	5
Indiana	4

Iowa	5
Kansas	1
Kentucky	4
Louisiana	0
Maine	4
Maryland	5
Massachusetts	3
Michigan	5
Minnesota	5
Mississippi	0
Missouri	3
Montana	1
Nebraska	3
Nevada	4
New Hampshire	4
New Jersey	1
New Mexico	3
New York	9
North Carolina	3
North Dakota	4
Ohio	1
Oklahoma	5

Oregon	1
Pennsylvania	4
Puerto Rico	3
Rhode Island	4
South Carolina	4
South Dakota	4
Tennessee	4
Texas	6
Utah	4
Vermont	1
Virginia	1
Washington	4
West Virginia	2
Wisconsin	3
Wyoming	3

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.

MEMBER BOARDS INFO / COMPENDIUM

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.

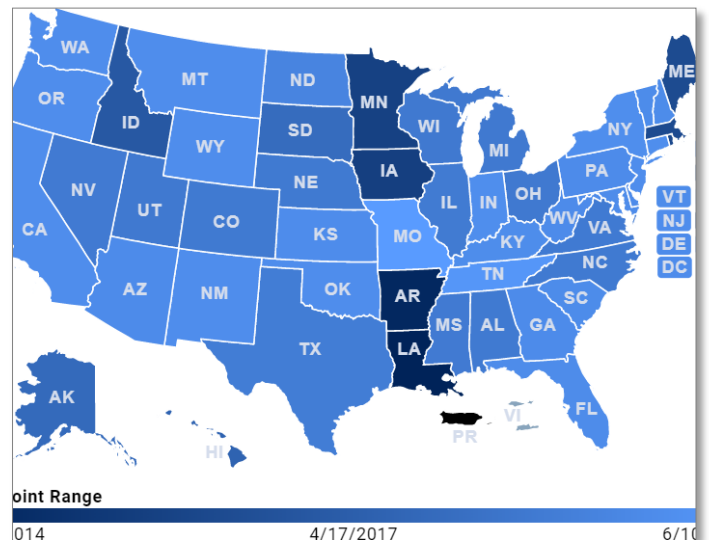
COMPENDIUM

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



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](#)*).



LEGISLATIVE NEWS

*Advocacy Network News from the
Federation of State Medical Boards (FSMB)*

ACTIVE SUPERVISION

West Virginia [HB 4949](#) creates the **Office of Supervision of Occupational Boards** to play a significant role in developing each board's rules, providing active supervision and averting antitrust liability.

Mississippi [SB 2790](#) / [HB 1260](#) - Mandates that the Occupational Licensing Review Commission review, repeal and revise existing occupational regulations to ensure compliance with state policy and states that state licensing boards be controlled by active market participants.

“RIGHT TO EARN A LIVING” MODEL LEGISLATION

The **American Legislative Exchange Council's** Right to Earn a Living [model language](#) has been in circulation for years in state legislatures, arguing that occupational licenses are particularly onerous and negatively affect state economies. Among other things, the legislation mandates that every state agency undergo a comprehensive review of occupational regulations and articulate the necessity and effect of said regulations.

In 2020, **Alaska** ([HB 299](#)), **Kansas** ([SB 391](#)) and **West Virginia** ([HB 4949](#) and [SB 646](#)) have introduced legislation similar to the model legislation.

Rhode Island [HB 7783](#) - Mandates that every state regulatory agency conduct a comprehensive review of all their entry regulations, articulate their necessity and account for their possible effect on employment and the economy, and repeal or replace any rule that limits entry into the profession unnecessarily. The bill also preempts any rules, regulations, codes, ordinances or laws adopted by a county or city in the state.

UNIVERSAL RECIPROCITY

State legislatures are continuing to debate and explore the universal recognition of occupational licenses. Since January, legislation based upon the **Institute for Justice's** [model legislation](#) encouraging universal reciprocity has been introduced in **Iowa** ([SF 2163](#)), **Tennes-**

see ([HB 1944/SB 2451](#)) and **Mississippi** ([HB 261](#)).

These bills are in addition to those previously introduced in **Ohio** ([SB 246](#)), **Oklahoma** ([SB 1891](#)), **Kansas** ([HB 2453](#)), **Nebraska** ([LB 1187](#)), and **West Virginia** ([SB 548](#)). **Ohio** [SB 246](#), **Oklahoma** [SB 1891](#), **Iowa** [SF 2163](#), **Tennessee** [HB 1944](#) and [SB 2451](#) and **Mississippi** [HB 261](#) require applicants to establish residency in the state or be married to an active duty service member stationed in the state, both **Nebraska** [LB 1187](#) and **West Virginia** [SB 548](#) lack a residency condition, and **Kansas** [HB 2453](#) lacks both a residency and experience condition.

Two additional bills in **Oklahoma**, [SB 1678](#) and [SB 1679](#), would permit universal recognition of occupational licenses. Two companion bills in **Iowa**, [SSB 3122](#) and [HSB 647](#), and one in **Wyoming**, [HB 128](#), grant universal reciprocity but omit the states' Board of Medicine from the requirement.

Idaho [S 1351](#) - Establishes procedures for the issuance of licensure to individuals who hold a current, valid, and unrestricted license in another state with equivalent competencies and scope of practice. Individuals are subject to Idaho law and must pass any examinations deemed necessary for licensure. The bill also prohibits Boards from disqualifying applicants from licensure based on a criminal conviction, unless the conviction is relevant to the applicant's fitness to engage in the profession. The bill was signed into law on March 17.

Louisiana [HB 622](#) - Grants an occupational or professional license or certificate to a person who establishes residency in the state and has held a license for at least a year in another state, is in good standing, has not faced disciplinary action and has met the requirements of license-holders in Louisiana.

MANDATORY REPORTING

New Jersey [S 2254](#) - Mandates that the State Board of Medical Examiners notify the medical examining and licensing boards in every state if the board takes any action against a physician's medical license or affecting a physician's privileges to practice medicine.

(Continued on page 9)

(Legislative News: Continued from page 8)

CAREER PATHWAYS GRANT PROGRAM

The [Gateway to Careers Act of 2020 \(H.R. 5759\)](#) was introduced by **Rep. Adams (D-NC)** and creates a grant program for "career pathway partnership(s)." The bill notes that state boards could serve as workforce development partners.

MEDICAL SCHOOL COSTS

The [Physician Shortage GME Cap Flex Act of 2020 \(H.R. 6090/S. 3390\)](#) was introduced by **Rep. Ruiz (D-CA)** and **Sen. Barrasso (R-WY)** and would allow Medicare to fund the graduate medical education of more resident physicians in qualifying hospitals that have a shortage of specialists, a low physician-to-population ratio or lack adequate medical training infrastructure.

VETERANS AFFAIRS

The [Care Veterans Deserve Act of 2020 \(H.R. 5555\)](#) was introduced by **Rep. Hudson (R-NC)**, and requires the Secretary of Veterans Affairs to "enter into contracts, including through locum tenens arrangements" with certain providers during nights and weekends. The bill also includes provisions related to extended pharmacy hours, best-practice peer reviews of VA medical centers, and eligibility of certain veterans to receive non-department care under the Veterans Community Care Program.

The [Veterans Heroin Overdose Prevention Examination Act \("HOPE Act," H.R. 5774\)](#) was introduced by **Rep. Murphy (R-NC)** and directs the Secretary of Veterans Affairs to complete a review of all covered veterans who died from opioid overdoses in the last five years. Such review would include documenting demographic information, medical diagnoses, medications prescribed and combat trauma, and would offer recommendations for actions that would improve the safety and well-being of veterans and reduce opioid overdose rates.

LOAN REPAYMENT

The [HIV Epidemic Loan-Repayment Program Act of 2020 \("HELP Act of 2020," H.R. 5806\)](#) was introduced by **Rep. Lewis (D-GA)** and authorizes a loan repayment program to physicians and physician assistants, among other healthcare professionals, that work in HIV treatment. The repayment program requires five years of obligated service to pay off the entirety of eligible principal debt and interest.

[H.R. 5924](#) was introduced by **Reps. McKinley (R-WV)** and **Welch (D-VT)** and authorizes a loan repayment program to incentivize specialty medicine physicians to serve in rural communities facing workforce shortages. The repayment program requires physicians to serve for six years in underserved areas to pay off the entirety of their eligible principal debt and interest.

RURAL MEDICINE

The [Save Rural Communities Act of 2020 \(H.R. 5808\)](#) was introduced by **Rep. Arrington (R-TX)** and provides for Medicare to cover access to rural emergency medical services, including the cost of outpatient services at rural emergency centers and for the cost of transportation, including by ambulance if necessary, to a hospital or trauma center.

The [Expanding Medical Education Act of 2020 \(H.R. 5654\)](#) was introduced by **Rep. Costa (D-CA)** and offers \$200 million to institutions of higher education to establish a school of medicine, or a branch campus of a school of medicine, in areas of high need, especially in diverse and medically deprived communities.

BACKGROUND CHECKS

The [Ensuring Seniors Access to Quality Care Act \(S. 2993\)](#) was introduced by **Sens. Mark Warner (D-VA)** and **Tim Scott (R-SC)** and provides nursing home operators access to the National Practitioner Data Bank (NPDB) giving employers greater ability to screen and vet potential employees to ensure that caregivers do not have a history that would endanger the seniors under their care. Additionally, the legislation amends regulations that barred senior living facilities from conducting training programs for in-house Certified Nursing Assistants (CNAs) for a two-year period after a care facility had been found to have deficiencies, such as poor conditions or patient safety violations. Under this legislation, facilities will be able to reinstate their CNA training programs if they correct the deficiency, the deficiency did not result in a risk to patient safety, or if the facility had not received a repeat deficiency related to direct patient harm in the last two years.

(Continued on page 10)

(Legislative News: Continued from page 9)

TELEMEDICINE

The [National Telehealth Strategy and Data Advancement Act \(H.R. 5763\)](#) was introduced by **Rep. Gianforte (R-MT)** and reauthorizes \$40 million for telehealth grant programs; simplifies the grant application process and the administrative structure of these programs; requires the Office for the Advancement of Telehealth (OAT) to create a plan for a cohesive, efficient telehealth implementation at the federal level; improves research by standardizing the data reporting of grant recipients; ensures information sharing and collaboration across federal agencies; and, creates a biennial report to Congress on federal investments in telehealth.

LICENSURE VERIFICATION

The [Medical License Verification Act \(S. 3290\)](#) was introduced by **Sen. Scott (R-FL)** and requires the Secretary of Health and Human Services to establish and implement an automated verification system for providers applying for a unique health identifier to verify that they are licensed in the state they claim and that the license is in good standing.

OUT-OF-STATE PROVIDER MEDICAID ENROLLMENT PROCESS

The [Accelerating Kids' Access to Care Act \(H.R. 5900\)](#) was introduced by **Rep. Kennedy III (D-MA)** and streamlines the process for enrolling eligible out-of-state providers into Medicaid programs for the treatment of qualified individuals under 18 years of age.

HEALTH DATA

The [Data Protection Act of 2020 \(S. 3300\)](#) was introduced by **Sen. Gillibrand (D-NY)** and creates an independent federal agency, similar to the Consumer Financial Protection Bureau, which is charged with regulating "consumer scoring," which is the process whereby data brokers gather large amounts of information about consumers, including public records and retail history, turn it into health risk scores, and then sell it to providers and payers. The watchdog's

purview includes healthcare data, among scores of other genres, with a primary goal of giving individuals control and protection over their own data by enforcing data protection rules.

REGULATORY NEWS

The **Department of Defense** released a report on occupation licensing for military spouses, entitled [Military Spouse Licensure: State Best Practices and Strategies for Achieving Reciprocity](#).

The **White House Office of National Drug Control Policy (ONDCP)** released its [2020 Rural Community Action Guide: Building Stronger, Health, Drug-Free Rural Communities](#). The guide seeks to strengthen rural community responses to substance use disorders, amongst other drug-related efforts.

The **Office of the National Coordinator for Health Information Technology (ONCHIT)** released its [2020-2025 Federal Health IT Strategic Plan](#), which includes objectives including reducing "regulatory and administrative burden on providers." The ONCHIT also released a final report entitled [Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs](#).

INTERSTATE MEDICAL LICENSURE COMPACT

Twenty-nine (29) states, Guam and the District of Columbia have enacted the IMLC.

IMLC legislation is actively pending in **Florida** ([HB 1143](#) and [SB 926](#)), **Missouri** ([HB 2256](#)), **New Jersey** ([A 1112](#) and [S 523](#)), **New York** ([A 9859](#) and [S 7732](#)), **Rhode Island** ([HB 7171](#)), and **South Carolina** ([H 3101](#)). Other states are expected to introduce model legislation in the coming weeks and months.

The IMLC's application process officially went live on April 6, 2017, and its first license was issued on April 20, 2017. As of February 29, 2020, more than 6,900 applications have been processed through the IMLC, resulting in 9,046 medical licenses issued by compact member states.

The model Compact legislation and other resources can be found on the Interstate Medical Licensure Compact Commission's website at www.imlcc.org.

NEWS CLIPS

Discipline, Misconduct & Patient Safety

🔗 [Do professionalism lapses in medical school predict problems in residency and clinical practice?](#)

Academic Medicine
December 2019

🔗 [DOJ recovered \\$2.6 billion from healthcare fraud cases in 2019](#)

Becker's Hospital Review
January 2020

🔗 [Open communication softens impact of medical errors on patients & families](#)

HealthLeaders
January 2020

Education / Workforce

🔗 [The Majority of U.S. Medical Students Are Women, New Data Show](#)

AAMC News
December 2019

🔗 [Study finds 80% of medical students feel a low sense of personal achievement](#)

The DO
January 2020

🔗 [Half of doctors would take a pay cut for less hours, more work-life balance](#)

Fierce Healthcare
January 2020

🔗 [Hours physicians work each week, by generation](#)

Becker's Hospital Review
January 2020

🔗 [How Yale's flagship hospital determines aging clinicians fitness to practice](#)

HealthLeaders
January 2020

🔗 [The 15 skills medical schools expect from students on day one](#)

AMA Wire
February 2020

🔗 [Locum tenens use widespread in 2019, survey finds](#)

HealthLeaders
February 2020

🔗 [Beyond Burnout: Doctors decry 'moral injury' from financial pressures of health care](#)

Kaiser Health News
February 2020

🔗 [Health systems experiment with 'institutional interventions' to address physician burnout](#)

Forbes.com
February 2020

🔗 [In face of physician shortage, 85% of healthcare facilities rely on locum tenens](#)

Fierce Healthcare
February 2020

🔗 [Yale New Haven hospital sued over aging clinician assessment policy](#)

HealthLeaders
March 2020

🔗 [Department of State signals visa processing for medical professionals will move forward](#)

ECFMG
March 2020

Opioids / Pain Management

🔗 [One percent of doctors prescribe nearly half of opioids in U.S.](#)

HealthDay News
January 2020

🔗 [New paper suggests death certifies dramatically undercounted opioid overdose deaths](#)

The Atlantic
February 2020

Telemedicine / Rural Health

🔗 [In rural areas without pain or addiction specialists, family doctors fill in the gaps](#)

NPR
December 2019

🔗 [Coping with loss of hospital, rural town realizes: We don't need a hospital](#)

Kaiser Health News
December 2019

🔗 [Five trends emerging in telemedicine in 2020](#)

The DO
January 2020

🔗 [Rural America's health crisis seizes states' attention](#)

Stateline
January 2020

🔗 [State-by-state breakdown of 120 rural hospital closures](#)

Becker's Hospital Review
January 2020

🔗 [2019 broke record for most rural hospital closures, according to new report](#)

Fierce Healthcare
February 2020

🔗 [Attracting the next generation of physicians to rural medicine](#)

AAMC News
February 2020

🔗 [Telehealth tops the list as physician digital health adoption increases](#)

HealthLeaders
February 2020

New Treatments / Technology

🔗 [AI has come to medicine. Are patients being put at risk?](#)

Kaiser Health News
January 2020

🔗 [10 social media behaviors physicians should avoid](#)

Becker's Hospital Review
January 2020

🔗 [The 'data-driven physician' is on the rise: Stanford Medicine report](#)

Becker's Hospital Review
January 2020

🔗 [Stem-cell therapy, with a growing market, comes under a microscope](#)

Minneapolis Star-Tribune
January 2020

🔗 [Adoption of digital health is stalling. What is turning consumers off?](#)

Fierce Healthcare
March 2020

Member Podiatric Medical Boards Newsletter — Q2 2020

BOARD NEWSLETTERS, NEWS, & ANNOUNCEMENTS

ALABAMA

[Alabama State Board of Podiatry](#)

[Alabama Board of Medical Examiners](#)

❖ [January-March 2020](#)

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](#)

❖ [Fall-Winter 2020](#)

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](#)

❖ [June 2020](#)

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](#)

❖ [Spring 2020](#)

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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](#)

❖ [Spring 2020](#)

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](#)

❖ [April 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](#)

❖ [May-June 2020](#)

NORTH DAKOTA

North Dakota Board of Podiatric Medicine

[North Dakota Board of Medicine](#)

OHIO

[State Medical Board of Ohio](#) *[includes podiatry]*

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OKLAHOMA

Oklahoma Board of Podiatric Medical Examiners

[Oklahoma Board of Medical Licensure and Supervision](#)
❖ [May 2020](#)

OREGON

[Oregon Medical Board](#) [includes podiatry]
❖ [Spring 2020](#)

PENNSYLVANIA

[Pennsylvania State Board of Podiatry](#)

[Pennsylvania State Board of Medicine](#)

PUERTO RICO

Puerto Rico Board of Examiners in Podiatry

Puerto Rico Board of Medical Licensure and Discipline

RHODE ISLAND

Rhode Island Board of Examiners in Podiatry

[Rhode Island Board of Medical Licensure](#)

SOUTH CAROLINA

South Carolina Board of Podiatry Examiners

[South Carolina Board of Medical Examiners](#)

SOUTH DAKOTA

South Dakota Board of Podiatry Examiners

South Dakota Board of Medical and Osteopathic Examiners

TENNESSEE

Tennessee Board of Podiatric Medical Examiners

[Tennessee Board of Medical Examiners](#)

TEXAS

[Texas Podiatric Medical Examiners Advisory Board](#)

[Texas Medical Board](#)

❖ [May 2020](#)

UTAH

Utah Podiatric Physician Licensing Board

Utah Physicians Licensing Board

VERMONT

[Vermont State Board of Medical Practice](#) [includes podiatry]

VIRGINIA

[Virginia Board of Medicine](#) [includes podiatry]
❖ [April 2020](#)

WASHINGTON

[Washington Podiatric Medical Board](#)

❖ [September 2019](#)

[Washington Medical Commission](#)

❖ [Spring 2020](#)

WEST VIRGINIA

[West Virginia Board of Medicine](#) [includes podiatry]

❖ [March 2020](#)

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](#)

❖ [December 2019](#)

NBPME

[National Board of Podiatric Medical Examiners](#)

❖ [Spring 2020](#)

2020-2021 FPMB Executive Board

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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!



Executive Director

Russell J. Stoner
Germantown, Maryland

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