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.

Rising to the Meet the Challenges of 2020

With the onset of the COVID-19 pandemic earlier this year, the FPMB has truly been called upon to meet the challenge of its vision – an empowering leader, helping Member Boards work independently and collectively to promote and protect the public’s podiatric health, safety, and welfare.

The following are highlights of the FPMB rising to meet the challenges of 2020:

- Created a COVID-19 information and resources webpage to provide its Member Boards, as well as other stakeholders, with critical information and updates to support informed decision-making.
- Engaged Member Boards to help identify potential issues and challenges, including hosting a “COVID-19: Licensing & CME” video webinar that focused on CME challenges. Leadership from the American Podiatric Medical Association (APMA) and Council on Podiatric Medical Education (CPME) participated in the webinar.
- Assisted the National Board of Podiatric Medical Examiners (NBPME) with their contingency planning for the APMLE exams, including information gathering from Member Boards. Engaged Member Boards to help identify potential impact of the NBPME’s July 15 CSPE announcement, including hosting an “APMLE & Licensing” video webinar (article on page 2).

Leadership from the NBPME participated in the webinar.

(Continued on page 4)

Data creates knowledge that powers good decision-making

For Member Boards, this data empowers them to work independently and collectively to promote and protect the public’s podiatric health, safety, and welfare. This data creates knowledge that powers good decision-making. For example, at licensing board meetings, FPMB data has been utilized by board members and staff to make critical decisions.

(Continued on page 4)
APMLE & LICENSING

On September 16, 2020, the FPMB conducted a video webinar with its Member Boards with the following objectives:

- NBPME Examination History
- APMLE & Licensing
- NBPME July 15 CSPE Announcement
- Licensing Considerations

Focus was given to the American Podiatric Medical Licensing Examinations (APMLE) Part II Clinical Skills Patient Encounter (CSPE) exam from the National Board of Podiatric Medical Examiners (NBPME). The NBPME’s guidance for this exam, which was first administered in August 2014 states:

*Beginning with the Class of 2015, excluding the Class of 2016, and continuing with the class of 2017, there are two components to the Part II examination: the Part II written and the Part II CSPE. Candidates must pass the Part II written examination and the Part II CSPE before the Part III examination can be taken.*

July 15 Part II CSPE Announcement

Unlike the other APMLE exams that can be taken at testing centers local to the candidate, the Part II CSPE is administered in Conshohocken, Pennsylvania (just outside Philadelphia).

Although the NBPME and its Part II CSPE testing provider, National Board of Osteopathic Medical Examiners (NBOME), have implemented measures to ensure the safety of the candidates at the testing center, prospective candidates have expressed COVID-19-related concerns involved with the travel and lodging necessary for this exam.

To address these concerns, the NBPME announced the following:

*(Continued on page 3)*
• The NBPEM has agreed that the start of the examination should be delayed until October 1, 2020 and will extend until February 2021. Further, scores will not be reported as part of the 2021 residency Match process.

• Candidates will have the option to test during this session or in a later cycle as long as the examination is successfully completed prior to completion of residency.

• Candidates from the Class of 2021 will be permitted to attempt Part III regardless of their status in Part II CSPE. This exception applies only to the Class of 2021.

Licensing Considerations
The FPMB presented a framework to identify potential impacts of the Part II CSPE announcement on licensing. First, Member Boards should identify their license and applicant types:

For each applicable license and applicant combination, Member Boards should identify which examinations are required. In many cases, the applicant’s year of graduation will also impact requirements.

<table>
<thead>
<tr>
<th>Licensing Considerations (cont.)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LICENSES</strong></td>
</tr>
<tr>
<td>Limited</td>
</tr>
<tr>
<td>Full (by examination)</td>
</tr>
<tr>
<td>Full (other)</td>
</tr>
<tr>
<td>Working from left to right, which apply to your state, and what are your requirements?</td>
</tr>
</tbody>
</table>

**Scenarios**
The FPMB presented several scenarios to help guide discussion:

• How will your state handle an applicant that has taken (passed) the Part II written but not the Part II CSPE?

  *Due to the multi-year window available to take the Part II CSPE, some applicants may not have taken the exam yet.*

• How will your state handle an applicant that has taken (passed) the Part II written and Part III (PMLexis), but not the Part II CSPE.

  *Due to the Class of 2021 being permitted to take the Part III without having taken the Part II CSPE, some applicants may not have taken the Part II CSPE exam yet.*

• How will your state handle an applicant, 10 years from now, that was licensed in another state without having passed the Part II CSPE?

  *Some states have indicated that they will evaluate applicants who have not taken the Part II CSPE on a case-by-case basis. If another state had granted an exemption to an applicant seeking licensure in your state, will your state honor that exemption?*

**Next Steps**
The FPMB is here to support you as you evaluate any impact on licensing considerations. Any questions or comments should be directed to fpmb@fpmb.org.
The FPMB will continue to leverage the power of its network to bring together Member Boards, as well other key stakeholders, to protect the public’s podiatric health, safety, and welfare.

**Serving Our Member Boards**

In addition to rising to meet the COVID-19-specific challenges of the year, the FPMB continues to serve its Member Boards via representation, public policy & advocacy, primary source verification (licensure), and collaboration & communication.

Regarding public policy & advocacy, the FPMB continues to work with the Professional Licensing Coalition (PLC) on a federal legislation to restore board immunity due to the impact of the *NC Dental v. FTC* Supreme Court decision of 2015.

Regarding primary source verification, the FPMB continues uninterrupted and efficient reporting of score and disciplinary reports to Member Boards. The FPMB’s transition to electronic delivery of these reports has been fortuitous; these reports are available through the FPMB’s secure website to Member Boards staff working from home due to the pandemic.

**Supporting the FPMB Supports Member Boards**

As a board member of the State Medical Board of Ohio since 2013, I have been very fortunate to have the opportunity to be on the receiving end of the many services the FPMB provides its Member Boards. As a board member of the FPMB since 2014, I am very proud of our continued, and expanding, services to our Member Boards.

I strongly encourage you to continue your engagement with the FPMB through asking and responding to information requests, participating in key issue webinars, etc. As part of the FPMB network, your engagement creates a whole that is vastly larger than the sum of its parts.

Finally, annual member dues are a critical source of funding for the vital services the FPMB provides to Member Boards, the public, and the entire podiatric community. The deadline for Fiscal Year 2020-2021 dues is October 31, 2020, and I thank you in advance for supporting the FPMB as its supports you, our Member Boards.

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**Phase I will focus on more licensure data, as well as the addition of scope of practice data.**

The Committee anticipates that this first phase will generate some of the FPMB’s most impactful data ever. It plans on presenting it from both summary and detailed perspectives to help provide Member Boards the knowledge that will drive good decision-making.

More information will be forthcoming as the initiative progresses. The FPMB looks forward to increased data engagement with its Member Boards that will help promote high standards for podiatric physician licensure, regulation, and practice.

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The impact of the COVID-19 pandemic has impacted so many components that factor into podiatric physician licensure. Member Boards, as well as other organizations in the FPMB network, have had to make countless decisions to mitigate this impact. From the start, the FPMB has played a key role in critical data collection and reporting, followed up with video webinars to provide opportunities for Member Boards to engage with the FPMB and each other in making good decisions.

Not surprisingly, more data is needed and at a greater level of detail. With this in mind, the FPMB’s Data Initiative Committee (Committee) is rising up to meet this challenge. The Committee has reviewed the “U.S. Medical Regulatory Trends and Actions” report produced by the Federation of State Medical Boards (FSMB) as a model and will be increasing the FPMB’s depth and breadth of state podiatric medical board and podiatric physician licensure data.

For the first phase of this new data initiative, the FPMB will focus on expanding licensing requirements data, including other types of licensure beyond examination. Additionally, this first phase will also include scope of practice data.
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

Federation of Podiatric Medical Boards  ❖  www.fpmb.org  ❖  Page 5
Howdy! My name is Steven Uecker and I am a Program Specialist in the Medical and Health Professions Section (MHP) at the Texas Department of Licensing and Regulation (TDLR). We currently license approximately 1,150 podiatrists, 416 podiatric medical radiology technicians, and 66 podiatry residents. We are also lucky to have seven residency programs located in our great state.

In 2017, the Texas State Board of Podiatric Medical Examiners (TSBPME) was abolished, based on a recommendation from the Sunset Commission, and the regulation of podiatry was transferred to TDLR. TDLR is an umbrella agency that is responsible for the oversight of many businesses, industries, general trades, and occupations in Texas. TDLR currently oversees 234 license types across 40 programs and serves a little over one million licensees.

The Podiatric Medical Examiners Advisory Board is appointed by the governor and is comprised of six podiatrists and three public members. Board members provide advice and recommendations to the department on technical matters relevant to the administration of the program. Members provide input and guidance on proposed rules, penalty matrices, and serve as subject matter experts for licensing and enforcement matters. The Texas Commission of Licensing and Regulation must adopt all recommended rule changes before they may go into effect. Additionally, the commission may not adopt any new rule relating to scope of practice or standard of care that was not proposed by the board.

Recent rule changes incorporate legislation and improve program efficiencies. These changes include several opioid prescription and education requirements, two-year license terms, a reduction in license fees, and creation of a license for podiatrists who are retired but want to provide charity care as a volunteer.

TDLR did not waive continuing medical education (CME) requirements for podiatrists due to COVID-19. However, in consultation with the board, TDLR recently clarified that live, interactive online activities approved by the Council on Podiatric Medical Education (CPME) are equivalent to in-person courses for CME. TDLR does have authority in rule to allow for case-by-case consideration of CME hardship waiver requests.

The big news in the Texas Podiatry world (outside of the all-encompassing effort to operate successfully in a COVID-19 environment) is that plans for a new podiatry school are finalizing. The University of Texas System is establishing the School of Podiatry, which will be the first Doctor of Podiatric Medicine degree program in Texas. It will be housed within the College of Health Professions at the University of Texas – Rio Grande Valley (UTRGV) in Edinburg. The plan was approved by the UT System Board of Regents and has passed its program evaluation and site inspection. With more than 30 million people currently residing in the Lone Star State, it can’t come soon enough. The hope is for a Fall 2021 opening.

We are very grateful for everything the FPMB does to be a valuable resource for our agency and the profession.

Want to be featured in the next Member Board Spotlight? Contact the FPMB!
The American Association of Colleges of Podiatric Medicine (AACPM) continues its work to increase awareness of careers in podiatric medicine – even in the midst of the global pandemic. The rapid response to the needs of applicants caught in the turmoil of the final weeks of the 2019-2020 application cycle was unprecedented.

AACPM, along with the nine (9) U.S. schools and colleges of podiatric medicine, was able to amend long-standing traffic (admissions) rules to allow candidates to interview virtually for admissions, waive unattainable requirements for many candidates, and pivoted to digital resources in record time. Through all of this, the AACPM, along with their partners at APMA, worked to increase access to digital and virtual recruitment opportunities for students around the U.S.

While they believe these COVID-19 related amendments to traditional application requirements may have helped to boost the final 2019-20 cycle application numbers, AACPM maintains it is the hard work put into the recruitment efforts from the previous three years of career promotion and awareness that is also bearing fruit now. While it is too early in the 2020-2021 application cycle to see the continuation of positive applicant trends, AACPM is monitoring the situation closely and is working with the schools and colleges to have a rapid response at the ready should it see the need to deploy this strategy.
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.

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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:

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

The FPMB recognizes the following Member Boards for the timely download of reports sent June 2020 through August 2020:

**Within 4 Hours**
- Ohio
- North Carolina
- Oregon
- Washington

**Within 1 Day**
- Florida
- Kansas
- Arizona
- California
- Maryland
- Michigan

**Within 2 Days**
- Kentucky
- Louisiana
- Missouri
- Montana
- New Jersey
- New Mexico
- Nebraska
- Idaho
- Illinois
- Pennsylvania
- South Carolina
- Utah

NOTE: Member Boards not listed above took longer than 2 days to download reports or did not receive reports during this time period. Most likely due to the impact of COVID-19 on the workplace, fewer Member Boards (42%) downloaded reports within 1 day compared to the 54% of Member Boards as reported in the Q2 2020 newsletter.

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

NFPM's APMLE PART III (PMLEXIS) EXAM REQUIRED FOR RESIDENCY

Alabama ....................................... No
Alabama ....................................... N/A
Arizona ....................................... Yes
Arkansas ....................................... No
California ..................................... No
Colorado ....................................... N/A
Connecticut ................................... No
Delaware ....................................... Yes
District of Columbia .......................... Yes
Florida ......................................... No
Georgia ........................................ N/A
Hawaii .......................................... No
Idaho ............................................ No
Illinois ......................................... N/A
Indiana ......................................... No
Iowa ............................................. N/A
Kansas .......................................... No
Kentucky ...................................... Yes
Louisiana ...................................... N/A
Maine ......................................... N/A
Maryland ...................................... No
Massachusetts ................................ No
Michigan ...................................... No
Minnesota ...................................... N/A
Mississippi .................................... Yes
Missouri ........................................ No
Montana ......................................... N/A
Nebraska ....................................... No
Nevada ......................................... No
New Hampshire ................................ N/A
New Jersey .................................... No
New Mexico ................................... N/A
New York ...................................... No
North Carolina ................................ No
North Dakota ................................ No
Ohio ............................................. N/A
Oklahoma ...................................... N/A
Oregon .......................................... No
Pennsylvania .................................. Yes
Puerto Rico .................................... N/A
Rhode Island ................................ N/A
South Carolina ................................. No
South Dakota ................................ N/A
Tennessee ....................................... No
Texas ........................................... No
Utah ............................................. Yes
Vermont ........................................ N/A
Virginia ........................................ No
Washington ................................... No
West Virginia ................................ N/A
Wisconsin ...................................... N/A
Wyoming ....................................... N/A

Send any corrections to: fpmb@fpmb.org

NOTES: 1) More detail is available via the FPMB webpage, including additional explanatory information. 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!

Member Board Update Forms were distributed on August 31, 2020 with a response due date of September 30, 2020.

Darker shaded states (see below) have not responded yet and should respond as soon as possible.
COVID-19 LEGISLATION INTRODUCED DURING THE PANDEMIC RESPONSE - HIGHLIGHTS

Congress focused on addressing the COVID-19 National Emergency, creating additional funding through passage of the Paycheck Protection Program and Health Care Enhancement Act (H.R. 266) and consideration of the next phase of federal legislation. The next phase started with the House passage of the HEROES Act (H.R. 6800), another $3 trillion package led by the House Democrats that includes significant funding for telehealth and several other priority issues. The House also passed a major rule change that would allow members to vote by proxy and to conduct remote committee work, including creating regulations for remote voting.

Rep. Roger Marshall (R-KS) introduced a bill "to require the Secretary of Health and Human Services issue regulations to ensure due process rights for physicians furnishing emergency medical services," (H.R. 6910).

The Emergency COVID-19 Telehealth Response Act (H.R. 6654) was introduced by Rep. Cynthia Axne (D-IA), Rep. Troy Balderson (R-OH) and Rep. French Hill (R-AR) and would ensure that physical therapists, occupational therapists, speech pathologists, audiologists, and clinical social workers could receive telehealth reimbursement rates from Medicare and Medicaid while providing necessary health services. Currently, CMS has not permanently authorized telehealth usage for these categories of specialized care.

H.R. 7078, introduced by Rep. Robin Kelly, (D-IL) would require a "study on the effects of changes to telehealth under the Medicare and Medicaid programs during the COVID-19 Emergency."

The Health Care at Home Act (H.R. 6644) was introduced by Rep. Kim Schrier (D-WA) and Rep. Phil Roe (R-TN) and would ensure telehealth coverage for all normally covered benefits, including mental health and substance use disorder treatment, for the duration of the COVID-19 Public Health Emergency. In addition, it establishes parity between telehealth and face to face visits, including audio visits, prohibits restrictions on which particular conditions can be managed remotely and guarantees that all cost sharing for COVID-19 related treatment can be waived.

Rep. Ann Kuster (D-NH) introduced a bill to authorize grants to address substance use during COVID-19 (H.R. 6620).

The Temporary Responders for Immediate Aid in Grave Emergencies Act of 2020 (TRIAGE Act, H.R. 6618) introduced by Rep. Jason Crow (D-CO) would "direct the Secretary of Health and Human Services to establish a database to facilitate the provision of health care services by a volunteer at a Federal or State agency during the COVID-19 public health emergency..." It would also create grants for states to expedite reactivation of an expired medical license to allow professionals to volunteer under certain circumstances as needed during the public health emergency.

Rep. Max Rose (D-NY) introduced a bill to create a cabinet-level position for "Director of Pandemic and Biodefense Preparedness and Response," (H.R. 6610).

The National Commission on the COVID-19 Pandemic in the United States Act (H.R. 6548) was introduced by Rep. Adam Schiff (D-CA) and 13 co-sponsors, to create a Commission to look at lessons learned during COVID-19 and to prepare for future threats and events.

The Modernized Medicine Act (H.R. 6538) was introduced by Rep. Joe Kennedy (D-MA), Rep. Fred Upton (R-MI) and Rep. Lisa Blunt Rochester (D-DE) and would temporarily increase Medicaid reimbursement rates during a declared emergency if a state expands their telehealth services, to take the financial burden off states and increase access to providers.

The Healthcare Broadband Expansion During COVID-19 Act (H.R. 6474) was introduced by Rep. Anna Eshoo (D-CA) and Rep. Don Young (R-AK) and would provide $2 billion to expand telehealth and high-quality internet connectivity at public and nonprofit healthcare facilities, including mobile clinics and tem-
porary health facilities deployed to respond to the coronavirus pandemic. Currently, the FCC's Healthcare Connect Fund Program (HCFP) subsidizes 65% of the cost of broadband for eligible facilities, this legislation would increase the rate to 85%.

The Hazard Pay for the Frontlines During Health Emergencies Act (H.R. 6484) was introduced by Rep. Joe Neguse (D-CO) and Rep. Kendra Horn (D-OK) and would require employers of healthcare workers to pay an additional 25% of worker's salary as hazard pay during public health emergencies and would ensure federal reimbursement for 100% of the expenses associated.

The Advancing Connectivity during the Coronavirus to Ensure Support for Seniors (ACCESS Act, H.R. 6487) was introduced by Rep. Jan Schakowsky (D-IL) and Rep. Peter King (R-NY) in the House and Sen. Amy Klobuchar (D-MN) and Sen. Robert Casey (D-PA) in the Senate (S. 3517) and would authorize an emergency supplemental appropriation of $50 million to assist nursing facilities receiving funding through Medicare or Medicaid in expanding their use of telehealth services and establish a grant program to enable residents to participate in "virtual visits" with loved ones during the public health crisis.

The Immediate Relief for Rural Facilities and Providers Act of 2020 (H.R. 6365) was introduced by Rep. David Roe (R-TN) and Rep. Kim Schrier (D-WA) in the House and Sen. Michael Bennet (D-CO) in the Senate (S. 3559) and would provide relief to rural hospitals to help address the COVID-19 crisis by using an emergency grant equaling $1,000 per patient day for three months to stabilize revenue loss. Also, the legislation would increase Medicare reimbursement by 20% for patients in rural hospitals using the swing bed program to increase capacity in overcrowded hospitals.

Sen. Ted Cruz (R-TX) introduced legislation to "recruit qualified foreign nationals residing in the United States to provide healthcare during a public health emergency at healthcare facilities operated by the Department of Health and Human Services, the Department of Defense, or the Department of Veterans Affairs," (S. 3726).

The Health Force and Resilience Force Act of 2020 (S. 3606) was introduced by Sen. Kristen Gillibrand (D-NY) and 12 cosponsors to establish grant programs to recruit and train individuals to respond to COVID-19 and other public health emergencies in their communities. These grants could be used to build the public health and health care workforce and would allow the "Force" to provide training for certain positions that align with State licensing requirements.

The Healthcare Workforce Resilience Act (S. 3599) was introduced by Sen. David Perdue (R-GA) to recapture unused immigrant visas for professional nurses and physicians.

TRUTH IN ADVERTISING

The Truth in Healthcare Marketing Act of 2020 (H.R. 6663) was introduced by Rep. Larry Bucshon (R-IN) and would prohibit unfair and deceptive practices that misrepresent whether a person holds a State health care license or their education, training, degree, license, or clinical expertise. The bill also includes a requirement to disclose the applicable license in an advertisement and would require a study regarding truth in advertising.

VA LEGISLATION

The VA Mission Telehealth Clarification Act (S. 3643) was introduced by Sen. Kelly Loeffler (R-GA) to allow certain "postgraduate health care employees and health professions trainees" of the VA to provide treatment via telemedicine.

REGULATORY NEWS

On May 22, President Trump issued an Executive Order on "Regulatory Relief to Support Economic Recovery," stating that agencies "should address this economic emergency by rescinding, modifying, waiving, or providing exemptions from regulations and other requirements that may inhibit economic recovery, consistent with applicable law and with protection of the public health and safety, with national and homeland security, and with budgetary priorities and operational feasibility."

(Continued on page 12)
Agencies continue to issue emergency guidance in response to the COVID-19 national emergency.

The Centers for Medicare and Medicaid Services (CMS) released an Interim Final Rule with Comment Period regarding Medicare and Medicaid Programs, Basic Health Program, and Exchanges: Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency and Delay of Certain Reporting Requirements for the Skilled Nursing Facility Quality Reporting Program (CMS - 5531 - IFC). These regulations became effective on May 8, 2020.

The Drug Enforcement Administration (DEA) and Department of Justice (DOJ) published an interim final rule with a comment period on Electronic Prescriptions for Controlled Substances (RIN 1117-AA61/Docket No. DEA-218I).

STATE LEGISLATION OF INTEREST

LICENSURE FOR MILITARY SPOUSES

Missouri SB 673 - Allows any person who is a resident of Missouri, a resident military spouse, or a nonresident military spouse to apply for a license in Missouri, provided such person also submits proof of current licensure in all other jurisdictions to the relevant oversight body in the state. Current law does not allow for military spouses to apply for reciprocal licensure.

North Carolina HB 1053 - Allows for individuals with relevant military training and experience to apply for occupational licensure, as well as licensure by endorsement for military spouses.

PHYSICIAN/PATIENT RELATIONSHIP

New York A 10336 - Mandates that a physician wishing to end their role as a patient’s primary care physician provide notice to the patient at least 90 days prior to the cessation of services.

PHYSICIAN ASSISTANT SCOPE OF PRACTICE

Defines PA scope of practice and allows PAs to write prescribe, administer, and dispense drugs, controlled substances, and medical devices without needing a physician-PA delegation agreement, but requires proof of review by a licensed physician on an annual basis.

CONTINUING MEDICAL EDUCATION

West Virginia SB 770 - Eliminates CME requirements as a condition for initial licensure as an osteopathic physician.

LICENSING STANDARDS

California AB 2435 - Current law requires an applicant to obtain a passing score on Step 3 of the USMLE within four attempts, unless the applicant has been licensed in another state for at least four years, is board certified and hasn’t been subjected to disciplinary action. Legislation would broaden the exception to only requiring an applicant to hold a license in another state.

MEDICAL MARIJUANA

Louisiana HB 819 and HB 814 - HB 819 adds traumatic brain injury and concussions and HB 814 adds sickle cell disease to the list of debilitating medical conditions with which physicians can recommend medical marijuana for therapeutic treatment.

BOARD STRUCTURE AND FUNCTION

Louisiana SB 469 - Prohibits a professional or occupational licensing board from taking disciplinary action against a licensee solely for the late payment of a fee, submission of a document or failure to meet a deadline during a public health emergency.

Missouri HB 1442 - Prohibits any licensure board, commission, or committee within the Division of Professional Registration from using any occupational fees for the purpose of offering continuing education classes.

TELEMEDICINE

**NEWS CLIPS**

### COVID-19

- **FPMB: COVID-19 Information and Resources**
  Federation of Podiatric Medical Boards
  September 2020

- **FPMB: COVID-19 - State-by-State Updates**
  Federation of Podiatric Medical Boards
  September 2020

- **NBPME: APMLE Part II CSPE Announcement**
  National Board of Podiatric Medical Examiners
  July 2020

- **Iowa: Eased Licensing Restrictions**
  Des Moines Register
  June 2020

- **FSMB: States Waiving In-State Licensure Requirements for Telehealth**
  Federation of State Medical Boards
  September 2020

- **FSMB: States Waiving Licensure Requirements/Renewals**
  Federation of State Medical Boards
  September 2020

- **FSMB: States Expediting Licensure for Inactive/Retired Licensees**
  Federation of State Medical Boards
  September 2020

- **FSMB: States Modifying CME Requirements**
  Federation of State Medical Boards
  September 2020

- **FSMB and NABP Joint Statement on Inappropriate Prescribing and Dispensing of Medications During COVID-19 Pandemic**
  FSMB & NABP

### Discipline, Misconduct, & Patient Safety

- **Connecticut doctor charged with intentionally coughing on health workers**
  Associated Press
  March 2020

- **What constitutes effective team communication after an error?**
  AMA Journal of Ethics
  April 2020

- **Do professionalism lapses in medical school predict problems in residency and clinical practice?**
  Academic Medicine
  June 2020

### Education / Workforce

- **Doctor shortage predicted for U.S. in next decade, threatens aging population**
  HealthDay News
  March 2020

- **Improving how state medical boards ask physicians about mental health diagnoses: A case study from New Mexico**
  Annals of Internal Medicine
  March 2020

- **Engaging the Solo Practitioner to Reduce Errors and Burnout**
  Journal of Medical Regulation
  April 2020

- **No classrooms, no clinics: Medical education during a pandemic**
  AAMC News
  April 2020

- **Six considerations for retired physicians seeking to help with COVID-19**
  HealthLeaders
  April 2020

- **As coronavirus patients surge, medical students rushed into practice to fight pandemic**
  ABC News
  April 2020

- **At least 9,000 U.S. health care workers sickened with COVID-19, CDC data shows**
  NPR
  April 2020

- **New Jersey issuing emergency licenses to international doctors to bolster workforce**
  Fierce Healthcare
  April 2020

- **Evolution of three-year pathway to the MD degree: The experience of NYU’s Grossman School of Medicine**
  Academic Medicine
  April 2020

- **Redesigning the learning environment to promote learner well-being and professional development**
  Academic Medicine
  May 2020

- **Physician burnout is baked in the system, study suggests**
  Becker’s Hospital Review
  May 2020

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Fear of deportation heightened for immigrant doctors on H-1B visas amid pandemic
NBC News
May 2020

17 states where hospitals are largest employers
Becker’s Hospital Review
May 2020

More than 62,000 U.S. health care workers have COVID-19, CDC says
Becker’s Hospital Review
May 2020

Pandemic stress, fatigue lead some physicians to reconsider their role
The DO
June 2020

Starting residency during a pandemic: What will change? What will stay the same?
AAMC News
June 2020

Screening older doctors: Good sense, or discrimination?
Undark
June 2020

Physician shortage projected to worsen through 2033
Health Leaders
June 2020

New report: U.S. physician shortage growing
AAMC
June 2020

Opioids / Pain Management

New CDC training on using the PDMP to promote patient safety in opioid prescribing
Centers for Disease Control and Prevention
May 2020

AMA urges CDC to make significant revisions to opioid prescribing guideline
American Medical Association
June 2020

AMA Brief: Reports of increases in opioid-related overdose and other concerns during pandemic
American Medical Association
July 2020

Telemedicine / Rural Health

COVID-19 could finally push telemedicine into the mainstream
Galveston Daily News
April 2020

In a huge shift because of coronavirus, most doctors now 'seeing' patients by phone or video
Boston Globe
April 2020

Small-town hospitals closing just as coronavirus arrives in rural America
NPR
April 2020

Half of physicians now using telehealth as COVID-19 changes practices
Fierce Healthcare
April 2020

Female physicians more likely to adopt telehealth
HealthLeaders
July 2020

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Submit the link to: fpmb@fpmb.org
BOARD NEWSLETTERS, NEWS, & ANNOUNCEMENTS

ALABAMA
- Alabama State Board of Podiatry
- Alabama Board of Medical Examiners ❖ Summer 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 ❖ Spring 2020

COLORADO
- Colorado Podiatry Board
- Colorado Medical Board

CONNECTICUT
Connecticut Board of Examiners in Podiatry
Connecticut Medical Examining Board

DELAWARE
Delaware Board of Podiatry
Delaware 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 2020

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

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

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LOUISIANA
Louisiana State Board of Medical Examiners
[includes podiatry]
❖ July 2020

MAINE
Maine Board of Licensure of Podiatric Medicine
Maine Board of Licensure in Medicine
❖ Summer 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
❖ June 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
❖ September-October 2020

NORTH DAKOTA
North Dakota Board of Podiatric Medicine
North Dakota Board of Medicine
❖ August 2020

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

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OKLAHOMA
Oklahoma Board of Podiatric Medical Examiners

OREGON
Oregon Medical Board [includes podiatry]

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

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]

WASHINGTON
Washington Podiatric Medical Board
Washington Medical Commission

WEST VIRGINIA
West Virginia Board of Medicine [includes podiatry]

WISCONSIN
Wisconsin Podiatry Affiliated Credentialing Board
Wisconsin Medical Examining Board

WYOMING
Wyoming Board of Registration in Podiatry
Wyoming Board of Medicine

IMLCC
Interstate Medical Licensure Compact Commission

NBPME
National Board of Podiatric Medical Examiners
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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!

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