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.

President’s Message
Bruce R. Saferin, DPM
Toledo, Ohio

Looking Back (2020) and Looking Forward (2021)

The COVID-19 pandemic created a year unlike any other in over a century. On behalf of the Federation of Podiatric Medical Boards (FPMB), I feel immense pride in the efforts our Member Boards have taken to meet the challenges created by the pandemic to ensure the promotion and protection of the public’s podiatric health, safety, and welfare.

I am also proud of the FPMB’s efforts to support our Member Boards through these challenges. The FPMB has leveraged its collaboration and communication competencies to help its Member Boards stay in front of licensure issues, including continuing medical education and examinations.

With the advent of the COVID-19 vaccines, 2021 will likely be a transition year that will, hopefully, return us to a modified version of what we once called “normal.” New challenges will arise, and the FPMB will continue to leverage the power of its network to bring together Member Boards, as well other key stakeholders, to address these.

Thank you for your engagement this year. Know that the FPMB will continue to call upon it in the new year. Likewise, the FPMB will be here for you to call upon any time needed.

Thank you for making the best 2020 possible. I wish you a healthy and happy New Year for 2021.

Edward J. Stoner’s Message
Russell J. Stoner
Germantown, Maryland

New Year’s Resolutions

One of my year-end rituals is to review correspondence the FPMB has received over the past year from its Member Boards. It is encouraging to read the frequent positive feedback received about the FPMB, as well as its vision and mission.

For the New Year, 2021, the FPMB commits itself to an even higher level of service than the year before via representation, public policy and advocacy, primary source verification (licensure), and collaboration and communication.

It is through the FPMB’s collaboration and communication that the organization serves as a catalyst and force-multiplier for its Member Boards.

This edition of the newsletter highlights current and future efforts of the FPMB regarding collaboration and communication, with an emphasis on data. The more engaged our Member Boards are, the bigger and better the impact will be for all.

I encourage you to make it your New Year’s resolution to increase your engagement with the FPMB in 2021. Together, we will promote and protect the public’s podiatric health, safety, and welfare.

Have a happy and healthy New Year!
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
FPMB DATA INITIATIVE
The FPMB announced the formation of a Data Initiative Committee at its May 2020 Annual Meeting to increase the data collected and reported to support its Member Boards, and other stakeholders, working independently and collectively to promote and protect the public’s podiatric health, safety, and welfare. This data will create knowledge that will power good decision-making.

The Committee (FPMB Board Members: Drs. Campbell, LeBow & Saferin; FPMB Staff: Mr. Stoner) has met numerous times to map a path that achieves relative “parity” with the Federation of State Medical Boards’ “U.S. Medical Regulatory Trends and Actions” report [link].

For the first phase of this new data initiative, the Committee has focused on expanding licensing requirements data, including other types of licensure beyond examination. Additionally, this first phase will also include scope of practice data. The Committee was assisted by Jennifer S. Sartori, DPM, President, New Hampshire Board of Podiatry, in identifying and selecting the data categories and items for this phase (see information boxes on the right). Your feedback about these categories and items is welcomed and appreciated.

MEMBER BOARD ENGAGEMENT CRITICAL
The success of the Data Initiative depends on the engagement of every Member Board. A 100% response rate is necessary for a complete and accurate data set. The FPMB will be persistent in its data collection efforts.

NOTE: On average, an FPMB request for information (RFI) over the last five years has received responses from only 2/3 of Member Boards.

TDLR Statement Regarding Approval of UT-RGV Podiatry School
The Texas Higher Education Coordinating Board recently approved the establishment of a podiatry school at the University of Texas - Rio Grande Valley starting in 2022. The Texas Department of Licensing and Regulation (TDLR) oversees podiatry in the state. Executive Director Brian E. Francis released this statement:

“Congratulations to Dr. Lawrence Harkless, DPM, and to the University of Texas - RGV for this achievement. The UTRGV School of Podiatry will be a welcome - and long overdue - addition to Texas. Having the first-ever school of podiatry in the Rio Grande Valley when it opens will help bring first-class footcare to a traditionally underserved area of Texas. I’m excited that TDLR will be able to work with UT-RGV to bring more podiatry students to Texas. We know once they arrive in Texas to study, they will want to stay in this great state.”
In 2017, New Hampshire consolidated the state licensing program under one central regulatory agency, the Office of Professional Licensure and Certifications (OPLC). The OPLC provides administrative support to over 40 professional licensing boards, commissions, and councils responsible for licensing and regulating their professions within the State of New Hampshire. This consolidation was established to create efficiencies and eliminate redundancies, resulting in enhanced customer service and providing a consistent organizational structure for programs and licensees. Centralization of administrative functions enables program staff and Board members to more efficiently utilize their time and expertise regulating their programs.

The New Hampshire Board of Podiatry consists of 5 members; including 4 licensed podiatrists and one public member. Each is appointed by the Governor and approved by the Executive Council to five-year terms. No member can serve for more than 2 consecutive terms. Only board members have the authority to vote in board determinations. The Board issues licenses only after a thorough credential review and examination and monitors the continuing competence of licensees through required continuing education. The Board also provides oversight of podiatric practices of licensees, taking disciplinary action when necessary to ensure that ethical and other professional standards are maintained. There are currently 103 licensed podiatrists in New Hampshire.

Podiatrists licensed in New Hampshire are required to show proof of 40 hours of continuing medical education credits every 2 years, with at least 30 hours' attendance in formal courses given by an accredited American school or college of podiatry or medicine, or by a state or regional podiatric association recognized by the Council on Podiatric Medical Education (CPME) or by the American Podiatric Medical Association (APMA) and no more than 10 hours of instructional media certified by CPME. Courses must be accumulated between January 1 of the first year of the period and December 31 of the second year and must be reported before April 1 of the reporting year. Currently, all CME credits are able to be earned online secondary to the Emergency order declared by the Governor during the COVID-19 pandemic.

New Hampshire remains among the states with the highest rates of opioid and total drug-related deaths. On March 8, 2017, the Board of Podiatry adopted the Pod 502 rules regarding opioid prescribing in order to improve the way opioids are prescribed to ensure patients have access to safer, more effective chronic pain treatment while reducing opioid misuse, abuse, and overdose. These rules took effect March 25, 2017. As part of these rules, Podiatrists are required to obtain 3 CME credits regarding opioid prescribing.

The Board has recently addressed multiple issues regarding podiatrists’ scope of practice with New Hampshire. At the request of a major hospital in the state, the Board recently clarified a podiatrist’s scope of practice involving the supervision of hyperbaric oxygen treatments. The hospital questioned whether podiatrists could supervise hyperbaric oxygen treatments. The Board clarified that they could as long as the treatment was limited to the lower extremity.

In another matter, the Board was instrumental in helping one of its licensees that was denied payment by Medicare for CPT code 15100 (split thickness autograft, trunk, arms, legs; first 100 sq cm or less, 1% of body are of infants and children). Medicare’s rationale for denial of the claim was that the procedure could not be performed by podiatrists. The New Hampshire Board of Podiatry provided a letter outlining the specific scope of practice in the state. The Board is hopeful that the denial will be reversed.

Dr. Jennifer Sartori is currently the President of the Board. In Q3 2020, she helped the FPMB with Phase I of their data initiative. She played a key role with organizing state medical board data categories that will be beneficial to podiatric medical boards. As part of this initiative, she reviewed and summarized the scope of practice by state. This data initiative will provide tremendous value to state boards, state associations, and podiatrists.

You can visit the New Hampshire Board of Podiatry at https://www.oplc.nh.gov/podiatry

Want to be featured in the next Member Board Spotlight? Contact the FPMB!
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 National Board of Podiatric Medical Examiners (NBPM) and its Part II CSPE testing provider, National Board of Osteopathic Medical Examiners (NBOME), implemented measures to ensure the safety of the candidates at the testing center, they are still impacted by the travel and lodging required by candidates to take the exam.

In July 2020, the NBPM announced the following accommodations for candidates concerned about travel:

The NBPM 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.

In November 2020, the NBPM announced the temporary suspension of Part II CSPE testing:

In view of new travel restrictions imposed by Pennsylvania, the NBPM has suspended the Part II Clinical Skills Patient Encounter sessions that were scheduled for November 30 and December 1 and 2. Candidates currently scheduled are being contacted by NBOME to offer refunds or the opportunity to reschedule. NBPM plans to offer additional dates for testing around the February dates previously announced. These will be available to the affected candidates in addition to others who plan to take the test during this cycle.

Since November 6, 2020, on behalf of the American Association of Colleges of Podiatric Medicine, American Podiatric Medical Association, American Podiatric Medical Students’ Association, Council on Podiatric Medical Education, and National Board of Podiatric Medical Examiners, the FPMB has repeatedly queried its Member Boards with residency programs in the respective states to identify those Member Boards affected by these CSPE announcements.

The following pages list the Member Boards that a) still need to respond (or respond with more detail), b) require the APMLE Part II for licensure needed to participate in a residency program, or c) are not impacted.

(Continued on page 6)

<table>
<thead>
<tr>
<th>Member Board</th>
<th>#</th>
<th>Q1: Response</th>
<th>Q1: Notes</th>
<th>Q2: Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iowa</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Louisiana</td>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>Massachusetts</td>
<td>14</td>
<td></td>
<td></td>
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<tr>
<td>New Jersey</td>
<td>41</td>
<td></td>
<td></td>
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<tr>
<td>Oklahoma</td>
<td>2</td>
<td></td>
<td></td>
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<tr>
<td>Rhode Island</td>
<td>5</td>
<td></td>
<td></td>
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<tr>
<td>Wisconsin</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delaware</td>
<td>1</td>
<td>TBD</td>
<td>TBD</td>
<td>The next Board meeting is in March 2021. Should a resident application come in the testing issue would be taken on a case-by-case basis, taking into account the pandemic situation.</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>8</td>
<td>TBD</td>
<td>The Board will discuss the matter during its scheduled January 6, 2021 Board</td>
<td>The Board will discuss the matter during its scheduled January 6, 2021 Board meeting.</td>
</tr>
</tbody>
</table>
The Member Boards below require passing the APMLE Part II CSPE for licensure needed to participate in a podiatric residency program in their respective states. Some of these have accommodations in place, while those with red text in the “Q2: Response” column do not at this time.

**Q1:** Does a prospective podiatric resident have to pass the APMLE Part II CSPE, typically as part of a licensure requirement, to participate in a podiatric residency program in your state?

**Q2:** If the Part II CSPE is required to participate in a podiatric residency program, how will your state accommodate prospective podiatric residents who have not taken the exam due to the COVID-19 pandemic?

### Table: Number of active residency positions for the upcoming training year

<table>
<thead>
<tr>
<th>Member Board</th>
<th>#</th>
<th>Q1: Response</th>
<th>Q1: Notes</th>
<th>Q2: Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois</td>
<td>37</td>
<td>YES</td>
<td>Yes</td>
<td>Currently no applicants have questioned the issue.</td>
</tr>
<tr>
<td>Michigan</td>
<td>42</td>
<td>YES</td>
<td>If the applicant graduated in 2015 or later, excluding 2016, they must have achieved a passing score on all of the following components of the APMLE: a) Part I, b) Part II, and c) Part II CSPE.</td>
<td>At this time, there is no provision in statute or relative State Order that allows for this requirement to be waived.</td>
</tr>
<tr>
<td>Missouri</td>
<td>7</td>
<td>YES</td>
<td>An applicant must have achieved a passing score on all of the following components of the APMLE: Part I, Part II, and Part II CSPE.</td>
<td>Currently, there are no provisions in statute or rule that allow this requirement to be waived.</td>
</tr>
<tr>
<td>New Mexico</td>
<td>4</td>
<td>YES</td>
<td>Passage of APMLE Part I and II, including the CSPE, is required.</td>
<td>The New Mexico Board has discussed and would handle on a case by case basis and likely “waive” for any applicants who were not able to take the Part II CSPE due to the COVID pandemic.</td>
</tr>
<tr>
<td>New York</td>
<td>104</td>
<td>YES</td>
<td>Applicants that graduated in 2015 and then anyone who graduated in 2017 or after needs both parts of the exam. Applicants who graduated before 2015 or graduated in 2016 do not need both parts of the exam.</td>
<td>The NYSED is not an autonomous board. During the pandemic, it abides by what the Governor executive Orders and the Department of Health dictates.</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>62</td>
<td>YES</td>
<td>All components of Parts I, II, and III and required to obtain licensure in Pennsylvania.</td>
<td>Applicants do not need to take Part II CSPE to obtain Pennsylvania licensure while the Part II CSPE exam is suspended due to the pandemic. Applicants will still need to pass Part I, Part II (written), and Part III to obtain a Pennsylvania license.</td>
</tr>
<tr>
<td>Tennessee</td>
<td>1</td>
<td>YES</td>
<td>Rule 1155-02-.14, when read in conjunction with Rule 1155-02-.08, explicitly requires passage of both Parts I and II, including the CSPE, of the APMLE in order to qualify for an academic license, which is required for participation in a residency program in the state.</td>
<td>At this time, there is no statutory or regulatory mechanism to waive this requirement.</td>
</tr>
<tr>
<td>Texas</td>
<td>22</td>
<td>YES</td>
<td>Currently, a prospective podiatric resident must pass the APMLE Part II CSPE.</td>
<td>TDLR, in consultation with the Podiatric Medical Examiners Advisory Board, has waived requirements for the Clinical Skills Patient Encounter (CSPE) exam requirement for 2021 podiatry school graduates who apply for a temporary residency license in Texas. Temporary residency applicants must still take Part I and the written Part II examinations administered by the National Board of Podiatric Medical Examiners.</td>
</tr>
</tbody>
</table>
The Member Boards below do not require passing the APMLE Part II CSPE for licensure needed to participate in a podiatric residency program in their respective states.

<table>
<thead>
<tr>
<th>Member Board</th>
<th>#</th>
<th>Q1: Response</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>13</td>
<td>NO</td>
<td>Arizona does not have in statute or rule that a prospective podiatric resident has to pass the APMLE Part II CSPE to participate in a podiatric residency program.</td>
</tr>
<tr>
<td>California</td>
<td>42</td>
<td>NO</td>
<td>The Podiatric Medical Board of California is unaware of any applicable statute or regulation requiring a prospective podiatric resident to successfully pass the APMLE Part II CSPE as a necessary condition to participating in a podiatric residency program.</td>
</tr>
<tr>
<td>Colorado</td>
<td>8</td>
<td>NO</td>
<td>The Part II CSPE is not required to start a residency in Colorado.</td>
</tr>
<tr>
<td>Connecticut</td>
<td>9</td>
<td>NO</td>
<td>APMLE Part II CSPE is not a requirement to participate in residency training in Connecticut.</td>
</tr>
<tr>
<td>Florida</td>
<td>53</td>
<td>NO</td>
<td>Florida requires that the resident applicant provide documentation (transcript) of completion of a DPM program; examination completion is not a requirement.</td>
</tr>
<tr>
<td>Georgia</td>
<td>8</td>
<td>NO</td>
<td>In the state of Georgia, there is no statutory or regulatory requirement that a podiatric resident pass the APMLE Part II CSPE in order to participate in a residency program. The approved residency programs in Georgia may have their own additional requirements.</td>
</tr>
<tr>
<td>Indiana</td>
<td>13</td>
<td>NO</td>
<td>Passing the APMLE Part II CSPE is not required for Limited License for Postgraduate Training Programs (Residency Permit).</td>
</tr>
<tr>
<td>Kentucky</td>
<td>5</td>
<td>NO</td>
<td>The Kentucky Board of Podiatry does not have in statute or regulation that a prospective resident has to pass the APMLE Part II CSPE to participate in a podiatric residency program in Kentucky.</td>
</tr>
<tr>
<td>Maryland</td>
<td>3</td>
<td>NO</td>
<td>Regarding the Residency Programs Limited License issuance in Maryland, the NBPME Part II Skills in person Exam is not required. The Podiatric residents must complete this part of the NBPME Exams during their 3 year residency.</td>
</tr>
<tr>
<td>Minnesota</td>
<td>5</td>
<td>NO</td>
<td>No</td>
</tr>
<tr>
<td>North Carolina</td>
<td>3</td>
<td>NO</td>
<td>North Carolina does not have a rule or a statute that requires Part II CPSE in order for residents to get a temporary license to participate in a Residency Program.</td>
</tr>
<tr>
<td>North Dakota</td>
<td>2</td>
<td>NO</td>
<td>The North Dakota Board of Podiatric Medicine issues a temporary permit for residency. This permit does not require proof that the resident has passed APMLE Part II CSPE. Therefore, this delay does not specifically affect licensure for residents. However, the state of North Dakota has one podiatric residency program in Fargo and the Board cannot speak to the residency program's internal requirements for participating in its program, nor what accommodations, if any, it may be making.</td>
</tr>
<tr>
<td>Ohio</td>
<td>48</td>
<td>NO</td>
<td>A prospective podiatric resident does not have to pass the APMLE Part II CSPE to participate in a podiatric residency program in Ohio.</td>
</tr>
<tr>
<td>Oregon</td>
<td>4</td>
<td>NO</td>
<td>In regard to licensure granted by the Oregon Medical Board, no, passage of this portion of the exam is not a requirement to receive a limited license to participate in a residency program. However, we are unfamiliar with the exam requirements mandated by the residency program for an applicant to qualify for participation in their program.</td>
</tr>
<tr>
<td>Utah</td>
<td>6</td>
<td>NO</td>
<td>Utah does not require a license for the first year of residency.</td>
</tr>
<tr>
<td>Vermont</td>
<td>2</td>
<td>NO</td>
<td>Not required.</td>
</tr>
<tr>
<td>Virginia</td>
<td>12</td>
<td>NO</td>
<td>There is no requirement for any part of the APMLE for a prospective resident to be issued a training license. The applicant needs to be accepted into a residency, and the program must send documentation of such.</td>
</tr>
<tr>
<td>Washington</td>
<td>6</td>
<td>NO</td>
<td>There are two sections of Washington law that pertain to this topic: 1) RCW 18.22.230(5) exempts individuals from the requirement of licensure if they are participating as externs, interns, and residents in a training program approved by the American Podiatric Medical Association; and 2) RCW 18.22.045 which provides for the issuance of a “limited” license for postgraduate training (limited to duties in the internship/residency training program). The “limited” license is renewable annually for the duration of the training program.</td>
</tr>
</tbody>
</table>
MEMBER BOARDS INFO / COMPLEMENTARY

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.

COMPLEMENTARY
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 map below) have not responded yet and should respond as soon as possible.

The form can be submitted electronically [link] (user account required). To reduce the amount of data entry needed, the form is pre-filled and only requires edits to information that has changed.

As part of the FPMB’s Data Initiative, the data the FPMB collects and reports will be expanding. The need and value of this initiative has only increased during the COVID-19 pandemic, as evidenced by the information requests the FPMB has received from Member Boards, podiatric organizations, podiatrists, and other impacted stakeholders.
PRIMARY SOURCE VERIFICATION (LICENSURE) IN 2020

The FPMB strives to be the easiest and fastest part of the licensure process for Member Boards and podiatrists via its primary source verification (score and disciplinary reports):

- **Online ordering** provides 24/7/365 convenience for podiatrists.
  - During the pandemic, this avoids potential postal delivery delays.
- The FPMB processes online order in less than one business hour.
- 51 Member Boards participate in electronic delivery of reports.
  - During the pandemic, this avoids potential postal delivery delays and supports Member Board staff working from home.
- Median time for Member Boards to download reports is 6.1 business hours.
  - This is up a quarter hour from 2019 and up two hours from 2018.

**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 in 2020:

**Within 4 Hours**
- California
- Colorado
- Florida
- Kansas
- Kentucky
- Missouri
- Montana
- New Hampshire
- New Jersey
- New Mexico
- North Carolina
- North Dakota
- Ohio
- South Carolina
- South Dakota
- Washington
- Nebraska
- Oregon
- Pennsylvania
- Texas
- Utah

**Within 1 Day**
- Arizona
- District of Columbia
- Hawaii
- Idaho
- Illinois
- Massachusetts
- Nevada
- Oklahoma
- Tennessee
- Virginia

**Within 2 Days**
- Louisiana
- Maryland
- Nevada
- Oklahoma
- Tennessee
- Virginia

NOTE: The 33 Member Boards listed above downloaded reports within 2 business days (median). One-third of Member Boards were longer than 2 business days, and 7 of these were more than 2 business weeks.

Given that occupational license reform seeks efficiency in licensure, timely downloads of reports enables the FPMB to demonstrate this efficiency by its Member Boards.
SCORE REPORTING STATISTICS

- On average, the FPMB processes over 3 score reports every business hour.
- In 2020, score reporting was down 3%* compared to the previous (non-pandemic) year.
- The FPMB reports the Part III score release to the Member Board specified by each candidate on their exam application resulting in reporting spikes each June and December.

*The FPMB started processing Part I & II score reports near the end of January 2019; an estimate was used to approximate a full month of January 2019 score reporting for comparison by year.

<table>
<thead>
<tr>
<th>Report Type</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part I</td>
<td>1,563</td>
<td>1,582</td>
</tr>
<tr>
<td>Part II (written)</td>
<td>1,562</td>
<td>1,591</td>
</tr>
<tr>
<td>Part II CSPE</td>
<td>1,562</td>
<td>1,591</td>
</tr>
<tr>
<td>Part III (PMLexis)</td>
<td>1,801</td>
<td>1,717</td>
</tr>
<tr>
<td>TOTALS:</td>
<td>6,488</td>
<td>6,481</td>
</tr>
</tbody>
</table>
LEGISLATIVE NEWS

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

FEDERAL LEGISLATIVE NEWS

116th Congress - Second Session

Prior to the August recess, House Democrats introduced and passed the Health and Economic Recovery Omnibus Emergency Solutions Act, a $3.5 trillion package that would provide additional relief, while the Senate Republicans introduced the Healthcare, Economic Assistance, Liability, and Schools "HEALS" Act, a package of bills which would provide $1 trillion in relief. The "HEALS" Act has since been replaced with another Republican bill, the "Delivering Immediate Relief to America's Families, Schools and Small Businesses Act." Both of these bills have failed to move forward.

In addition to COVID-19 relief packages, two bills have been introduced in the Senate that would allow licensed health care professionals to practice across state lines during COVID-19. Sen. Chris Murphy (D-CT) and Sen. Roy Blunt (R-MO) introduced the Temporary Reciprocity to Ensure Equal Access to Treatment "TREAT" Act and Sen. Ted Cruz (R-TX) and Sen. Marsha Blackburn (R-TN) introduced the "Equal Access to Care Act" (S. 3993). Both bills would allow practice across state lines under different parameters and are each detailed below.

Legislation Introduced to Allow Practice Across State Lines During COVID-19

The Temporary Reciprocity to Ensure Equal Access to Treatment "TREAT" Act (S. 4421) introduced by Sen. Chris Murphy (D-CT) and Sen. Roy Blunt (R-MO) would allow health care professionals to practice across state lines in-person or via telehealth services during COVID-19 or a future public health emergency. The TREAT Act would require health care professionals who provide services in a jurisdiction in which they are not licensed to notify the applicable licensing authority within 30 days and includes a provision to allow for investigative and disciplinary authority for the jurisdiction in which the patient is located. The Act would not apply to health care professionals who are licensed in the jurisdiction where the patient resides or who is otherwise licensed under a compact in that jurisdiction. This Act also provides parameters for the scope of services and the initiation of telehealth services.

The Equal Access to Care Act (S. 3993) was introduced by Sen. Ted Cruz (R-TX) and Sen. Marsha Blackburn (R-TN) and would allow health care providers licensed in a primary jurisdiction to provide telemedicine to patients in secondary jurisdictions without a license in those jurisdictions during the COVID-19 public health emergency and for 180 days after the public health emergency. The bill would also consider the location of care to be where the practitioner is located for the purposes of the legislation. This bill has not yet had a hearing, but additional proposals related to state-based licensure during a public health emergency are anticipated.

Legislation on Workforce Issues During COVID-19

The Strengthening America's Health Care Readiness Act (S. 4055), introduced by Sen. Dick Durbin (D-IL), would "address health workforce shortages and disparities highlighted by the COVID-19 pandemic through additional funding for the National Health Service Corps and the Nurse Corps, and to establish a National Health Service Corps Emergency Service demonstration project."

The Health Equity and Accountability Act of 2020 (H.R. 6637) introduced by Rep. Jesus Garcia (D-IL) would require HHS to "encourage and facilitate the adoption of provisions allowing for multistate practitioner practice across State lines" for Medicare beneficiaries.

Additional proposals to create a streamlined approach to health care services, particularly for telehealth, are likely to be introduced in the fall.

Legislation to Study Telehealth During COVID-19

The Evaluating Disparities and Outcomes of Telehealth During the COVID-19 Emergency Act ("EDOT"Act," H.R. 7078) was introduced by Rep. Robin Kelly (D-IL) and would require a Centers for Medicare and Medicaid Services (CMS) study on the use of Medicare telehealth services during COVID-19, including geographic and demographic information. The bill would also provide grants for state Medicaid programs to study their telehealth usage during the pandemic.

The Knowing the Efficiency and Efficacy of Permanent "KEEP" Telehealth Options Act of 2020 (H.R. 7233) was introduced by Rep. Troy Balderson (R-OH) and Rep. Cindy Axne (D-IA) and would require both the Health and Human Services Department and the Government Accountability Office to conduct separate studies of telehealth use and outcomes during the coronavirus emergency; measuring the impact of expanded telehealth services, new reimbursement options, and the demographics of those utilizing telemedicine.

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President Trump's Executive Order on Rural Health Care

On August 4, President Trump signed an Executive Order on Improving Rural Health and Telehealth Access. The executive order would require HHS to announce a new model to test "innovative payment models" for rural providers within 30 days and would require the Secretary to propose a regulation to extend telehealth measures established during COVID-19. The order also requires development of federal strategy for improving rural health care through healthcare infrastructure.

Additional Telehealth Legislation Introduced in Response to COVID-19

With over 900 bills related to COVID-19 introduced in Congress, this list is a sample of those focusing on telehealth.

H.R. 6620 was introduced by Rep. Ann Kuster (D-NH) and Rep. John Katko (R-NY) and authorizes grants to ensure counties and local organizations have the ability to continue conducting outreach and providing assistance to those dealing with substance use disorder during COVID-19, and also requires the Secretary to consider an applicant’s telemedicine infrastructure in selecting grantees.

The Improving Telehealth for Underserved Communities Act (H.R. 6792/S. 3998) was introduced by Rep. Adrian Smith (R-NE) and Rep. Tom O'Halleran (D-AZ) in the House and Sen. Cindy Hyde-Smith (R-MS) in the Senate and would simplify the payment structure so that rural health clinics and federally qualified health centers would receive payment through the standard reimbursement formula instead of the CARES Act formula.

The Health Care at Home Act (S. 3792) was introduced by Sen. Tina Smith (D-MN) and ensures that all medically necessary benefits in ERISA plans are covered via telehealth for the duration of the COVID-19 Public Health Emergency; establishes payment parity between telehealth and face-to-face visits, including audio visits; prohibits previous restrictions on which conditions can be managed remotely; and ensures that all cost sharing for COVID-19 treatment can be waived.

The Increasing Rural Health Access During the COVID-19 Public Health Emergency Act of 2020 (H.R. 7190) was introduced by Rep. Torres Small (D-NM) and would establish a virtual health pilot program to facilitate remote patient monitoring technology to expand access to health care services for individuals in rural areas during the COVID-19 emergency period.

The Helping Ensure Access to Local TeleHealth, ("HEALTH Act", H.R. 7187) was introduced by Rep. G.K. Butterfield (D-NC) and Rep. Glenn Thompson (R-PA) and codifies Medicare reimbursement for community health centers and rural health clinics for telehealth services, a change that was put in place on a temporary basis during the public health emergency.

The Protect Telehealth Access Act (H.R. 7391) was introduced by Rep. Mikie Sherrill (D-NJ) and Rep. Kevin Hern (R-OK) and would codify Medicare reimbursements for telehealth services, remove the requirement that telehealth recipients must be located in a rural area or health professional shortage area, and allow individuals to receive telehealth services at home.

The Protecting Access to Post-Covid-19 Telehealth Act (H.R. 7663) was introduced by Rep. David Schweikert (R-AZ) and Rep. Mike Thompson (D-CA) and would continue the expanded use of telehealth beyond the pandemic by eliminating restrictions on its use by Medicare beneficiaries, such as geographic and originating site restrictions, continue reimbursement for telehealth for 90 days beyond the end of the public health emergency, making the disaster waiver authority permanent for future emergencies and requiring a study on the use of telehealth during COVID.

The Enhancing Preparedness Through Telehealth Act (S. 3988) was introduced by Sen. Bill Cassidy (R-LA) and Sen. Tina Smith (D-MN) and would direct the HHS Secretary to inventory telehealth programs across the country, through a recurring report every five years, to learn how telehealth can be used more effectively in future health emergencies, and to make recommendations for Federal and State public health preparedness plans.

The Mental and Behavioral Health Connectivity Act (S. 3999) was introduced by Sen. Angus King (I-ME) and Sen. Todd Young (R-IN) and would allow Medicare beneficiaries to continue to access mental and behavior health services through telehealth in the near term and after the coronavirus pandemic subsides, extending CARES Act authorizations.

The Telehealth Expansion Act of 2020 (S. 4230) was introduced by Sen. Ron Wyden (D-OR) and would permanently remove the geographic restrictions on telemedicine and expand the list of originating sites, making mental health and evaluation and management services widely available after the pandemic.

(Continued on page 13)
The **Strengthening America’s Health Care Readiness Act (S. 4055)** introduced by **Sen. Dick Durbin (D-IL)** and seeks to address health workforce shortages and disparities highlighted by the COVID-19 pandemic through additional funding for the National Health Service Corps and the Nurse Corps, and to establish a National Health Service Corps Emergency Service demonstration project.

**License Portability and Compacts in the National Defense Authorization Act (NDAA)**

The 2021 **National Defense Authorization Act (S. 4049)** was introduced by **Sen. James Inhofe (R-OK)** and contains provisions of interest to state medical boards, including language that would allow for reimbursement of relicensing fees (up to $1,000) for a military spouse when the member is reassigned to a new station or assignment in a different jurisdiction, and authorization of $4 million to assist with the development of interstate compacts on licensed occupations for military spouses through the cooperative agreement with the Council of State Governments.

**Updates on Previously Highlighted Legislation**

The **Ensuring Quality Care for Our Veterans Act (S. 123)**, introduced by **Sen. Joni Ernst (R-IA)** last year, passed the Senate by unanimous consent on June 30th, and now awaits action in the House. The bill requires the Department of Veterans Affairs to contract with a nonfederal organization to conduct a quality management review of hospital care or medical services furnished by each Veterans Health Administration provider whose license was terminated by a state licensing board based upon care or services provided in a non-VHA facility. If the review finds that the standard of care was not met, individuals receiving care from that provider would be notified.

**Regulatory News**

Agencies continue to issue emergency guidance in response to the COVID-19 national emergency. In a June 15 letter co-signed by 27 other senators, **Sen. Brian Schatz (D-HI)** and **Sen. Roger Wicker (R-MS)** urged Senate leaders to consider making certain temporary telehealth policies permanent, including allowing Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to provide distant site telehealth services and permitting virtual face-to-face visits to recertify hospice care eligibility.

At a June 17 Senate Health, Education, Labor, and Pensions (HELP) Committee hearing on telehealth, chairman **Sen. Lamar Alexander (R-TN)** suggested that the federal government should permanently extend policy changes that did away with "origination sites" and allowed physician reimbursement for telehealth appointments wherever the patient is located, including their home, as well as the waivers that nearly doubled the amount of telehealth services that could be reimbursed by Medicare.

On July 23, the Trump administration officially renewed the public health emergency for the coronavirus, ensuring that critical resources to fight the pandemic continue, like the rollback of telehealth restrictions that have eased access to virtual visits, expansion of the types of health care professionals that can furnish telehealth services and the waiving of in-state licensure requirements for Medicare practitioners. Each renewal lasts 90 days, allowing the current extension to remain in effect until October 21, 2020.

**STATE LEGISLATION OF INTEREST**

**Occupational Licensing**

**Colorado HB 20-1326** - Creates the Occupational Credential Portability Program, which allows military spouses licensed in another United States jurisdiction to apply for and receive a three-year temporary license in-state, so long as qualifications are substantively equivalent and the recipient does not have any disciplinary actions, among other criteria. The bill also broadens the state’s licensure by endorsement for doctors, allowing doctors licensed in other states to apply for temporary licensure through the Occupational Credential Portability Program, eliminating the preexisting requirement that must be actively practicing in five of the last seven years.

**Louisiana HB 613** - Requires licensing boards to issue licenses to a military-trained applicant, if they have a current and valid occupational license in another state with a similar scope of practice, for at least one year, have passed all necessary examinations, met certain standards and is in good standing.

**Universal Reciprocity**

**North Carolina SB 773** - 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 the state.
NEWS CLIPS
COVID-19

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

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

NBPME: CSPE Testing Temporarily Suspended November 20, 2020
National Board of Podiatric Medical Examiners
November 2020

FSMB: COVID-19 Webpage
Federation of State Medical Boards
December 2020

Federation of State Medical Boards
December 2020

New FSMB Tool: Tracking COVID-19-related legislation impacting medical regulation
Federation of State Medical Boards
July 2020

Education / Workforce

Coronavirus: Physician compensation, job options falling
Medical Economics
July 2020

Physician fatigue linked to EHR use
Health Leaders
July 2020

How medical schools are planning to accommodate students this fall
AMA
July 2020

Medical schools apply lessons learned from COVID-19 for incoming students
AMA
July 2020

Analysis: Most doctors report burnout symptoms
Health Leaders
September 2020

Survey: Majority of U.S. physicians report pay cuts due to COVID-19
Fierce Healthcare
September 2020

Nearly two-thirds of U.S. doctors have lost income during the pandemic, report finds
The DO
September 2020

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New Treatments / Technology

10 concerning trends in health IT
Becker’s Hospital Review
July 2020

Opioids / Pain Management

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

Fatal overdoses hit record high in 2019, CDC data shows
Becker’s Hospital Review
July 2020

New AMA report finds 40% decline in opioid prescriptions but rising overdose deaths
Fierce Healthcare
July 2020

COVID-19 and the opioid crisis: When a pandemic and an epidemic collide
AAMC News
July 2020

Four potential reasons the pandemic is exacerbating the opioid crisis
Becker’s Hospital Review
July 2020

Opioid prescriptions fell in 2019 for sixth consecutive year, AMA finds
Becker’s Hospital Review
July 2020

What does good pharmacist-physician pain management collaboration look like?
AMA Journal of Ethics
August 2020

How should medical education better prepare physicians for opioid prescribing?
AMA Journal of Ethics
August 2020

National Governors Association
August 2020

Opioids leading cause of drug overdose deaths in first half of 2019
UPI
September 2020

Updates from NAM Action Collaborative on Countering the U.S. Opioid Epidemic
National Academy of Medicine
September 2020

Telemedicine / Rural Health

One-third of physicians say developing ‘webside manner’ is a top challenge for telehealth
Becker’s Hospital Review
July 2020

Will the telemedicine boom outlast the pandemic?
HealthDay News
July 2020

What a doctor learns from watching you on video chat
The Atlantic
August 2020

Only 8% of U.S. emergency physicians practice in rural areas, study shows
Becker’s Hospital Review
August 2020

Telehealth use skyrocketing among older adults
HealthDay News
August 2020

As telemedicine replaces the physical exam, what are doctors missing?
NPR
August 2020

Prognosis for rural hospitals worsens with pandemic
HealthLeaders
August 2020

In rush to embrace telehealth, many physicians still have concerns about quality of care, survey finds
HealthLeaders
August 2020

Top 10 cities in the U.S. adopting telemedicine
Becker’s Hospital Review
September 2020

Six ways physicians can boost ‘webside manner’ during telehealth visits
Becker’s Hospital Review
September 2020

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  - Fall 2020

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- Alaska State Medical Board  *includes podiatry*

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- [Arkansas State Medical Board](#)

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- [Medical Board of California](#)
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- Connecticut Medical Examining Board

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- 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

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- Florida Board of Medicine

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- Georgia State Board of Podiatry Examiners
- Georgia Composite Medical Board

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- [Hawaii Medical Board](#)
  *includes podiatry*

## IDAHO
- Idaho Board of Podiatry
- [Idaho Board of Medicine](#)
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- [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](#)

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- [Kansas State Board of Healing Arts](#)
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- [Kentucky Board of Medical Licensure](#)
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MAINE
Maine Board of Licensure of Podiatric Medicine
Maine Board of Licensure in Medicine
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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
❖ October 2020

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

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New Mexico Medical Board

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New York State Education Department
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NORTH CAROLINA
North Carolina Board of Podiatry Examiners
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❖ November-December 2020

NORTH DAKOTA
North Dakota Board of Podiatric Medicine
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OHIO
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❖ December 2020

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OREGON
Oregon Medical Board [includes podiatry]

PENNSYLVANIA
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Pennsylvania State Board of Medicine

PUERTO RICO
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South Carolina Board of Medical Examiners

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