Data-Based Decision Making

The need for data was growing prior to the pandemic, and now it is more critical than ever. Data collection, reporting, and analysis is what enables the best possible decision-making by Member Boards and other key stakeholders.

Over the past year, the FPMB has leveraged its collaboration and communication role to conduct six Requests for Information (RFI) from its Member Boards. Not surprisingly, five of these focused on the impact of the COVID-19 pandemic (CMEs and licensing exams) on licensure:

- COVID-19: Licensing & CME
- Limited License Requirements for Residents
- Continuing Education Received Through Non-Live Methods
- APMLE Part II CSPE & Residency Programs
- APMLE Part II & Licensure (Residencies & Unsupervised Practice)
- Podiatric Licensure Renewal Requirements

In addition to these RFIs, the FPMB requires updates via the Working Together: Annual Meeting - April 2021

I warmly invite our Member Podiatric Medical Boards to join us for the FPMB’s Annual Meeting at 2 PM EDT on Friday, April 30, 2021. The past year has been one of disruption and change. The FPMB has endeavored to support our Member Boards in addressing these challenges individually and collectively. The Annual Meeting is a unique and powerful opportunity to come together as a whole to review the past year and meet the challenges ahead.

I am pleased to announce that this year’s Annual Meeting will feature a Member Board Round Robin session for an increased opportunity for member participation and engagement. This will be an excellent opportunity to share what is going on in each state and to ask questions of other states, as has been requested in last year’s post-meeting survey.

After the April 24, 2021 FPMB Board Meeting, Barbara Campbell, DPM will take on the mantle of president. The FPMB will be in very capable and competent hands.

It has been a true honor and a privilege to lead the FPMB over the past year and serve you, our Member Boards. I thank you for your engagement as we continue our shared mission to protect the public.
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)

*Continuing Education Committee (CEC) of the Council on Podiatric Medical Education

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
The mission of the Oregon Medical Board is to protect the health, safety, and wellbeing of Oregon citizens by regulating the practice of medicine in a manner that promotes access to quality care.

Since its inception in 1889, the Oregon Medical Board (OMB or Board) has adhered to this simple yet profound purpose.

The OMB is the regulatory agency and governing board for a large portion of the professional health care community in Oregon. The Board licenses all physicians (medical, osteopathic, and podiatric), physician assistants, and acupuncturists practicing in the state. There are currently 24,070 licensees, including 232 podiatric physicians in Oregon.

Initially, Oregon podiatric physicians were regulated by a separate podiatry board, but the 1981 state legislature dissolved the 56-year-old State Board of Podiatry Examiners and placed its licensees under the Oregon Medical Board's jurisdiction. By 1989, all statutory provisions governing podiatry had been integrated into the Oregon Medical Practice Act. In 2006, the Oregon Legislature added a podiatric physician position to the Board as a 12th member.

The Board regulates the practice of medicine, podiatry, and acupuncture and investigates and disciplines licensees when appropriate. In doing so, the OMB is governed by and enforces Oregon Revised Statutes (ORS) Chapter 677, also known as the Medical Practice Act. The OMB also follows and enforces Oregon Administrative Rules (OAR) Chapter 847. The Oregon regulations specific to podiatric medicine and surgery are found in ORS 677.805-677.840 and OAR 847-080. Significant changes to these regulations include the addition of ankle surgery to the scope of practice for podiatry in 1999. In 2017, podiatric physicians were granted the authority to supervise physician assistants in their practice of medicine.

To accomplish all its tasks, the Oregon Medical Board meets quarterly (January, April, July, and October). At each of these two-day sessions, the Board decides investigative, disciplinary, and policy matters; grants licenses; and reviews administrative rules and committee reports. Additionally, the Board has various committees whose members examine license applications, make recommendations on investigations to the Board, and interview applicants and licensees when needed.

The Board is comprised of 14 members – seven Doctors of Medicine, two Doctors of Osteopathic Medicine, one Doctor of Podiatric Medicine, one Physician Assistant, and three public members who represent health consumers – who are appointed by the Governor and confirmed by the state Senate. Each member is selected for a three-year term, with the opportunity to participate in a second term, for a total of six years. Board members must be Oregon residents.

The Board is also responsible for establishing the scope of practice for emergency medical responders, emergency services providers and setting the qualifications for supervising physicians of emergency medical services providers.

The OMB works closely on podiatric health care matters with the Oregon Podiatric Medical Association, an organization dedicated to serving and protecting the public’s foot health.

You can visit the Oregon Medical Board website at omb.oregon.gov.

**MEMBER BOARD SPOTLIGHT**

**Oregon Medical Board**

To be featured in the next Member Board Spotlight!
The Role of CPME with Residencies and Continuing Education and the Impact of the Pandemic on Residencies and Continuing Education

The Council on Podiatric Medical Education (CPME or the Council) is a professional accrediting agency designated by the American Podiatric Medical Association to serve as the accrediting agency in the profession of podiatric medicine. The Council is empowered to develop and adopt standards and policies as necessary for the implementation of all aspects of its accreditation, approval, and recognition purview. The Council has final authority for the accreditation of colleges of podiatric medicine, the approval of fellowships and residency programs, and providers of continuing education, and the recognition of specialty certifying boards for podiatric medicine.

The mission of the Council is to promote the quality of graduate education, postgraduate education, certification, and continuing education. By confirming that these programs meet established standards and requirements, the Council serves to protect the public, podiatric medical students, and doctors of podiatric medicine.

Residencies

Following four years of professional education, graduates of colleges or schools of podiatric medicine enter postgraduate residency programs that are conducted under the sponsorship of health-care institutions. Residencies afford these individuals structured learning experiences in patient management along with training in the diagnosis and care of podiatric pathology. The individuals involved in these training programs are referred to as “residents” and are recognized as such by the institutions sponsoring the programs.

The Council approves institutions that sponsor residency programs that demonstrate and maintain compliance with CPME 320, Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies. Podiatric residency approval is based on programmatic evaluation and periodic review by the Residency Review Committee (RRC) and the Council. The purpose of a residency is to further develop the competencies of graduates of colleges of podiatric medicine through clinical and didactic experiences. A residency program is based on the resource-based, competency-driven, assessment-validated model of training.

Following completion of a residency program, residents are eligible to become certified by the American Board of Foot and Ankle Surgery (ABFAS) and the American Board of Podiatric Medicine (ABPM). The specialty boards are recognized by the Council on Podiatric Medical Education’s Joint Committee on the Recognition of Specialty Boards (JCRSB) to certify in their respective areas of specialty.

Continuing Education

The Council on Podiatric Medical Education holds the position that continuous study is the fundamental and lifelong responsibility of doctors of podiatric medicine. Technological advances through research, new patterns of health-care delivery, and development of clinical procedures have accentuated the need for podiatric physicians to remain aware of professional developments through active participation in continuing education. Moreover, all state boards for examination and licensure require podiatric physicians to participate in continuing education in order to maintain professional licensure.

The Council approves providers of continuing education that demonstrate and maintain compliance with established standards and requirements. Approval is based on programmatic evaluation and periodic review by the Council and its Continuing Education Committee.

The primary purpose of approval is to promote and ensure high-quality education and continuous im-

(Continued on page 5)
provement in educational programs. Approval also ensures the quality of continuing education programs to the public, the podiatric medical profession, and the state boards for examination and licensure.

**Modifications on Standards and Requirements Due to the Pandemic**

Due to the COVID-19 (*coronavirus*) pandemic, CPME has issued many guidance statements to colleges of podiatric medicine, podiatric medicine and surgery residencies and fellowships, and continuing education providers. These statements are available in their entirety on the CPME website ([www.cpme.org](http://www.cpme.org)). As alternatives to educational delivery are considered, CPME continues to be mindful of potential consequences for students, residents, and learners in terms of finances, degree completion, certification, and licensure eligibility.

Recognizing the impact COVID-19 is having on residency training programs, including cancelled rotations, decreased office visits, postponed elective surgeries, and temporary closures in affiliate surgery centers, CPME temporarily decreased the required MAVs (*minimum activity volume*) of procedures by 15% for all categories and allowed for program directors to petition to provide alternate clinical experiences to residents in lieu of required rotations. These modifications affected residents who graduated in 2020; similar modifications are being discussed by the Council for residents who will complete training in 2021.

Regarding continuing education and COVID-19, many providers of continuing education have decided voluntarily, or in some cases involuntarily, to cancel or postpone in person continuing education activities. As a result of these changes, providers are offering activities via the internet as “internet live activities”. Continuing education activities in different formats must still meet the requirements of CPME. Because providers are having to alter many in person continuing education activities to internet live activities, due to the pandemic, it is the continuing education committee’s hope the state boards of podiatric medicine allow extra time for podiatric physicians to obtain continuing education contact hours. However, the continuing education committee advises providers to contact the state boards where their learners/attendees are licensed for verification. Ultimately, it is up to the state licensing boards to determine continuing education requirements and what contact hours are acceptable.

While these temporary modifications have been made to some CPME requirements to allow for disruptions in training due to the continuing pandemic, CPME wants to ensure that the health and safety of our students, residents, fellows, faculty, staff, learners, and patients are at the forefront of any decisions made.
The FPMB announced the formation of a Data Initiative Committee (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 well-informed decision making.

For the first phase of the initiative, the Committee targeted expanding licensing requirements data, including other types of licensure beyond examination, as well as adding scope of practice data. Due to the multitude of requests for information the FPMB has performed over the past year due to the impact of the COVID-19 pandemic on CMEs, examinations, and licensure, the Committee has held back on requesting data for this initiative to moderate how frequently we request data from Member Boards.

In February 2020, the Podiatric Medical Board of California (PMBC) reached out to the FPMB requesting assistance in collecting license renewal information from our Member Boards. Serendipitously, this data request aligned with the Data Initiative. Using the responses received from 45 Member Boards, the FPMB presented the data results at PMBC’s public board meeting on March 12, 2021. Based on this data, PMBC Board Members voted to revise their license renewal requirements.

This PMBC example illustrates the power of the FPMB’s Data Initiative. Data gathered from the collective, our Member Boards, created knowledge that empowered PMBC to make a well-informed decision.

The Committee looks forward to further progress with the Data Initiative and looks forward to your active participation and benefit.

Phase I: Data Categories & Items

Phase I of the Data Initiative focuses on the data categories and items listed in the two information boxes below. Any questions, comments, or feedback is welcomed and appreciated.

### STATE PODIATRIC MEDICAL BOARD DATA

- Requirements for Licensure of U.S. Podiatric School Graduates
- Accredited Subspecialties and Non-Accredited Fellowships That Satisfy Graduate Medical Education Requirements (GME) for Licensure
- Initial Licensure Fees and Requirements
- Renewal Licensure Fees and Requirements
- Endorsement Policies for Currently Licensed Podiatric Physicians
- Types of Licenses Issued (In Addition to Full, Unrestricted License)
- License Types and Applications
- Continuing Medical Education Requirements

### SCOPE OF PRACTICE

- Includes Ankle
- Includes Leg
- Amputation
  - Allows Toe
  - Allows Partial Foot
  - Allows Foot
  - Allows Ankle/Leg
- History and Physical (H&P)
  - Pre-Op
  - Admit
- Supervise Hyperbaric
- Supervise Mid-Level Providers
- Vaccinations (ADDED)

### 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, FPMB request for information (RFI) over the last five years receive responses from only 2/3 of Member Boards.
The National Board of Podiatric Medical Examiners (NBPMEx) has unanimously voted that the APMLE Part II Clinical Skills Patient Encounter (CSPE) represents a unique, valid, reliable examination that tests skills not being tested in the Parts I, II, and III written examinations. The decision was also made to start an investigation into alternatives to the suspended version of the clinical skills patient encounter examination. It was acknowledged that the first version of CSPE examination was unpopular among the student population mainly because of the expense to candidates.

During the development, pilot process, and then with the actual administration of the first version of the examination, the board became convinced of the appropriateness of testing these unique skills that are crucial to safe, effective, independent practice. That perspective is also shared by other licensing examination boards, including National Board of Medical Examiners (NBME) and National Board of Osteopathic Medical Examiners (NBOME). To date, no groups have abandoned this examination. Boards have either continued to test or said they are suspending the current version of their examinations while pursuing alternate designs.

The CSPE examination is currently suspended. Investigation and evaluation of alternatives has only begun. Although it may be possible, it is unlikely that a new design would be developed, piloted, and ready for administration for the Class of 2022.

NBPMEx is committed to the clinical skills program, and to providing routine updates to the stakeholders of our profession, including the American Association of Colleges of Podiatric Medicine (AACPM), American Podiatric Medical Association (APMA), and American Podiatric Medical Students’ Association (APMSA), Council on Podiatric Medical Education (CPME), and Federation of Podiatric Medical Boards (FPMB) as we work alongside NBOME to further our mission and to create an examination that is valid, reliable, and cost-effective.

(E.D.’s Message continued from page 1)

Member Boards Update Form by the end of the third quarter each year. This data is published on the Member Boards Info page of the FPMB website.

Member Boards, and other stakeholders, depend on the data the FPMB collects and reports to make critical decisions.

This growing body of data has real-world impacts. For example, the Podiatric Medical Board of California requested an RFI in February 2021. The data collected and reported by the FPMB was factored into their discussion as they voted to revise license renewal requirements at their March 2021 meeting. Working together, you have made a difference.

Another excellent opportunity for Member Boards to work together with the FPMB will be at the Annual Meeting on Friday, April 30. We look forward to your active participation and engagement.

FEDERATION OF PODIATRIC MEDICAL BOARDS

2021 Annual Meeting Video Webinar
Friday, April 30, 2021
2:00 - 3:30 PM EDT

The FPMB cordially invites:
Board President
(or their designated alternate)

-and-

One Executive Staff

Invitation and agenda will be emailed to Member Boards. Questions? Contact fpmb@fpmb.org

*NOTE: Member Boards must be current with dues to participate.
The FPMB’s data visualization page provides general, contact, licensure, and regulatory information about its Member Boards. The page 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. Blue 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.
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.

The FPMB recognizes the following Member Boards for their timely download of reports sent in Q4 2020:

**Within 4 Hours**
- Alabama
- California
- Connecticut
- District of Columbia
- Florida
- Indiana
- Kentucky
- Louisiana
- Missouri
- New Hampshire
- New Jersey

**Within 2 Days**
- Colorado
- Georgia
- Nevada

**Within 1 Day**
- Arizona

New Mexico
- North Carolina
- Ohio
- Oregon
- South Carolina
- South Dakota
- Tennessee
- Virginia
- Washington
- West Virginia

British Columbia
- Hawaii
- Idaho
- Maryland
- Oklahoma
- Pennsylvania
- Utah

NOTE: The 32 Member Boards listed above downloaded reports within 2 business days (median). 14 Member Boards were longer than 2 business days (median), and 4 of these were more than 1 business week (median).

**Occupational licensure reform seeks efficiency in licensure, especially for military spouses. Timely downloads of reports enables the FPMB to demonstrate efficiency by its Member Boards.**
**HHS PREP Act Declaration**

On December 3, the Department of Health and Human Services issued a fourth amendment to its declaration under the Public Readiness and Emergency Preparedness Act (PREP Act) that includes an authorization for certain persons to provide "covered countermeasures" related to COVID-19 across state lines via telehealth, pre-empting state licensing laws to the contrary. Covered countermeasures are defined in statute and include: a qualified pandemic or epidemic product; a security countermeasure; a drug, biological product, or device that is authorized for emergency use; or an approved respiratory protective device. The amendment states, "Specifically, healthcare personnel who are permitted to order and administer a Covered Countermeasure through telehealth in a state may do so for patients in another state so long as the healthcare personnel comply with the legal requirements of the state in which the healthcare personnel are permitted to order and administer the Covered Countermeasure by means of telehealth." The announcement from HHS is available [here](#) and the FSMB will continue to monitor for additional updates.

**Health Care Provider Mental Health**

The Dr. Lorna Breen Health Care Provider Protection Act (S. 4349/H.R. 8094) was introduced by Senators Kaine (D-VA), Cassidy (R-LA), Reed (D-RI) and Young (R-IN) and 12 cosponsors in the Senate and Representatives Rose (D-NY), McKinley (R-WV), Brindisi (D-NY), Riggleman (R-VA), Cisneros (D-CA), Griffith (R-VA), Upton (R-MI) and 22 cosponsors in the House, in response to the high levels of mental and physical stress and burnout in the healthcare workforce. The bill would provide grants for training healthcare professionals in evidence-informed strategies to reduce and prevent suicide, burnout, mental health conditions, and substance use disorders, and encourage those at risk to seek support and treatment. The bill also requires a comprehensive study on health care professional mental and behavioral health and burnout. The FSMB endorsed this legislation.

**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.

**COVID-19 Pandemic Response**

The most recent Coronavirus stimulus bill, the Consolidated Appropriations Act of 2021 (H.R. 133, 116th), introduced by Rep. Henry Cuellar (D-TX), which became law December 27, 2020, included changes to telehealth policy by adding rural emergency hospitals to the list of originating sites eligible for reimbursement, and allowing patients' homes to be eligible sites for receiving telehealth services after the conclusion of the public health emergency, as long as the practitioner furnished in-person services to the individual within the six months prior to the first time they furnish the telehealth service, and at least once every six months thereafter. It also replenishes the FCC's COVID-19 Telehealth Program, created by the CARES Act, with $250 million, which helps health care providers (Continued on page 11)
respond to the COVID-19 crisis by funding broadband expansion, creating wireless access points for patients, tablets, and remote monitoring devices.

Antitrust Legislation

The Occupational Licensing Board Antitrust Damages Relief Act of 2020 (H.R. 8680) was introduced by Representatives Raskin (D-MD), Cicilline (D-RI), and Conaway (R-TX) and would provide damages relief to state boards, their members and staff if the board meets certain requirements, including: operating under a state law that requires an occupational license for the occupation regulated by the board, specifies the qualifications for the license, and requires that professional and ethical standards be met; has all members of the board appointed by the state's chief executive officer, the legislature, or other designated elected state officer; includes members of the public who are not market participants in the regulated profession; and provides mechanisms allowing people aggrieved by the board to contest its actions including judicial review. The FSMB and FPMB have been advocating on this issue and have endorsed this legislation.

Interstate Medical Licensure Compact

H.R. 8723 was introduced by Reps. Yoho (R-FL), Thompson (D-MS), Tiffany (R-WI), Hagedorn (R-MN) and two cosponsors and would prevent states who are not members of the IMLC from receiving funding from the Bureau of Health Workforce, a branch of the Health Resources and Services Administration, allowing states three years to join IMLC before going into effect. The bill would also prevent state licensing boards from receiving certain federal grants unless they have a public awareness campaign to encourage specialty physicians to practice telemedicine.

Licensing

The National Defense Authorization Act for Fiscal Year 2021 (NDAA - H.R. 6395), the annual defense appropriations bill that has been in negotiations for several months, includes Section 1089 - Modification of Licensure Requirements for Health Care Professionals Providing Treatment Via Telemedicine, which expands the definition of a "covered health care professional" to include postgraduate health care employees and health professions trainees working under clinical supervision, allowing both to provide treatment via telemedicine in the Department of Veterans Affairs. It also includes Section 2881 - Military Family Readiness Considerations in Basing Decisions, which requires consideration of "interstate portability of professional licensure and certification credentials" when making basing decisions.

The Military Spouse Licensing Relief Act of 2020 (S. 4608) was introduced by Sen. Mike Lee (R-UT) and would give military spouses with valid professional licenses in one state reciprocity in the state where their spouse is currently serving on military orders.

The Reinvigorating the Economy, Creating Opportunity for every Vocation, Employer, Retiree & Youth (RECOVERY) Act (S. 4537) was introduced by Sen. Ted Cruz (R-TX) and includes the legislative language from his Equal Access to Care Act, which would allow providers licensed in one jurisdiction to provide telemedicine to patients in another without a license during the COVID-19 public health emergency and for 180 days after its conclusion.

The Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (H.R.7105) was amended and passed out of the Senate under Unanimous Consent on December 9, 2020. Section 2002 of the bill includes a "Temporary Clarification Of Licensure Requirements For Contractor Medical Professionals To Perform Medical Disability Examinations For The Department Of Veterans Affairs Under Pilot Program For Use Of Contract Physicians For Disability Examinations." Section 2002 allows physicians, physician assistants, nurse practitioners, audiologists, and psychologists with a current, unrestricted license in any state to contract with the VA and perform medical disability examinations for three years under the pilot program to supplement VA capacity in conducting such exams. (Continued on page 12)
**Telehealth**

Congress has introduced several additional telehealth bills as the COVID-19 pandemic continues into the fall.

The Health Equity and Accountability Act of 2020 (S. 4819), was introduced by Senator Mazie Hirono (D-HI) includes a section to facilitate telehealth across state lines by requiring HHS, "in consultation with States, physicians, health care practitioners, and patient advocates" to "encourage and facilitate the adoption of provisions allowing for multistate practitioner practice across State lines."

The Ensuring Telehealth Expansion Act (H.R. 8528), was introduced by Rep. Roger Williams (R-TX) and would extend key portions of the CARES Act until 2025, including the Health Savings Account exemption for telehealth, Medicare telehealth flexibilities during emergencies, enhancing telehealth services for Federally Qualified Health Centers and Rural Health Clinics, waiving face-to-face requirements for home dialysis patients and physicians, allowing telehealth to recertify eligibility for hospice care and encouraging telehealth for home health services.

The Telehealth Modernization Act (S. 4375) was introduced by Sen. Lamar Alexander (R-TN) and would make permanent a host of reforms introduced to facilitate telemedicine during the pandemic, including removing Medicare's "geographic and originating site" restrictions, which require both that the patient live in a rural area and use telehealth at a doctor's office or clinic; allowing patients to continue to access telehealth from physical therapists, speech language pathologists, and other health care providers; continue Medicare reimbursements for a wide variety of services, and allowing Medicare hospice and home dialysis patients to receive virtual care.

The Ensuring Parity in MA for Audio Only Telehealth Act of 2020 (S. 4840/H.R. 7659) was introduced by Sen. Pat Roberts (R-KS) in the Senate and Rep. Terri Sewell (D-AL) in the House and would include audio-only for qualified diagnosis made via telehealth and require Medicare to pay the same amount for telehealth services delivered during a public health emergency as they would pay in-person.

The Accelerating Connected Care and Education Support Services on the Internet Act ("ACCESS the Internet Act", S. 4515) was introduced by Sen. Joe Manchin (D-WV) and Sen. John Cornyn (R-TX) and would provide $400 million for the FCC's COVID-19 Telehealth Program, including 20% set aside for small, rural providers left out of the program's first round of funding, and $100 million for the VA's Telehealth and Connected Care Services, to deliver Internet-connected devices and services for veterans in rural, unserved areas.

The Telehealth Act (H.R. 7992) was introduced by Rep. Ann Wagner (R-MO) and combines nine previously introduced bills into one:

- The Advancing Telehealth Beyond COVID-19 Act (H.R. 7338), introduced by Rep. Liz Cheney (R-WY) continues telehealth measures put in place by the CARES Act, emphasizing access to technology for seniors in rural areas.

- The EASE Behavioral Health Services Act (H.R. 5473), introduced by Rep. Gus Bilirakis (R-FL) aims to expand access to telemental health services by expanding Medicare and Medicaid coverage and bypassing Medicare's geographic restrictions on telehealth services.

- The Telemedicine Everywhere Lifting Everyone's Healthcare Experience and Long Term Health ("TELEHEALTH") HSA Act (S. 4039), introduced by Sen. Kelly Loeffler (R-GA) would make permanent the preferred treatment of telehealth and other remote care services in health savings accounts.

- The VA Mission Telehealth Clarification Act (H.R. 3228), introduced by Rep. Earl Carter (R-GA) would amend the 2018 VA Mission Act to allow post-graduate healthcare employees and VA healthcare trainees to use connected health platforms, under the supervision of VA-sanctioned care providers, to treat veterans (a companion bill was filed by Sens. Jeanne Shaheen (D-NH) and Martha McSally (R-AZ).

(Continued on page 13)
The Telehealth Across State Lines Act (H.R. 4900), introduced by Rep. David Roe (R-TN) would create a uniform standard of nationwide best practices for multi-state telehealth programs, incentivize telehealth expansion and establish a five-year grant program to expand telehealth in rural areas.

The Telehealth Response for E-prescribing Addiction Therapy Services (TREATS) Act (S. 4103), introduced by Sens. Rob Portman (R-OH) and Sheldon Whitehouse (D-RI) would make permanent emergency actions passed during the coronavirus pandemic, including substance use disorder (SUD) treatment and medication assisted therapy (MAT) treatment via telemedicine.

The KEEP Telehealth Options Act (H.R. 7233), introduced by Reps. Troy Balderson (R-OH) and Cindy Axne (D-IA) calls on HHS and GAO to conduct separate studies of telehealth use and outcomes during the coronavirus emergency.

The Enhancing Preparedness Through Telehealth Act (S. 3988), introduced by Sen. Bill Cassidy (R-LA) would direct HHS to inventory telehealth programs across the country every five years to learn how telehealth is being used and how it can be used more effectively.

The HEALTH Act (H.R. 7187), introduced by Rep. Glenn Thompson (R-PA) would make permanent Medicare coverage for telehealth services provided at federally qualified health centers (FQHCs) and Rural Health Clinics (RHC).

The Telehealth Coverage and Payment Parity Act (H.R. 8308) was introduced by Rep. Dean Phillips (D-MN) and would prohibit restrictions on which conditions can be managed remotely, establish payment parity between telehealth and in-person visits, guarantee all medically necessary benefits in ERISA plans are covered via telehealth and remove location-based regulations for providers.

The COVID-19 Telehealth Program Extension Act (S. 4794) was introduced by Sen. Tina Smith (D-MN) and Sen. Mike Rounds (R-SD) and would provide an additional $200 million for the Federal Communications Commission's (FCC) COVID-19 Telehealth Program, which ran out of funding in July. The program helps health care providers respond to the COVID-19 crisis by providing telehealth platforms, wireless access points for patients, tablets, and remote monitoring devices.

The Telehealth Improvement for Kids' Essential Services (TIKES) Act of 2020 (H.R. 8476) was introduced by Rep. Lisa Blunt Rochester (D-DN) and would require the Department of Health and Human Services to issue guidance to states about how to increase access to telehealth under Medicaid and the Children’s Health Insurance Program (CHIP), including technical assistance and best practices regarding delivery of covered services, recommended voluntary billing codes, and simplification or alignment of provider licensing and other protocols, among other things.

The Safe Testing at Residence Telehealth (START) Act (H.R. 8642) was introduced by Rep. David Schweikert (R-AZ) and would cover the cost of Medicare beneficiaries receiving FDA-approved at-home COVID-19 tests in conjunction with a telehealth consultation.

The Home Health Emergency Access to Telehealth (HEAT) Act (S. 4854/H.R. 8677) was introduced by Sen. Susan Collins (R-ME) in the Senate and Rep. Roger Marshall (R-KS) in the House, and would authorize Medicare reimbursement for home health services provided through telehealth, with beneficiary consent, during a public health emergency.

The Connected Maternal Online Mothering Services (MOM) Act (S.4859) was introduced by Sen. Bill Cassidy (R-LA) and would establish coverage for remote patient monitoring programs for pregnant women that track blood pressure, blood glucose and pulse rates through connected health devices, such as blood pressure cuffs and at-home urine protein test kits, and establishes a telehealth platform so that they can collect and transmit data through a smartphone to providers. The data is integrated with the patient’s electronic health record and then reviewed on a daily basis by a care team.

(Continued on page 14)
The Expanded Telehealth Access Act (H.R. 8755) was introduced by Rep. Mikie Sherrill (D-NJ) and would permanently expand the list of the providers eligible for Medicare reimbursement for providing care via telehealth to include physical therapists, audiologists, occupational therapists, and speech language pathologists, among others. CMS has temporarily allowed these providers to be reimbursed, however it is time-limited to the duration of the public health emergency.

The Permanency for Audio-Only Telehealth Act (H.R. 9035) was introduced by Reps. Jason Smith (R-MO) and Tony Cardenas (D-CA) and would require the Centers for Medicare and Medicaid Service (CMS) to continue reimbursing Medicare providers for certain audio-only telehealth evaluation and management services, and mental and behavioral health services, which it had started during the pandemic. Additionally, the bill would remove geographic restrictions to allow Medicare beneficiaries’ homes to be included as telehealth originating sites.

Opioids

The Easy MAT for Opioid Addiction Act (H.R. 2281) was introduced by Rep. Raul Ruiz (D-CA) and revises regulations allowing a practitioner to administer up to a three-day supply of narcotic drugs, up from one day, to an individual at one time for acute withdrawal symptoms. This bill passed the House on November 17, 2020.

The State Opioid Response Grant Authorization Act of 2020 (H.R. 2466) was introduced by Rep. David Trone (D-MD) to reauthorize SAMHSA’s State Opioid Response Grants through 2024. This bill passed the House on November 17, 2020.

Veteran’s Affairs

The Improving Safety and Security for Veterans Act of 2019 (S. 3147) was introduced by Sen. Joe Manchin (D-WV) in December 2019 and was sent to the President’s desk on November 24, 2020. The bill will require the Department of Veterans Affairs to report on the policies and procedures relating to patient safety and quality of at VA medical centers. It also requires a report on the events at the Clarksburg, West Virginia VA facility that resulted in fatal insulin overdoses in 2017 and 2018, including "a description of the system-wide reporting process that the Department will or has implemented to ensure that relevant employees are properly reported, when applicable, to the National Practitioner Data Bank of the Department of Health and Human Services, the applicable State licensing boards, the Drug Enforcement Administration, and other relevant entities."

The Veterans COMPACT Act of 2020 (H.R. 8247) was introduced by Rep. Mark Takano (D-CA) and passed the House and Senate in September and November, respectively, and would implement programs, policies, and reports related to the VA’s transition assistance, suicide care, mental health education and treatment, health care, and women veteran care. The battery of requirements include a pilot program on more effectively sharing information about the benefits available to veterans; paying for emergent suicide care, including transportation costs, for certain veterans in acute suicidal crisis; a program for the education and training of caregivers and family members of veterans with mental health disorders; and an analysis and report on its programs that provide assistance to women veterans who are homeless or precariously housed, among other initiatives. This bill passed both Houses of Congress and was sent to the President on November 24, 2020.

Regulatory News

On September 9, 2020, the Department of Health and Human Services (HHS) announced that state-licensed pharmacists, or registered pharmacy interns under supervision, will be allowed to order and administer FDA-authorized COVID-19 vaccinations to persons ages 3 or older, so long as they have Accreditation Council for Pharmacy Education practical training, a CPR certificate and up-to-date CME credits, among other prerequisites.

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On October 2, 2020, the Department of Health and Human Services (HHS) renewed the COVID-19 national public health emergency declaration, which allows critical resources to fight the pandemic, such as 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. The renewal is effective October 23 and lasts 90 days, so the extension will remain in effect until January 21, 2021.

On December 1, 2020, Center for Medicare and Medicaid Services (CMS) released the finalized Physician Fee Schedule for 2021. The rule makes payment for certain services approved during the COVID-19 pandemic to continue being reimbursed through the PHE, notes updates related to certain scope of practice requirements, and updated payment guidelines for resident physician moonlighting. Click here to view the fact sheet and final rule.

On January 8, 2021, the Department of Health and Human Services (HHS) announced that they would extend the public health emergency (PHE) for the fourth time, this time through April 21, 2021. The most recent extension was due to expire January 21. The PHE declaration has allowed a series of waivers concerning the provision of telemedicine, including allowing more providers to bill Medicare for telehealth services, and reimbursing for audio-only telehealth as well as waiving select oversight and reporting requirements.

On January 11, the FSMB submitted a comment on the Department of Veterans Affairs Interim Final Rule - Authority of VA Professionals to Practice Health Care (RIN 2009-AQ94). The comment highlighted the importance of ensuring that veterans receive the same level of quality care and appropriate regulatory oversight as the general public, through robust reporting standards and appropriate training. The FSMB also asked for clarification regarding the process that will be used to develop and "National Standards of Practice" for practitioners within the VA.

**STATE LEGISLATION OF INTEREST**

**Interstate Medical Licensure Compact**

In October 2020, Louisiana became the 32nd Member State (30 states, DC, and Guam) of the Interstate Medical Licensure Compact.

Legislation to enact the IMLC has been introduced in 2021 in Missouri (HB 516) and Oregon (HB 2335). In addition, a joint resolution in Virginia (HJ 531) was introduced that directs a study of the advisability of the Commonwealth joining the IMLC. Other states are expected to introduce IMLC in the coming weeks and months.

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

**Background Checks**

Michigan HB 4488 - Signed into law on December 31, specifies that a judgment of guilt in a criminal prosecution or a judgment in a civil action may not be used, in and of itself, by a licensing board or agency as proof of an individual's lack of good moral character.

**Physician Assistants**

Washington Chapter 246-918 WAC - Effective July 1, 2021, combines the physician assistant licensing under the Washington Medical Commission and eliminates the profession of Osteopathic Physician Assistant. The rule also changes nomenclature from "delegation" to "practice" agreement and from "supervising physician" to "participating physician" agreement.

**Telemedicine**

Massachusetts S 2984 - Signed into law on January 1, redefines telemedicine to include audio-only telephone calls and online adaptive interviews, for the purpose of evaluating, diagnosing, consulting, prescribing, treating, or monitoring of a patient's physical health.

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**Assistant Physicians**

**Missouri HB 550** - Allows an assistant physician with a license in good standing to eligibility to become a licensed general practitioner if they completed Step 3 of the USMLE in fewer than three attempts and within a seven-year period of completing Steps 1 and 2 of the USMLE; and a total of 60 months of cumulative, postgraduate, hands-on, full-time, active collaborative practice.

**Background Checks**

**Mississippi SB 2019** and **South Carolina H 3334** - "Ban the Box" legislation, prohibits public employers from asking an applicant to disclose information concerning their criminal record or history, including any inquiry on any employment application, until the applicant signs a waiver authorizing release, is being considered for a specific position and has received an interview.

**Board Structure and Function**

**Delaware HB 33** - Decreases the number of public members on the state medical board from seven to five and adds two PAs (as recommended by the Regulatory Council for Physician Assistants).

**Maryland SB 34** - Defines "Genetic Counselors," their rights and requirements, and mandates the Board of Physicians to regulate genetic counseling.

**Virginia HB 1040** - Requires the Board of Medicine to license and regulate naturopathic doctors.

**e-Prescribe**

**New Jersey A 5141** - Requires that every prescription for a controlled dangerous substance, prescription legend drug, or other prescription item be transmitted electronically.

**Immunizations**

**New Jersey S 3292** - Authorizes all pharmacists in the State to administer any available vaccine against a communicable disease outbreak.

**New Jersey S 3267** - Authorizes licensed podiatrists, dentists, perfusionists, and bio-analytical laboratory directors to administer immunizations authorized by the FDA to prevent Covid-19.

**License Reciprocity**

**Virginia HB 1769** - Requires the Board to issue a license to an applicant with a valid, unrestricted license from another jurisdiction that the state has not established a reciprocal relationship with, as long as the applicant's credentials are satisfactory to the Board.

**Medical Marijuana**

**Indiana HB 1026** - Permits the use of medical marijuana by persons with serious medical conditions as determined by their physician and establishes a medical marijuana program to permit the cultivation, processing, testing, transportation, and dispensing of medical marijuana by holders of a valid permit.

**South Carolina H 3361** and **H 3174** - Legalizes cannabis to treat chronic, debilitating, and terminal medical conditions, such as cachexia, severe pain, severe nausea, seizures, persistent muscle spasms, among many others.

**Texas HB 809** - Legalizes medical marijuana, creates a registry for prescribing physicians and patients, and creates rules for dispensaries.

**Military Licensure/Reciprocity**

**Michigan SB 1223** - Makes active-duty military personnel, veterans, their spouses, and their children under the age of 26 eligible for physician license reciprocity, if they hold a valid license in another state, are in good standing with no pending disciplinary action and demonstrate competency through education, training, or relevant work experience.

**New Jersey A 5158** - Changes terms of military license reciprocity to allow two years' experience in
the past seven years, instead of five. Additionally, any courtesy license granted to a nonresident military spouse is valid until the next renewal period, after which, the nonresident military spouse is allowed to apply for licensure renewal.

Wyoming SF 18 - Expedites licensure to allow a military spouse the ability to practice in the state so long as they are licensed and in good standing in another. License is valid for three years, then applicants must meet any additional outstanding requirements.

Naturopathic Physicians

Washington SB 5088 - Seeks to address shortage of primary care services by increasing the scope of practice of naturopathic physicians. It allows naturopaths to register with PDMPs and prescribe schedule III-V controlled substances and conduct minor office procedures such as the treatment of superficial lacerations, lesions, and minor injuries.

Opioids

New Jersey A 5157 - Requires practitioners prescribing opioids to student athletes to limit the prescription to a seven-day, non-refillable supply, and provide the prescription to a parent or guardian, as opposed to providing it directly to the student athlete.

Oklahoma SB 234 - Prohibits practitioners from prescribing greater than a seven-day supply of an opioid drug for the treatment of acute pain.

Physician Assistant Supervision

Delaware HB 33 - Redefines PA functions in terms of "collaboration" instead of "supervision," meaning the collaborating physician is not required to be on site.

Wyoming SF 33 - Amends PA definition from "practice under the supervision of a physician" to "a physician assistant is qualified by the individual's education, training and experience." Bill also grants PAs prescribing privileges for Schedule II-V drugs.

PDMPs

Illinois HB 163 - Requires PDMP data be transmitted by the end of the business day on which a controlled substance is dispensed.

Telemedicine

Arkansas HB 1063 / HB 1068 - Allows physicians licensed in-state to establish a patient-physician relationship via telehealth, including audio-only telephone, and mandates the Medical Board to promulgate rules for that purpose. The bill also allows a patient's home to be an origination site for receiving telemedicine and allows for group therapy via telemedicine.

Kentucky BR 163 - Redefines telemedicine to include audio-only telephone calls.

Maryland HB 123 / S 3 - Adds synchronous interactions, audio-only telecommunications tech (explicitly not audio-only telephone, email, or fax), and remote patient monitoring to the definition of telehealth. The bill also allows telehealth regardless of the location of the recipient and reimburses telehealth at the same rate as in-person.

Missouri HB 495 / SB 284 - Allows for physician-patient relationships to be established through online adaptive questionnaires, while static questionnaires for the same purpose are prohibited.

Montana HB 43 - Expands the definition of telehealth to include audio-only communication, email, and fax, in real-time or store and forward. However, physicians cannot certify a debilitating medical condition by audio-only telemedicine unless they have preexisting relationship with the patient.

New Jersey S 2559 - Requires that reimbursement for telemedicine and telehealth services be equal to the reimbursement rate for the same services when they are provided in person.

Texas SB 284 - Mandates the Board to conduct a study regarding out-of-state physicians who practiced medicine in the state during the COVID-19 pandemic.
NEWS CLIPS

COVID-19

FPMB: COVID-19 Information and Resources
Federation of Podiatric Medical Boards
March 2021

FPMB: COVID-19 - State-by-State Updates
Federation of Podiatric Medical Boards
March 2021

NBPME Cancels Part II CSPE for the Class of 2021
National Board of Podiatric Medical Examiners
February 2021

FSMB: COVID-19 Webpage
Federation of State Medical Boards
March 2021

Federation of State Medical Boards
March 2021

Tracking COVID-19-related legislation impacting medical regulation
Federation of State Medical Boards
March 2021

FSMB Statement on Wearing Face Coverings During Patient Care
Federation of State Medical Boards
October 2020

VA clinicians can practice across state lines, interim rule affirms
Federation of State Medical Boards
October 2020

Patient Safety

Even some doctors won’t wear masks in a pandemic, patients complain
Atlanta Journal Constitution
October 2020

New AMA policy recognizes racism as a public health threat
AMA News
November 2020

Moderate sleep loss boosts risk of medical errors 53%, study finds
Becker’s Hospital Review
December 2020

Education

Five ways COVID-19 may transform medical education
AMA
October 2020

Pandemic confirmed medical school was right choice, student survey finds
Becker’s Hospital Review
October 2020

Discipline & Misconduct

DOJ charges hundreds in connection with $6 billion in health care fraud in largest takedown ever
Fierce Healthcare
September 2020

Web of ‘wellness’ doctors promote injections of unproven coronavirus treatment
NPR
October 2020

Public health programs see surge in students amid pandemic
Kaiser Health News
November 2020

‘The Fauci Effect’: Applications are up 18% at osteopathic medical schools
The DO
December 2020

More students are entering medical school
AAMC News
December 2020

Workforce

New California law gives nurse practitioners more authority
Sacramento Bee
September 2020

10 specialties with high percentages of female physicians
Sacramento Bee
September 2020

How IMGs have changed the face of American medicine
AMA
October 2020

Physician shortage could hit 139,000 by 2033, AAMC projects
Fierce Health
October 2020

Emergency physicians reluctant to seek mental health help, citing stigma and job security
Becker’s Hospital Review
October 2020

FBI: Scammers in disguise target health care providers with threats and phony investigations
National Law Review
October 2020

(Continued on page 19)
AMAA coronavirus survey: Physician practice revenue down 32%

HealthLeaders
October 2020

Even small drop in task load can cut odds of physician burnout

AMA News
November 2020

What the pandemic could mean for physician compensation

The DO
November 2020

Medical professionals suffering mental pressures of COVID-19 treatment

Fox 23-Tulsa
November 2020

Hospitals in half the states facing massive staffing shortage as Covid-19 surges

STAT
November 2020

Thousands of doctors’ offices buckle under financial stress of COVID

Kaiser Health News
November 2020

California law releases nurse practitioners from physician oversight

Oncology Nursing News
December 2020

Interest in hospital-at-home programs explodes during COVID-19

AAMC News
September 2020

To free doctors from computers, far-flung scribes now take notes for them

Kaiser Health News Review
October 2020

Cleveland Clinic: Top 10 medical innovations for 2021

Becker’s Hospital Review
October 2020

10 emerging trends in health IT for 2021

Becker’s Hospital Review
December 2020

Opioids / Pain Management

Best Practices, Research Gaps, and Future Priorities to Support Tapering Patients on Long-Term Opioid Therapy for Chronic Non-Cancer Pain in Outpatient Settings

NAM
August 2020

Sharp rise in drug overdose deaths seen during first few months of pandemic

NPR
October 2020

Pharmaceutical payments to physicians associated with increased prescribing

HealthLeaders
November 2020

CDC interactive training: Applying CDC’s Guideline for Prescribing Opioids

CDC
December 2020

Pandemic steamrolls health care access for rural Americans

HealthLeaders
October 2020

Getting health care was already tough in rural areas. The pandemic has made it worse

NPR
October 2020

Rural areas send sickest patients to the cities, straining hospital capacity

NPR
November 2020

State-by-state breakdown of 134 rural hospital closures

Becker’s Hospital Review
November 2020

Telehealth

Patients like telehealth, but barriers persist

Medical Economics
October 2020

Maryland regulators tell lawmakers of telehealth growth, benefits, pitfalls

Maryland Patch
October 2020

Six best practices to sharpen physicians’ use of telehealth

Becker’s Hospital Review
November 2020

NOTICE

The news stories we choose to highlight do not necessarily represent the views or opinions of the FPMB or the state podiatric medical boards. They are presented for informational purposes and, though thoughtfully selected, do not imply endorsement, validation, or support of the facts, statements, or views contained within them.

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

➢ ALABAMA
  Alabama State Board of Podiatry
 abama Board of Medical Examiners
  ❖ Winter 2021

➢ ALASKA
  Alaska State Medical Board [includes podiatry]

➢ ARIZONA
  Arizona State Board of Podiatry Examiners

➢ ARKANSAS
  Arkansas Board of Podiatric Medicine
  ❖ Arkansas State Medical Board

➢ CALIFORNIA
  Podiatric Medical Board of California
  ❖ Spring/Summer 2019
  ❖ Medical Board of California
  ❖ Winter 2021

➢ 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

➢ 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 2021

➢ 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
  ❦ Kentucky Board of Medical Licensure
  ❖ Winter 2021

➢ LOUISIANA
  ❦ Louisiana State Board of Medical Examiners [includes podiatry]
  ❖ January 2021

(Continued on page 21)
MAINE
- Maine Board of Licensure of Podiatric Medicine
- Maine Board of Licensure in Medicine
  - Winter 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]
    - March 2021

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
  - February 2021

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

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

NEW MEXICO
- New Mexico Board of Podiatry
- New Mexico Medical Board

NEW YORK
- New York State Education Department
  - [includes podiatry]

NORTH CAROLINA
- North Carolina Board of Podiatry Examiners
- North Carolina Medical Board
  - January-February 2021

NORTH DAKOTA
- North Dakota Board of Podiatric Medicine
- North Dakota Board of Medicine
  - March 2021

OHIO
- State Medical Board of Ohio
  - [includes podiatry]
    - February 2021

OKLAHOMA
- Oklahoma Board of Podiatric Medical Examiners
- Oklahoma Board of Medical Licensure and Supervision
  - May 2020

(Continued on page 22)
Oregon Medical Board [includes podiatry]

Winter 2021

Pennsylvania State Board of Podiatry
Pennsylvania State Board of Medicine

Puerto Rico Board of Examiners in Podiatry
Puerto Rico Board of Medical Licensure and Discipline

Rhode Island Board of Examiners in Podiatry
Rhode Island Board of Medical Licensure

South Carolina Board of Podiatry Examiners
South Carolina Board of Medical Examiners

South Dakota Board of Podiatry Examiners
South Dakota Board of Medical and Osteopathic Examiners

Tennessee Board of Podiatric Medical Examiners
Tennessee Board of Medical Examiners

Texas Podiatric Medical Examiners Advisory Board
Texas Medical Board

January 2021

Utah Podiatric Physician Licensing Board
Utah Physicians Licensing Board

Vermont State Board of Medical Practice [includes podiatry]

Winter 2021

Virginia Board of Medicine [includes podiatry]

November 2020

Washington Podiatric Medical Board
Washington Medical Commission

Winter 2020

West Virginia Board of Medicine [includes podiatry]

November 2020

Wisconsin Podiatry Affiliated Credentialing Board
Wisconsin Medical Examining Board

February 2021

Wyoming Board of Registration in Podiatry
Wyoming Board of Medicine

Council on Podiatric Medical Education

October 2020

Interstate Medical Licensure Compact Commission

December 2020

National Board of Podiatric Medical Examiners

Fall 2020

Board Newsletters, News, & Announcements continued from page 21
2020-2021 FPMB EXECUTIVE BOARD

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