

Member Podiatric Medical Boards Newsletter – Q1 2022



PRESIDENT'S MESSAGE

Barbara A. Campbell, DPM

Cave Creek, Arizona

The FPMB was recently in attendance at the March 2022 American Podiatric Medical Association (APMA) House of Delegates (HOD) meeting in Washington, DC. I attended the public session of the APMA Board of Trustees, and FPMB Executive Director, Mr. Russell Stoner, and I attended the APMA Town Hall Forum on the pursuit of physician parity.

The National Board of Podiatric Medical Examiners (NBPME) held its meetings in conjunction with the APMA HOD meeting. My fellow FPMB Executive Board Member, Len La Russa, DPM, and I serve on

the NBPME Board, as well as on several NBPME committees. Mr. Stoner attended the open session of the board meeting and gave a well-received presentation.

The American Society of Podiatric Executives (ASPE) also holds its meeting in conjunction with the APMA HOD meeting. Mr. Stoner represented the FPMB at that meeting and presented as well.

The FPMB Executive Board will be heading to New Orleans to participate in the annual meeting of the Federation of State Medical Boards (FSMB) from April 28-30, 2022. We will be participating in FSMB meeting sessions and House of Delegates, as well as conducting our own annual executive business

(Continued on page 4)



EXEC'S MESSAGE

Russell J. Stoner

Germantown, Maryland

FPMB 2022 Annual Meeting

We greatly look forward to the participation and engagement of our Member Boards at the FPMB's 2022 Annual Meeting this May. The popular Round Robin Discussion will provide a unique opportunity for Member Boards to engage with the FPMB and each other.

It is always enlightening to learn about commonalities and differences across licensing boards, knowing that all share a common mission to protect the public.

Do not miss out on this valuable opportunity to engage!

NEWSLETTER HIGHLIGHTS

- [FPMB 2022 Annual Meeting](#)
Plan ahead to participate in an informative and interactive meeting you will not want to miss.
- [Florida Board of Podiatric Medicine](#)
Quick turnaround for licensure, unique CE credit opportunities, and more ...
- [National Board of Podiatric Medical Examiners](#)
Providing the licensing examination series used nationwide
- [Member Boards Newsletters](#)
Newly reorganized for easier identification of recently published newsletters

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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

MEMBER BOARD SPOTLIGHT

Florida Board of Podiatric Medicine



Greetings from sunny Florida! My name is Kimberly Marshall, and I am the Executive Director for the Florida Board of Podiatric Medicine (“Board”). The Board was established by the Florida Legislature in order to ensure that every podiatric physician practicing in the State of Florida meets the minimum requirements for safe practice. By statute, the Board consists of seven members, five of whom are actively practicing podiatric physicians, and two of whom are consumer members with no affiliation with the profession. Additionally, one of these members must be over the age of 60. Each of these members is appointed by the Governor and confirmed by the Senate to serve a four-year term. We currently have one vacant consumer seat and two vacant practitioner seats, and we encourage any interested Florida residents to apply for those positions.

The Board holds regular quarterly meetings, and special meetings are occasionally called in order to deal with urgent issues. During the height of the COVID-19 pandemic, Florida’s Governor issued an emergency executive order which permitted the Board to conduct all of its business via virtual meetings. This allowed the Board to continue its regulatory role while maintaining social distancing. We learned a great deal during this period about the possibilities and pitfalls of virtual meetings, and we continue to use this format where possible in order to save costs and to increase convenience and accessibility for attendees.

The Board falls under the auspices of the Florida Department of Health’s Bureau of Health Care Practitioner Regulation (“Department”), which oversees a total of 22 professional healthcare boards, four councils, and a handful of Department-regulated facilities and professions. In total, this comprises nearly 1.5 million licensees across more than 200

professions. My office, with assistance from my indispensable Program Operations Administrator, Eric Pottschmidt, handles many of the day-to-day administrative functions as delegated by the Board.

*The average complete application
is issued a license within
one to three days of receipt.*

The Board is responsible for issuing licenses to three different professions. As of February 2022, Florida has 1,958 licensed podiatric physicians, 139 licensed podiatric residents, and 642 certified podiatric x-ray assistants. Review of license applications is primarily handled by the Board office staff. We take pride in our quick turnaround of license applications, as the average complete application is issued a license within one to three days of receipt. Most license applications can be approved by our staff without further input; however, those applications with concerns will go before the full Board for review and discussion.

*CE credit is available for those physicians who
provide pro bono service to indigent patients
and those who volunteer with public schools.*

Florida podiatric physician licenses must be renewed every two years, during which time the licensee must complete 40 hours of continuing education. The Board’s Continuing Education Committee is responsible for reviewing and approving submitted CE courses. Continuing education credit is also available for those physicians who provide pro bono service to indigent patients and those who volunteer with public schools.

(Continued on page 4)

President's Message continued from page 1

meetings, including interviewing applicants to fill an upcoming board vacancy. In particular, we look forward to hosting a lunch meeting with FSMB President and CEO, Hank Chaudhry DO, and FSMB Outgoing Chair, Kenneth Simons, MD. We greatly look forward to these engaging meetings.

The FPMB will hold its Annual Meeting from 2pm to 4pm on Friday, May 20, 2022 via Zoom. Please note that attendance is restricted to dues-paid Member Boards. My fellow FPMB Executive Board members look forward to another informative, productive, and engaging meeting. I would like to personally thank our Member Boards for their participation in the previous round robin discussions. I greatly appreciate how each of your participation

Member Board Spotlight continued from page 3

The Board is also responsible for handling disciplinary complaints against its licensees. When the Department receives a complaint against a licensee, it is investigated by one of the Department's 11 statewide investigative services offices and ultimately forwarded to a Department attorney for review. The attorneys present complaints to the Board's probable cause panel, which consists of current and former board members. If the panel chooses to proceed with a formal administrative complaint against a licensee, it is ultimately heard by the full Board. The Board can impose discipline in these cases, which can include, among other things, a reprimand against the license, an administrative fine, a term of suspension and/or probation, or revocation of the license.

A statutory change in 2021 expanded the scope of podiatrists' practice to include supervision of medical assistants.

There have been several significant recent developments in the practice of podiatric medicine in Florida. During the pandemic, the Board expanded the

helps the FPMB and other Member Boards improve and grow in our role in the greater podiatric community. FPMB hopes to "see you" then!

As I finish out my term as FPMB President, I would like to thank my fellow Executive Board members and our Executive Director for their hard work, dedication to excellence, and service to our Member Boards. I would like to be the first to welcome Len La Russa, DPM as our incoming President; I am in no doubt of his abilities to lead the FPMB.

I would like to offer a heartfelt thank you to Bruce Saferin, DPM for his exemplary service on the FPMB Executive Board as he completes his final 4-year term. The organization has grown much in the last eight years, and his role in that is appreciated.

ability of practitioners to complete their CE credits via home study courses, and this has been a popular option for licensees. Additionally, a statutory change in 2021 expanded the scope of podiatrists' practice to include supervision of medical assistants. The Board has also been an active participant in the state's efforts to combat the opioid epidemic, and to that end has promulgated a rule requiring all prescribing licensees to complete a controlled substance prescribing course before every biennial renewal.

We are always looking for new opportunities to speak about our programs and engage in outreach to prospective licensees. We appreciate the FPMB's support, and we also would like to thank the Florida Podiatric Medical Association (FPMA) for allowing us to co-host our most recent Board meeting alongside their annual Science & Management Symposium (SAM) conference in Orlando.

Please check out our website for even more information at <https://floridaspodiatricmedicine.gov/>.

Contact the FPMB now to be featured in the next Member Board Spotlight!

NATIONAL BOARD OF PODIATRIC MEDICAL EXAMINERS



The National Board of Podiatric Medical Examiners (NBPME / “Board”) was incorporated in 1956. The purpose of the organization remains to provide the licensing examination used throughout the United States. In its most recent Strategic Plan, the Board adopted the following as part of its description of carrying out that purpose.

Mission

We exist to protect the public health.

Vision

Our valid, reliable examinations are the acknowledged licensing standard for competence in the profession of podiatric medicine.

Values

1. The examinations consistently meet accepted standards of validity and reliability.
2. NBPME is an active, credible resource for the advancement of the profession.
3. In test administration, NBPME provides test frequency and timing to meet the profession’s needs, and scheduling that reflects excellent customer service.

The NBPME board includes two members nominated by the FPMB and three individuals from state licensing boards.

Board Organization

The Board organization consists of 13 members and includes two members nominated by the Federation of Podiatric Medical Boards (FPMB); an educator at one of the Colleges of Podiatric Medicine; one member who has had professional experience in statistics and test development; one member representing the consuming public; three individuals from state li-

censing boards; a podiatric physician currently in practice; and four individuals with experience: on the Council on Podiatric Medical Education (CPME), on the Council of Teaching Hospitals (COTH), as a member of a Specialty Board, and as a Director of a Podiatric Medical Residency Program. A member of the Board of Trustees of the American Podiatric Medical Association (APMA), a representative from the American Association of Colleges of Podiatric Medicine (AACPM), and a representative from the American Podiatric Medical Students Association (APMSA) serve in a liaison capacity with the Board.

The APMLE Examination Series

The American Podiatric Medical Licensing Examination (APMLE) consists of four components: Part I, Part II written, Part II Clinical Skills Patient Encounter (CSPE) and Part III. The written exams are designed to assess knowledge of basic sciences, clinical sciences and clinical decision making, and the Part II CSPE assesses communication and diagnostic skills in a clinical setting. Additional detail on each of the examinations can be found at www.APMLE.com.

Board Functions and Operations

Staff for the NBPME consists of an executive director and an administrative assistant. The NBPME maintains one or more contracts with professional testing organizations to develop and administer examinations and to provide candidate processing and score reporting. The current contractor for the written examinations is Prometric, Inc.

The Board works closely with other organizations that have a role in the education and licensing process including AACPM, APMA, APMSA, CPME, and FPMB.

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FPMB 2022 ANNUAL MEETING - MAY 20

The FPMB will hold its 2022 Annual Meeting on Friday, May 20 from 2–4 PM EDT for dues-paid Member Boards.

The meeting will feature the popular **Round Robin Discussion**. Please submit any agenda items to fpmb@fpmb.org at your earliest opportunity.

WHY SHOULD YOUR MEMBER BOARD ATTEND THIS MEETING?

The following is feedback provided by Member Board participants:

- Informative, and because it brings a feeling of camaraderie across the profession.
- You all help navigate national issues and give perspective on shared problems and act as a facilitator of information on how to handle challenging issues, rules, and law implementation.
- To better understand the issues affecting the profession, the regulation of such profession, and to gain insight into issues that are coming or may be coming
- The FPMB is the one organization that serves every single practitioner, and it is essential you stay informed about the state of the profession.
- This meeting is the only way Boards can exchange information about all aspects of Medical Boards in real-time.
- Discussion of common problems shared by the Member Boards is helpful in addressing issues and solving problems for each Board. Having the ability to see the participants in a virtual setting may give executive directors and Board presidents more impetus and confidence in contacting other Boards for assistance.

(NBPME continued from page 5)

APMLE Part II CSPE Update

Although the CSPE examination has been suspended in its current form, the NBPME has undertaken a study of how best to proceed. The first step was a survey of all stakeholders that was completed in December 2021. The examination was designed to test competencies in four areas:

1. Physician-patient communication and interpersonal skills
2. Data-gathering and history-taking
3. Documentation of the patient encounter
4. Clinical problem-solving and decision-making

FPMB'S COVID-19 INFO & RESOURCES WEBPAGE

Are your state's updates current and accurate?

COVID-19 continues to be a factor to consider for 2022.

Make sure your COVID-19 updates related to CMEs, licensure, telehealth, scope of practice, etc. are current and accurate in the [State-by-State Updates](#) section of our [webpage](#).

KEY DATES

- **April 29-30, 2022**
 - ◇ FPMB Executive Board Meeting (at FSMB Ann. Mtg.)
- **May 20, 2022**
 - ◇ **FPMB Annual Meeting** (dues-paid Member Boards)
- **June 30, 2022**
 - ◇ APMLE Part III Score Release

The survey obtained responses from 40 organizations and 683 individual stakeholders. There was strong agreement that assessment of these four skills is an important factor in determining a licensee's ability to practice safely and effectively. The NBPME is now in the process of evaluating the best and most cost-effective path forward. Stakeholders will be kept informed of our progress.

Practice Analysis Study Update

A practice analysis study has been completed which used the results of a national survey to develop revised specifications for all three parts of the APMLE series. This is the first time all three parts have been addressed in a coordinated fashion. New test specifications with relatively minor adjustments in topics and weighting will be implemented over the next two years.

EDUCATION AND RESIDENCY PLACEMENT STATISTICS

American Association of Colleges of Podiatric Medicine

**TOTAL ENROLLMENT by CLASS YEAR, ETHNIC ID and GENDER****2021-2022**

Class Year	Hispanic/Latinx		American Indian or Alaskan Native		Asian		Black or African-American		Native Hawaiian or Other Pacific Island		White		Two Groups or More		Unknown		Non Resident Alien		Toal by Gender		Total by Year
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
2025	29	17	2	0	89	93	21	44	4	4	154	131	9	16	5	9	11	10	324	324	648
2024	17	31	1	2	72	96	23	31	2	2	149	124	17	14	5	6	9	13	295	319	614
2023	15	21	0	1	74	91	23	28	3	0	172	119	17	14	11	4	12	6	327	284	611
2022	13	12	0	0	94	69	20	25	0	3	156	97	14	13	13	9	5	3	315	231	546
	74	81	3	3	329	349	87	128	9	9	631	471	57	57	34	28	37	32	1261	1158	2419
Total Enrollment	155		6		678		215		18		1102		114		62		69		2419		

Source: Registrars of the Colleges of Podiatric Medicine

The following is residency placement data as of March 18, 2022:

RESIDENCY APPLICANTS: Class of 2022

Placed in Residencies 529 (100.0%)

To Be Placed 0 (0.0%)

TOTAL 529 (100.0%)**RESIDENCY POSITIONS:**

CPME Approved Positions at March 18, 2022 605

Positions not filling for this training year 20

Total Active Positions Available for this year 585

Prior Year Applicants:

Placed in Residencies

To Be Placed

TOTAL**Class of 2021**

8 (88.9%)

1 (11.1%)

9 (100.0%)

Class of 2020

1 (100.0%)

0 (0.0%)

1 (100.0%)

Prior Years

3 (75.0%)

1 (25.0%)

4 (100.0%)

When taking overall placements into consideration, 541 (99.6%) of the 543 residency applicants have found residency positions thus far this year. There are 2 (0.4%) applicants that have yet to find a residency position for the 2022-2023 training year.

APMA House of Delegates Passes Policy Proposition 2-22: Recognition of Physician Parity

The American Podiatric Medical Association (APMA) House of Delegates passed Policy Proposition 2-22 with multiple state component societies and affiliated organizations joining as cosponsors. The proposition made it the official position of APMA that Doctors of Podiatric Medicine (DPM) have achieved parity with allopathic and osteopathic physicians in that they are physicians and surgeons qualified by their education and training; their licensing exam is comparable to licensing exams administered by National Board of Medical Examiners (NBME) and National Board of Osteopathic Medical Examiners (NBOME); Council on Podiatric Medical Education (CPME)-approved residency programs meet standards comparable to Accreditation Council for Graduate Medical Education (ACGME) residency programs; and certifying boards recognized by CPME meet standards comparable to those of American Board of Medical Specialties (ABMS).

The house passed Policy Proposition 2-22, making it the official position of APMA that doctors of podiatric medicine have achieved parity with allopathic and osteopathic physicians in their education and training, as well as licensure and certification.

The proposition further stipulates that APMA will work to ensure that DPMs are authorized by federal and state governments, hospitals, private and public health systems, and third-party payers to practice to the full extent of their education and training. It notes that parity is a collaborative effort and should include equal pay for equal services; acknowledgment of the equivalency of education and training among allopathic, osteopathic, and podiatric physicians; and public recognition of podiatric medicine and surgery as a specialty within medicine.

The House of Delegates also approved Budgetary Action Item 2-22 Recognition of Physician Parity

that directs the APMA Board of Trustees under the direction of the Committee on Physician Parity, establish work groups that include the appropriate stakeholders to develop an action plan with various pathways for federal, state, and local recognition of doctors of podiatric medicine as physicians. The APMA Board of Trustees is further directed to provide a report to the 2023 House of Delegates on the work and progress of this initiative.

APMA Legislative Victory: President Signs Veterans Affairs Bill

APMA is pleased to announce victory on [HR 2545](#), a bill to amend title 38, United States Code, to further clarify the role of doctors of podiatric medicine in the Department of Veterans Affairs (VA). The bill was signed by the president on March 14, 2022.

President Biden signed Veterans Affairs Bill (HR 2545) that addresses a pay authority oversight in the MISSION Act passed in 2018.

The bill was designed to address an oversight in the [MISSION Act](#) passed in 2018. That bill updated the pay authority for DPMs to be the same as that of their MD/DO colleagues but neglected to cover the position of Director of Podiatric Services. As a result, the director has not been included in pay updates. With the passage of this bill, the director's title will be changed to Podiatric Medical Director, and the position will be placed in the same pay authority as other medical director positions at the VA Central Office. With the passage of this bill, the VA will fully treat all DPMs within the Veterans Health Administration as physicians.

APMA gratefully acknowledges the support of Sen. Bill Cassidy, MD (R-LA), who shepherded the bill through the Senate, as well as Rep. Brad Wenstrup, DPM (R-OH), and Rep. Frank Mrvan (D-IN) for their leadership in sponsoring the bill and ushering it through the House of Representatives.

MEMBER BOARDS INFORMATION / COMPENDIUM



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.



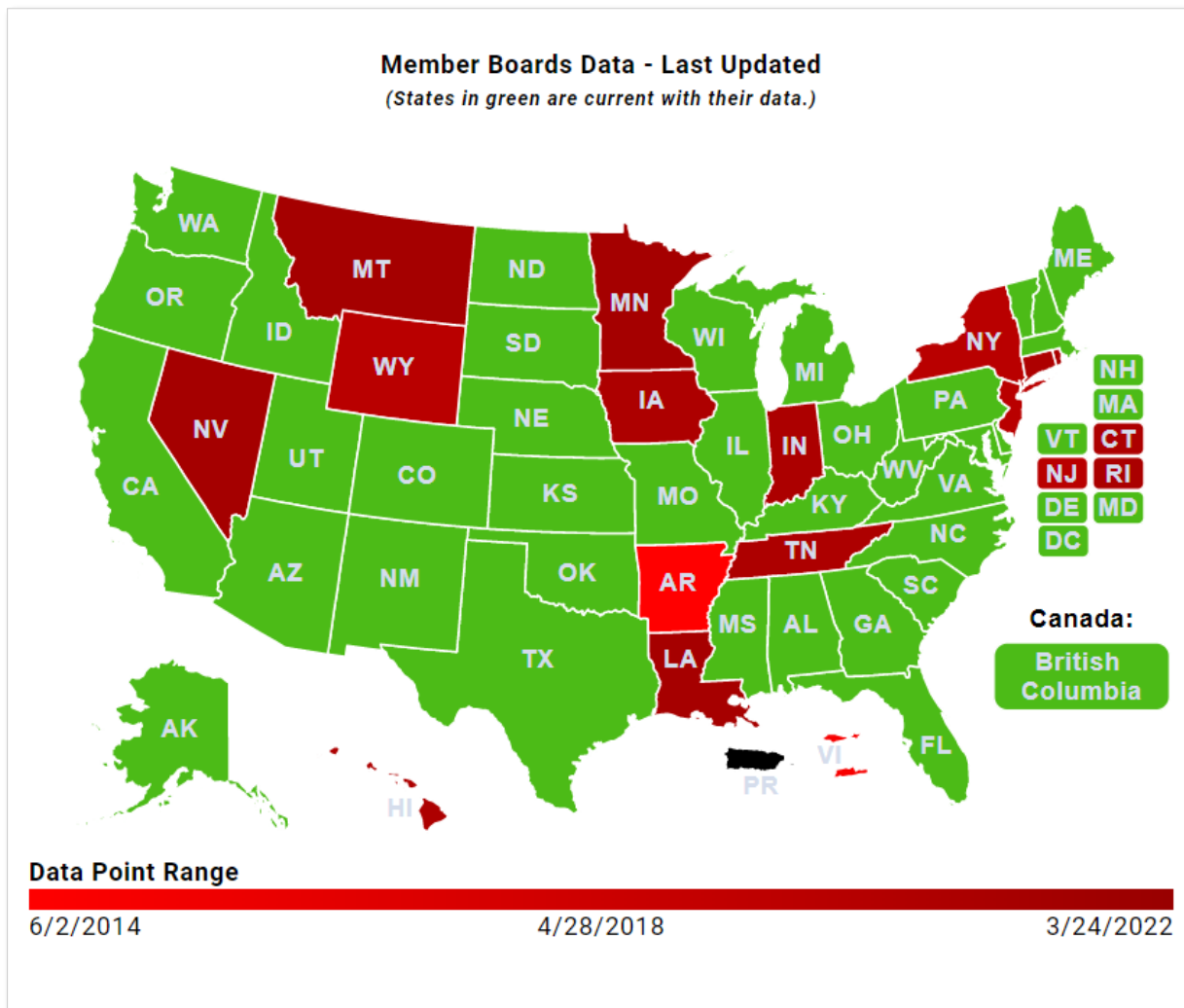
YOUR Accurate, Complete, and Current Data is CRITICAL!



Member Board Update Forms were distributed on August 31, 2021 with a response due date of **September 30, 2021**. **RED** states (see map below) have not responded yet and should respond as soon as possible.

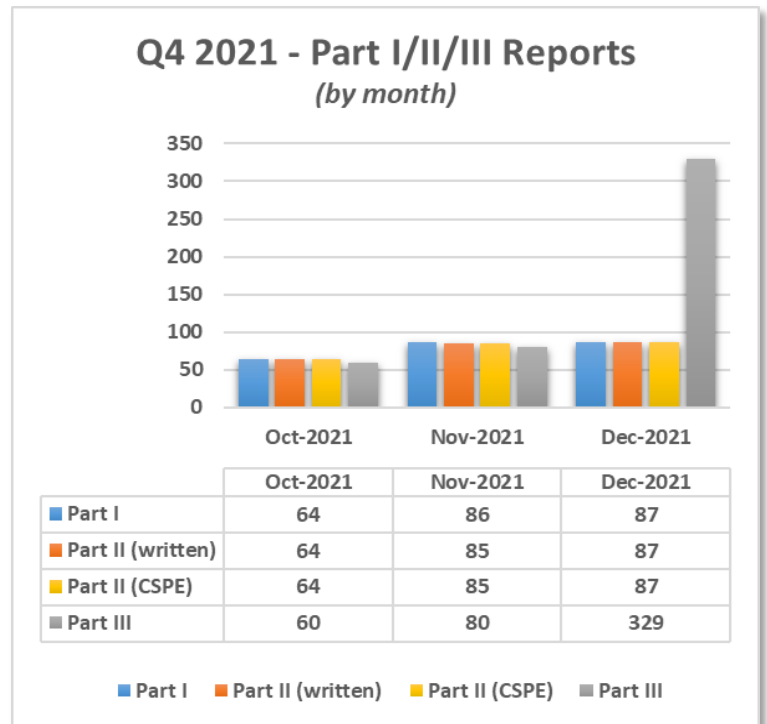
The form can be submitted electronically [\[link\]](#) (user account required). To **reduce** the amount of data entry needed, the form is pre-filled and only requires edits to information that has changed.

The data the FPMB collects and reports will be expanding to support its Data Initiative. The need and value of this initiative has only increased during the COVID-19 pandemic and from recent information requests the FPMB has received from Member Boards and other key stakeholders.



PRIMARY SOURCE VERIFICATION (LICENSURE) — ❖ Q4 2021 ❖

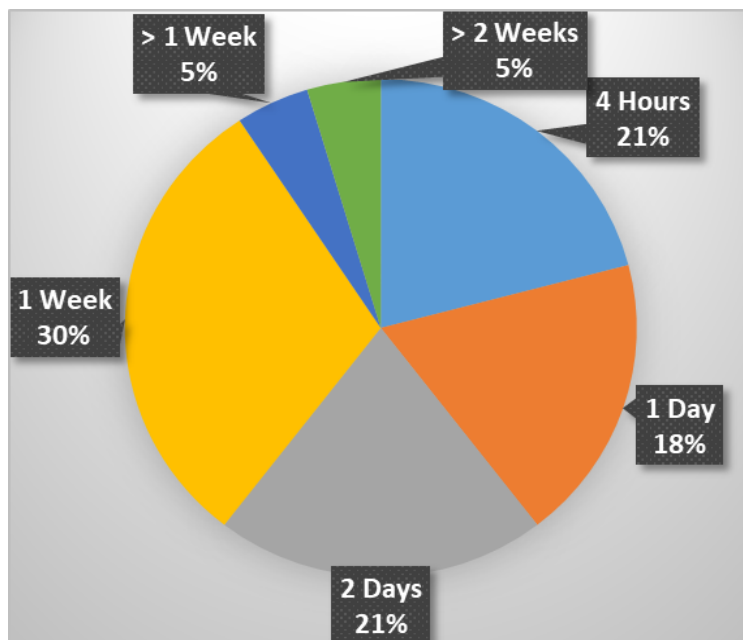
Reports Ordered via Online System	100.00%
FPMB - Median Report Processing Time	< 1 business hour
Member Boards - Electronic Delivery	54
Member Boards - Median Download Time	5.77 business hours



EFFICIENCY IN LICENSURE — ❖ Q4 2021 ❖

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 their timely download of reports sent in Q4 2021:

Within 4 Hours

- California
- Connecticut
- Kansas
- Missouri
- Montana
- Ohio
- Texas
- Utah
- Washington

Within 1 Day

- Arizona
- Florida
- Georgia
- Illinois
- Maryland
- Massachusetts
- New Jersey
- Oregon

Within 2 Days

- Alabama
- Arkansas
- Colorado
- District of Columbia
- Iowa
- Nevada
- New York
- North Dakota
- South Carolina

NOTE: The 26 Member Boards listed above downloaded reports within 2 business days (median). Not listed are 17 Member Boards taking longer than 2 business days (median); 6 of these took more than 1 business week (median).

Overall, median download time increased by 29% compared to a year ago (Q1 2021). Please download reports promptly.

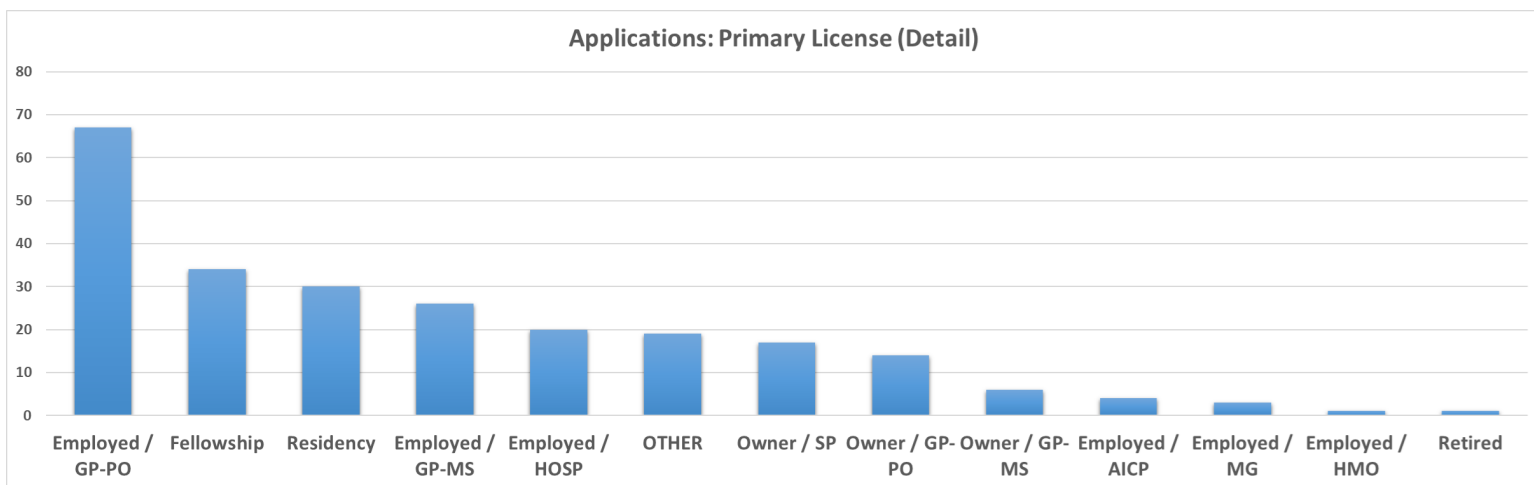
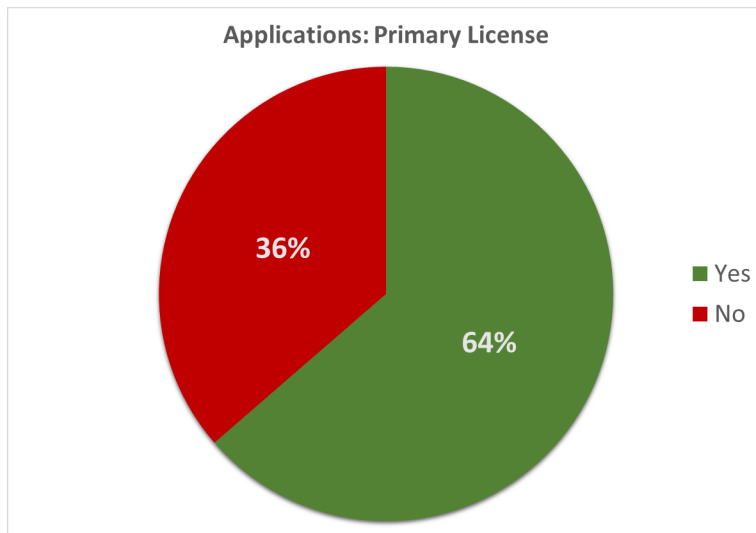
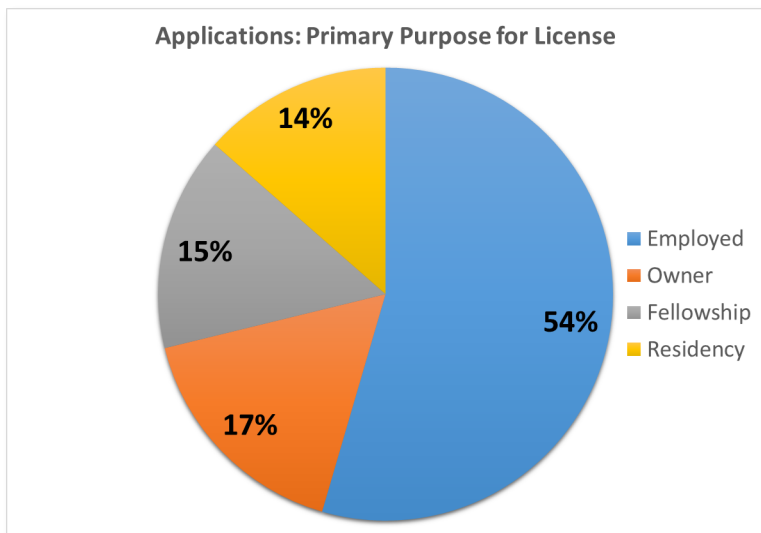
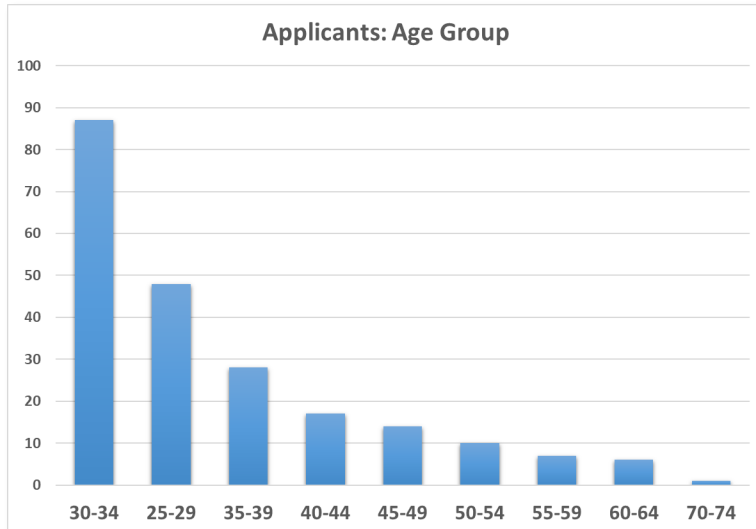
Occupational licensure reform seeks efficiency in licensure, especially for military spouses. Timely downloads of reports enables the FPMB to demonstrate efficiency of its Member Boards.

APPLICANT / APPLICATION STATISTICS — ❖ Q4 2021 ❖

The following insights are based on data collected from podiatrists using the FPMB’s primary verification source system as part of the licensure process:

- **Applicants: Age Group**
- **Applications: Primary Purpose for License**
- **Applications: Is Primary License**

NOTE: The number of applications may be greater than the number of applicants, since an applicant may apply for licensure in multiple states.



PRIMARY PURPOSE KEY:

Residency: Residency
Fellowship: Fellowship
Owner / SP: Owner / Solo Practice
Owner / GP-PO: Owner / Group Practice-Podiatry Only
Owner / GP-MS: Owner / Group Practice-Multi Specialty
Employed / GP-PO: Employed / Group Practice-Podiatry Only
Employed / GP-MS: Employed / Group Practice-Multi Specialty

Employed / HOSP: Employed / Hospital
Employed / HMO: Employed / HMO
Employed / HP: Employed / Health Plan
Employed / MG: Employed / Military or Government
Employed / AICP: Employed / Academic Institution, participating in Clinical Practice
Employed / AIRT: Employed / Academic Institution, Research/Teaching, Only (no Clinical Practice)
Retired: Retired
OTHER: Other (specify)

LEGISLATIVE NEWS

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



❖ FEDERAL LEGISLATIVE NEWS ❖

Licensing

The FSMB is monitoring a troubling legislative trend around the country aimed at limiting state medical boards' authority to investigate patient harm in relation to COVID-19 treatments. These bills include prohibiting discipline for dispensing medications like ivermectin and hydroxychloroquine for off-label use and for "exercising free speech" on social media platforms. Although the FSMB does not comment on specific medications or treatments, they oppose any efforts to limit a state medical board's authority to evaluate standard of care and assess patient harm.

On December 13, 2021, the FSMB [testified](#) before the Pennsylvania House of Representatives' Health Committee during a hearing on COVID-19 Treatment Options and [HB 1741](#).

Similar legislation has been introduced in Florida ([HB 687](#) and [SB 1184](#)), Colorado ([HB 21-1202](#)), Indiana ([HB 1372](#)), Iowa ([SF 2031](#)), Kentucky ([HB 352](#)), New Hampshire ([HB 1022](#) and [HB 1466](#)), Tennessee ([HB 1870](#) and [SB 1880](#)), Virginia ([HB 102](#) and [SB 711](#)), Washington ([HB 2065](#)), and West Virginia ([HB 4309](#)).

In November, Tennessee enacted [HB 9077](#) into law, and North Dakota passed [HB 1514](#).

Licensing

The [Good Samaritan Health Professionals Act of 2021 \(H.R. 5239 / S. 2941\)](#) was re-introduced by Rep. Raul Ruiz (D-CA) in the House and Sen. Bill Cassidy (R-LA) in the Senate and would extend liability protections to volunteer health care professionals providing health care services across state lines, within the scope of their license during public-health or national emergencies or major disasters, except in cases where harm was caused by willful or criminal misconduct, gross negligence, reckless mis-

conduct, flagrant indifference; or if the professional was under the influence of alcohol or drugs at the time.

The [National Defense Authorization Act for Fiscal Year 2022 \(S. 1605\)](#) was signed into law on December 27, 2022 by President Biden. The annual bill, introduced by **Sen. Rick Scott (R-FL)**, creates a plan to improve outreach to service members and their spouses regarding licensing, studies the employment of military spouses, promulgates exemptions from mandatory COVID-19 vaccines, and clarifies military discharge status for service members that refused the COVID-19 vaccine mandate.

- Section 566 mandates the Secretary of Defense to create a plan to disseminate the best practices for outreach to military spouses regarding career assistance resources and navigating state licensing rules and regulations.
- Section 567 authorizes a study on the employment barriers that military spouses face, including state licensure requirements, among a host of other challenges.
- Section 720 mandates the Secretary of Defense to establish a uniform procedure by which service members can be exempted from the military's Covid-19 vaccine mandate for administrative, medical, or religious reasons.
- Section 736 clarifies that service members that are discharged solely for refusing Covid-19 vaccination will receive either an honorable discharge or a general discharge under honorable conditions.

Licensing Compacts

The [Compacts, Access and Responsible Expansion \(CARE\) for Mental Health Professionals Act \(H.R. 6076\)](#), introduced by **Rep. Joe Neguse (D-CO)** and **Rep. Brian Fitzpatrick (R-PA)**, would es-

(Continued on page 13)

(Legislative News continued from page 12)

establish a grant program through Health Resources and Services Administration (HRSA) to (1) incentivize counselors to practice in States that have entered into interstate compacts for the purpose of expanding the workforce of credentialed mental health professionals; and (2) develop, operate, or maintain interstate compact commissions authorized to effectuate the provisions of interstate compacts entered into by such States.

Telehealth

The [Protecting Telehealth Access Act \(H.R. 5425\)](#) was introduced by **Reps. Tom O'Halleran (D-AZ), David McKinley (R-WV), Adrian Smith (R-NE), and Ron Kind (D-WI)** and would make permanent several pandemic-era telemedicine capabilities for rural health providers, including payment-parity for qualifying audio-only services, allowing patients to be treated from their homes, allowing rural health clinics (RHCs) and Federally Qualified Health Centers (FQHCs) to serve as distant sites to providing telehealth services, and allowing Critical Access Hospitals (CAHs) to bill directly for telehealth services.

The [Parity in Telehealth for Physical Therapists \(PT for PTs\) Act of 2021 \(H.R. 5452\)](#) was introduced by **Rep. Ashley Hinson (R-IA) and Rep. Cynthia Axne (D-IA)** and would include physical therapists, as well as PT assistants under the supervision of another PT, as qualifying practitioners who can provide services via telehealth and be reimbursed under Medicare.

The [National Defense Authorization Act for Fiscal Year 2022 \(H.R. 4350\)](#) introduced by **Rep. Adam Smith (D-WA)** passed the House and would, among a myriad of other things, create license portability for service members and their spouses. The provisions can be found in Section 566 of the text and would require servicemembers and their spouses to: provide a copy of the military orders to the licensing authority in the jurisdiction on which the new residency is located; remain in good standing with the licensing authority that issued the li-

cence; submit to the authority of the licensing body in the new jurisdiction for the purposes of standards of practice, discipline, and fulfillment of any continuing education requirements. This provision was added via amendment on the floor of the House. The Senate is currently considering its version of the NDAA, which is expected to put forward before the end of the year.

The bill would also stipulate that during a health emergency, the TRICARE program may not charge an out-of-pocket cost for telehealth services, appointments that involve audio communication are considered to be telehealth, and that TRICARE will reimburse regardless of whether the provider is licensed in the beneficiary's state, which also applies to providers overseas, as long as they are licensed to practice in an equivalent capacity by their respective foreign government.

The [Primary and Virtual Care Affordability Act \(H.R. 5541\)](#) was introduced by **Rep. Bradley Schneider (D-IL) and Rep. Brad Wenstrup (R-OH)** and would extend the temporary exemption, currently in place until the end of 2021 due to the CARES Act, for telehealth services from high deductible health plan (HDHP), until the end of 2023, allowing individuals with HDHPs to continue to be eligible for telehealth benefits prior to meeting their yearly deductible. The bill also commissions a study on the effects of the safe harbor for certain primary care services provided during the COVID-19 pandemic.

The [Rural Telehealth Access Task Force Act \(H.R. 5506\)](#) was introduced by **Rep. Greg Pence (R-IN) and Rep. Angie Craig (D-MN)** and would establish a Rural Telehealth Access Task Force under a consortium of agencies includes the FCC, USDA, and HHS, among others; tasked with identifying barriers to the adoption of telehealth in rural America, sharing information on the deployment of broadband funding through federal programs to expand access to broadband, and providing their findings and recommendations to Congress.

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The [Department of Veterans Affairs Telehealth Strategy Act \(H.R. 5787\)](#) was introduced by **Rep. Matt Rosendale (R-MT)** and would require the VA Secretary to submit a projection of veterans' demand for telehealth services for the next three fiscal years, as well as covering the resources and devices provided to veterans to facilitate telehealth over the last two years.

The [Expanded Telehealth Access Act \(S. 3193\)](#) was introduced by **Sens. Steve Daines (R-MT), Tina Smith (D-MN), Jerry Moran (R-KS) and Jacky Rosen (D-NV)** and would make permanent the telehealth reimbursement eligibility for a number of healthcare professionals, including physical therapists, audiologists, occupational therapists, and speech language pathologists. The bill would also permit HHS Secretary to expand the list of eligible providers. The companion bill in the House, [H.R. 2168](#), was introduced in March 2021.

The [Telehealth Expansion Act \(H.R. 5981\)](#), introduced by **Rep. Michelle Steel (R-CA) and Rep. Susie Lee (D-CA)**, would make permanent a waiver created by the CARES Act to allow Americans with Health Savings Accounts (HSA) to access telehealth services without first having to meet their deductible. The companion bill, [S. 1704](#), was previously introduced in May 2021.

The [Telehealth Extension Act \(H.R. 6202\)](#), introduced by **Reps. Lloyd Doggett (D-TX), Mike Kelly (R-PA), Devin Nunes (R-CA), Mike Thompson (D-CA), and David Schweikert (R-AZ)** would end the geographic and site restrictions on where patients can receive telehealth services, extend certain COVID-19 emergency authorities for two years, allowing a wider variety of providers (such as occupational therapists and speech language pathologists, among others) and services via telehealth; and implement a host of telehealth anti-fraud provisions, including requiring an in-person appointment within 6 months prior to ordering high-cost durable medical equipment (DME) or ma-

ior clinical laboratory tests and auditing physicians charging outlier amounts.

Healthcare Workforce

The [Allied Health Workforce Diversity Act \(H.R. 3320 / S. 1679\)](#), introduced by **Reps. Bobby Rush (D-IL) and Markwayne Mullin (R-OK) and Sens. Bob Casey (D-PA) and Lisa Murkowski (R-AK)** would provide grants through HHS to accredited colleges and universities to increase diversity in the physical therapy, occupational therapy, respiratory therapy, audiology, and speech-language pathology professions by providing scholarships and supporting the recruitment and retention of students from underrepresented groups, including racial and ethnic minorities, individuals from disadvantaged backgrounds, and individuals with disabilities.

The [Pathways To Health Careers Act \(S. 3189\)](#), re-introduced by **Sen. Martin Heinrich (D-NM)**, would extend the current Health Profession Opportunity Grant (HPOG) Program through 2026 to finish the current grant cycle, expand the Program from 23 to all 50 states, with a specific focus on rural areas and tribal communities. The House companion bill is [H.R. 4449](#) and reauthorization for HPOG was included in the Build Back Better Act's [framework](#).

The [Student Assistant Vaccination Effort \(SAVE\) Act \(H.R. 5699\)](#), introduced by **Rep. Tom O'Halleran (D-AZ)**, would permanently extend emergency provisions from the Public Readiness and Emergency Preparedness (PREP) Act to allow medical, nursing, pharmacy, and physician assistant students, among others; to administer vaccines during future federally declared public health emergencies with appropriate training and supervision. Its companion bill, [S. 2114](#), was introduced in June 2021.

The [Veterans Pro Bono Corps Act of 2021 \(H.R. 6231\)](#), introduced by **Rep. Jose Neguse (D-CO)**, would establish a five-year pilot program authoriz-

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ing the VA to award grants to medical residency and fellowship programs, specifically focused on rural and underserved areas, to provide independent, pro bono medical examinations and opinions for eligible low-income veterans, to substantiate their benefit claims. Its companion bill, [S. 3047](#), was introduced in October 2021.

Provider Wellness

The [Dr. Lorna Breen Health Care Provider Protection Act \(H.R. 1667\)](#) was passed by the House on December 8, 2021. The measure, which was slightly amended from its original form, was sponsored by **Representatives Wild (D-PA), Krishnamoorthi (D-IL), Chu (D-CA), and McKinley (R-WV)**. The bill was previously introduced during the 116th Congress in response to stress and burnout in the healthcare workforce during the COVID-19 pandemic and 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. H.R. 1667 now awaits Senate action.

Veterans Affairs

The [Veterans Pro Bono Corps Act of 2021 \(S. 3047\)](#) was introduced by **Sen. Rob Portman (R-OH) and Sen. Kyrsten Sinema (D-AZ)** and would establish a five-year pilot program authorizing the VA to award grants to medical residency and fellowship programs, specifically focused on rural and underserved areas, to provide independent, pro bono medical examinations and opinions for eligible low-income veterans, to substantiate their benefit claims.

The [Comforting Our Military Families through On-base or Remote Treatment “COMFORT” Act \(H.R. 5758\)](#) was introduced by **Rep. Elissa Slotkin (D-MI)** and would allow licensed mental health professionals to provide non-medical counseling ser-

vices to military families through the Department of Defense’s Military and Family Counseling Program, either in-person or through telemedicine, regardless of where the professional rendering services is licensed.

The [Post-9/11 Veterans’ Mental Health Care Improvement Act of 2021 \(S. 3293\)](#), introduced by **Sen. Jon Tester (D-MT) and Sen. Jerry Moran (R-KS)**, would provide expanded sleep disorder care and services at VA Centers as well as conduct an analysis on the VA’s ability to treat sleep disorders, expand mental health consultations, conduct a study on the VA’s inpatient mental health treatment programs, including their geographic distribution, bed capacity, and workforce-related capacity; and conduct a study on veterans with concurrent mental health and substance use disorder (SUD). In addition, the bill would expand the VA’s mental health workforce, adding 100 full-time employees to Vet Centers, 500 trainee slots in mental health disciplines, and increasing scholarships and loan repayment programs for mental health providers. Lastly, the bill would study the workload on VA suicide prevention teams, appropriate \$15 million towards suicide prevention, mental health, and brain health research; and study the efficacy of clinical and at-home resources for PTSD.

The [Vet Center Improvement Act of 2021 \(S. 1944\)](#), introduced by **Sen. Jack Reed (D-RI)**, would require that Veterans Centers’ evaluations include the availability and accessibility of broadband and telehealth.

Substance Use Disorder Treatment

[H.R. 5837](#) was introduced by **Rep. John Curtis (R-UT)** and would allow Medicare to reimburse for substance use disorder (SUD) treatment provided via telemedicine without requiring an initial in-person medical evaluation, as currently required. The bill allows for the patient/practitioner relationship to be established via two-way, real-time audio/visual communication, as well as audio-only telemedicine for the prescription of opioids necessary for SUD treatment. Lastly, the bill authorizes

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an interagency task force to study the utilization rates of SUD telemedicine treatment, opioid-related overdose rates in counties with and without telemedicine SUD treatment, and the number of practitioners furnishing such controlled substances in high volume and across state lines, among other aspects.

Opioids

The [Rural Opioid Abuse Prevention Act \(S. 2796\)](#) was introduced by **Sen. Jon Ossof (D-GA)** and **Sen. Chuck Grassley (R-IA)** and would create a new pilot program within the Comprehensive Opioid Abuse Grant Program that would identify gaps in prevention, treatment, and recovery services for individuals in the criminal justice system in rural areas; and would codify the Rural Responses to the Opioid Epidemic Initiative, which provides grants to rural communities help them combat opioid overdoses in high-risk areas.

The [Veterans Heroin Overdose Prevention Examination \(HOPE\) Act \(H.R. 5938\)](#), introduced by **Rep. Greg Murphy (R-NC)** and **Rep. Joe Courtney (D-CT)**, would direct the VA to conduct a comprehensive review of veteran deaths from opioid overdoses over the past five years, including demographics, medical diagnoses, possible opioid prescriptions, and cause of death. The bill would also require the VA to outline steps being taken on a federal level to address the opioid crisis, especially opioid prescription tracking, and to publish recommendations to improve the safety and well-being of veterans.

The [Synthetic Opioid Danger Awareness Act \(H.R. 2364\)](#), introduced by **Rep. Andy Kim (D-NJ)**, would require several federal agencies, including the CDC, National Institute for Occupational Safety and Health (NIOSH), and SAMHSA, to provide public education campaigns related to synthetic opioids and training to prevent exposure to them, especially focusing on fentanyl and its analogues.

The [Comprehensive Addiction Resources Emergency \(CARE\) Act of 2021 \(H.R. 6311/S. 3418\)](#), re-introduced by **Reps. Carolyn Maloney (D-NY)**,

Ann Kuster (D-NH), and **David Trone (D-MD)** in the House and **Sens. Elizabeth Warren (D-MA)**, **Chris Van Hollen (D-MD)**, and **Tammy Baldwin (D-WI)** in the Senate, would provide \$125 billion in grants over ten years to cities, counties, states, territories and tribal areas that have been hit the hardest by drug overdose deaths; towards public health surveillance, biomedical research, and improved training for health professionals in treating SUDs; treatment, recovery, and harm reduction services, to individuals with SUD who are struggling with employment, and towards expanding access to overdose reversal drugs such as a Naloxone.

The [Opioid Treatment Access Act of 2022 \(H.R. 6279\)](#), introduced by **Rep. Donald Norcross (D-NJ)** and **Rep. David Trone (D-MD)**, would allow certain prescribers the ability to prescribe up to 1-month of take-home doses of methadone for SUD treatment, directs SAMSHA to conduct a study on how pandemic-era waivers affected opioid treatment programs, and facilitates the usage of mobile medication units for SUD, among other aspects.

The [Domain Reform for Unlawful Drug Sellers \(DRUGS\) Act \(S. 3399/H.R. 6352\)](#), introduced by **Sen. Marco Rubio (R-FL)** and **Sen. Amy Klobuchar (D-MN)** and **Rep. David McKinley (R-WV)** and **Rep. Bobby Rush (D-IL)**, would require registries and registrars (such as .com and .org), upon being alerted by a “trusted notifier” such as the FDA, DOJ, DHS, or state boards of pharmacy to “lock” a domain that is being used to sell drugs illegally online within 24 hours, so it cannot be updated, transferred, or deleted, and then suspend the site within seven days unless the domain name registrant successfully appeals the findings. Failing to comply would result in one-year imprisonment, an \$1,000 fine, or both for the first offense; escalating to three-year imprisonment, a \$100,000 fine, or both for a subsequent offense.

Medical Marijuana

The [VA Medicinal Cannabis Research Act of 2021 \(H.R. 2916\)](#), introduced by **Rep. Luis Correa (D-CA)** and **Rep. Peter Meijer (R-MI)**, would require

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the VA to conduct clinical trials, with demographically accurate control and experimental groups, of the effects of medical-grade cannabis on the health outcomes of veterans enrolled in the VA health care system diagnosed with conditions such as chronic pain and PTSD. The bill was reported out of House Committee on Veterans' Affairs.

Health Equity

The [Equitable Health Care for All Act \(H.R. 5742\)](#), introduced by **Rep. Adam Schiff (D-CA)**, would, among other things, create the Office of Civil Rights and Health Equity within HHS to receive and investigate complaints of inequitable care, defined as failing to meet a high quality care standard and discriminatory on the basis of race, sex (including sexual orientation and gender identity), disability, age, or religion. The Office would be responsible for investigating the claim on its merits within 180 days, and reporting their findings to state licensing authorities. Outcomes can include a public conciliation agreement between the complainant and the respondent, a civil suit in state or federal court, or enforcement on behalf of the Attorney General, if the AG has reason to believe the respondent has engaged in a pattern or practice of denying civil rights.

Mental Health

The [Mental Health Workforce and Language Access Act \(H.R. 5937\)](#), introduced by **Rep. Grace Meng (D-NY)**, would establish a four-year pilot program that incentivizes mental health professionals to work at Federally Qualified Health Centers (FQHCs), specifically those that serve areas with a high proportion of non-English speakers, by offering annual loan repayment compensation and bonuses for multilingual fluency. The bill also offers federal grants to community health centers (CHCs) to recruit, hire, and employ multilingual mental health professionals, as well as mandating a report on the progress of the program.

Artificial Intelligence

The [Healthy Technology Act of 2021 \(H.R. 5467\)](#) was introduced by **Rep. David Schweikert (R**

-AZ) and would add artificial intelligence and machine learning technology to the definition of "practitioner licensed by law to administer" so long as they are authorized by state law to prescribe the particular drug and they have been approved by the FDA.

Graduate Medical Education

The [Biden Administration's Build Back Better Act \(H.R. 5376\)](#) introduced by **Rep. John Yarmuth (D-KY)** is still in flux but currently includes, among myriad other things, over \$3 billion in funding to provide 4,000 new, Medicare-supported GME slots in 2025 and 2026, and requires that 25% of the new slots go to primary care specialties and 15% towards psychiatry and other behavioral health training programs, distributed primarily to eligible teaching, underserved, and rural hospitals.

Truth in Advertising

The [Truth in Healthcare Marketing Act of 2021 \(H.R. 5510\)](#) was re-introduced by **Rep. Larry Bucshon (R-IN)** and **Rep. David Scott (D-GA)** and would prohibit individuals from misrepresenting whether they hold a state health care license as well as their education, training, degree, license, or clinical expertise. Further, an advertisement must disclose the license under which they are authorized to provide those services. Lastly, the bill commissions an FTC study identifying the specific acts and practices of healthcare advertising deception, as well as the frequency and harm that result from these instances.

Home Health

The [Improving Access to Home Dialysis Act \(H.R. 5426\)](#) was introduced by **Rep. Bobby Rush (D-IL)** and **Rep. Jason Smith (R-MO)** and would provide Medicare reimbursement for professional staff to assist patients with their home dialysis treatments and educate qualifying patients about home dialysis options. The bill also requires HHS to conduct a study on the racial disparities in home dialysis utilization and provide demographic data on outcomes for in-center versus home dialysis patients.

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FEDERAL REGULATORY NEWS

Highlights

On September 16, 2021, CMS released a revised [Medicare Learning Network \(MLN\)](#) notice that stated they will treat licenses issued through interstate compacts as valid full licenses for purposes of meeting federal license requirements. It instructs Medicare Administrative Contractors (MACs) to re-open any previously denied enrollment applications that resulted from a license compact issue. For more information, [click here](#).

On September 20, 2021, CMS [announced](#) it had awarded \$15 million in planning grants to 20 states to support expanding community-based mobile crisis intervention services for Medicaid beneficiaries, focusing on substance use-related or mental health crises. To see the list of award recipients, [click here](#).

On September 28, 2021, the Substance Abuse and Mental Health Services Administration (SAMHSA) [announced](#) it had allocated \$825 million for distribution to 231 community health centers (CHCs), which address the needs of individuals who have serious emotional disturbances, mental illness, or either co-occurring with SUDs. The centers must develop a plan to tackle disparities within 60 days of receiving their grant and include telehealth and outpatient services, plus support for their staffs' mental health needs.

On October 18, 2021, HHS Secretary Xavier Becerra [renewed](#) the COVID-19 public health emergency declaration for the seventh time. The declaration, which is in effect for 90 days, allows a series of waivers concerning telemedicine, including allowing more providers to bill Medicare for telehealth services, and reimbursing for audio-only telehealth as well as waiving certain oversight and reporting requirements.

On October 21, 2021, the FCC [announced](#) the recipients of the third round of funding from the Covid-19 Telehealth Program, totaling \$40 million, which was put into place by 2020's CARES Act, and sup-

ports the efforts of healthcare providers to continue serving their patients by providing telecommunications services, information services, and connected devices necessary to enable telehealth during the COVID-19 pandemic.

On October 22, 2021, USDA [announced](#) that they will be accepting applications for up to \$1.15 billion in loans and grants to expand the availability of broadband in rural areas through their [ReConnect Program](#). Further, the agency announced a \$50 million investment in 105 rural distance learning and telemedicine projects in 37 states and Puerto Rico through the [Distance Learning and Telemedicine \(DLT\)](#) program. This program helps fund distance learning and telemedicine services in rural areas to increase access to education, training and health care resources that are otherwise limited or unavailable. For the full list of recipients, [click here](#).

On October 28, 2021, the U.S. Senate [confirmed](#) Rahul Gupta, MD, MPH, MBA, FACP, formerly the West Virginia Health Commissioner, as director of the Office of National Drug Control Policy on a unanimous voice vote. Dr. Gupta is the first physician to hold this position.

On November 2, 2021, CMS announced three Final Rules:

- [CY 2022 Medicare Physician Fee Schedule \(PFS\)](#) - Among other aspects, the Rule implements the removal of geographic barriers for telehealth services for diagnosis, evaluation, and treatment of mental health disorders, allowing patients to access such care from their homes; as well as reimbursing applicable audio-only counseling and therapy services. Lastly, it makes permanent the CMS reimbursement for telemental care furnished by Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs), including audio-only services.
- [CY 2022 Hospital Outpatient Prospective Payment System \(OPPS\) and Ambulatory Surgical Center \(ASC\) Payment System](#) - This Rule in-

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creases the penalty for hospitals that do not comply with hospital price transparency rules that require disclosure of certain items and services they provide; and halts the phased elimination of the Inpatient Only (IPO) list for surgical procedures, on safety grounds.

- [CY 2022 Home Health Prospective Payment System \(PPS\)](#) – The Rule finalizes nationwide expansion of CMS' [Home Health Value-Based Purchasing \(HHVBP\) Model](#), which offers financial incentives to providers that offer better quality of care with greater efficiency.

On November 4, 2021, the Biden-Harris Administration [announced](#), in a CMS interim Final Rule, that eligible staff at health care facilities that participate in the Medicare and Medicaid programs, which covers 76,000 providers and more than 17 million healthcare workers, must be fully vaccinated against COVID-19 by January 4, 2022, with no daily or weekly testing alternative for unvaccinated individuals.

On November 9, 2021, the FCC [announced](#) the recipients of the fourth round of funding, a tranche of over \$40 million that brings the total to over \$166 million to health care providers in each state, territory, and D.C..

On November 12, 2021, the FCC [authorized](#) more than \$700 million in funding, through the [Rural Digital Opportunity Fund](#), to broadband providers in an effort to boost internet connectivity across 26 states and 400,000 locations.

On November 17, 2021, the Office of National Drug Control Policy (ONDCP) [announced](#) the release of a [model law](#) for states to help expand access to naloxone, which aids in reversing opioid overdoses. The model law provides uniformity in the ability of citizens to access and use naloxone, protects them from prosecution, promotes educational initiatives to raise awareness about naloxone, and increases access to naloxone in educational and correctional settings, among other aspects.

On November 22, 2021, Vice President Kamala Harris announced that the Biden Administration is in-

vesting \$1.5 billion from the American Rescue Plan (ARP) to address the [health care worker shortage](#) in underserved communities through the National Health Service Corps, Nurse Corps and Substance Use Disorder Treatment and Recovery programs, programs that offer scholarship and loan repayments for health care students and workers.

On November 23, 2021, HHS [announced](#) the availability of \$35 million, through the American Rescue Plan (ARP), towards enhancing and expanding the telehealth infrastructure and capacity of Title X program, which provides comprehensive family planning and related health services, including contraception, sexually transmitted infections and pregnancy testing; for low-income or uninsured individuals.

In December 2021, CMS released a [State Medicaid and CHIP Telehealth Toolkit](#) that clarified that CMS will continue to cover and reimburse for audio-only telehealth technologies after the public health emergency ends. This is notable for states grappling with how to handle audio-only services once the COVID-19 emergency expires, and whether they were allowed under federal law.

In December 2021, CMS created the *No Surprises Act* provider resource [landing page](#).

On December 10, 2021, HHS released its [Fall 2021 Regulatory Agenda](#). Notably, the Substance Abuse and Mental Health Services Administration (SAMHSA) plans to issue a proposed rule in September 2022, "[Treatment of Opioid Use Disorder With Buprenorphine Utilizing Telehealth](#)." The proposed rule will seek to extend buprenorphine treatment via telehealth opioid treatment programs (OTPs) beyond the COVID-19 PHE by revising OTP regulations under 42 CFR part 8.

On December 17, 2021, HHS, through HRSA, [announced](#) the availability of \$48 million in grants through the American Rescue Plan (ARP), earmarked to expand public health capacity in rural and tribal communities through health care job development, training and placement. Grant award-ees will be able to use this funding to address

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workforce needs related to the long-term effects of COVID-19, health information technology (IT), and other workforce issues.

Also on December 17, 2021, CMS [published](#) a final rule to create 1,000 new Medicare-funded physician residency slots to qualifying hospitals, emphasizing those in rural and underserved communities, and phasing in 200 slots per year over five years at a cost of \$1.8 billion over ten years.

On December 22, 2021, the FCC [announced](#) the fifth round of awards from the COVID-19 Telehealth Program, of nearly \$43 million, bringing the grand total to over \$208 million for health care providers in each state, territory, and the District of Columbia.

On January 7, 2022, the HHS issued a [tenth amendment](#) to the PREP Act “to expand the authority for certain Qualified Persons authorized to prescribe, dispense, and administer seasonal influenza vaccines.”

❖ STATE LEGISLATION OF INTEREST ❖

State Waivers Update

The FSMB continues to maintain [COVID-19 resources](#), including charts documenting COVID-19 state waivers on out-of-state physicians practicing in-person and via telemedicine, as well as expediting licensure for inactive or retired physicians. As of January 11, 2022, 26 states are allowing out-of-state physicians to [practice in person](#), 23 [via telemedicine](#) (including 19 with permanent or long-term procedures allowing interstate practice), and 22 expediting licensure for [inactive or retired physicians](#).

Interstate Medical Licensure Compact

On January 10, 2022, New Jersey became the 36th Member State of the [Interstate Medical Licensure Compact](#), joining 34 states, the District of Columbia, and Guam. IMLC legislation is also active in Indiana (SB 251), Missouri (HB 2004), New York (A 5504), North Carolina (SB 380), and Virginia (HB 527).

STATE REGULATORY NEWS

Medical Marijuana

[Alabama Administrative Code](#) - The Alabama State Board of Medical Examiners released draft rules regarding how doctors can recommend medical cannabis to eligible patients. Draft rules include requiring a bona fide physician-patient relationship and an in-person visit, physicians registering with the DEA, Alabama’s Medical Cannabis Patient Registry, and the state’s PDMP, and requires participating physicians to submit an annual report to the Board which describes the physician’s observations regarding the effectiveness of medical cannabis, among other requirements.

Physician Assistant Scope of Practice

[Wyoming Administrative Code](#) - Temporarily (through May 14, 2022) allows licensed PAs who have passed a national certification exam to practice independently of physician supervision. The rule also allows experienced PAs to supervise PAs practicing under a temporary license, updates definitions related to disciplinary actions, and removes the fee for purchase of physician directories for non-licensurees.

Telemedicine

[Iowa Administrative Code r. 645-327.9](#) - The Board of Physician Assistants released new telehealth regulations effective September 29, 2021, which allow PAs to utilize synchronous telehealth to interview patients, obtain medical history, and establish the doctor-patient relationship. Asynchronous store-and-forward telehealth, like online questionnaires, are prohibited. For more information, [click here](#).

[Mississippi Code R. 6.1.1](#) - The Mississippi State Department of Health issued the “Minimum Standards of Operation Relative to the Practice of Telemedicine,” which requires telehealth providers to first register with the Department’s Office of Licensure, using the Telemedicine Application for Registration. Among other aspects, the rule requires

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practitioners to ensure that the standard of care, equipment, and technology maintained for telehealth encounters is consistent with in-person care. For more information, [click here](#).

[30 Mississippi Code R. § 2635-5](#) – The Mississippi Board of Medical Licensure updated their telemedicine rules, including updating the definition of “telemedicine” to include HIPAA-compliant telecommunication systems, and adding definitions for “remote monitoring,” “Store-and-Forward,” and “Real-Time Telemedicine,” among other changes.

[Washington 284-170-130](#) – Updates the state’s definition of telemedicine, including audio-only telemedicine, how the physician-patient relationship can be established – for audio-only telemedicine, the patient must meet in-person with the provider, or referred by another provider whom they met in-person within the last year – as well as obtaining consent verbally as part of an audio-only encounter.

RECENTLY ENACTED REGULATION

Board Structure and Function

[California AB 359](#) – Changes the state’s protocol for obtaining a physician's and surgeon's certificate. Currently, an applicant must obtain a passing score on all parts of Step 3 of the USMLE within four attempts to qualify for the certificate, unless the applicant already holds an unlimited and unrestricted license in another jurisdiction, in which case, there is no four-attempt limit. This bill removed that exception and allowed applicants with a current license to obtain the certificate by endorsement if they do not have any adverse or disciplinary actions on their license that constitutes a pattern of negligence or incompetence.

[California SB 801](#) – Adds associate clinical social workers and associate professional clinical counselors to the list of health care providers that can provide services via telehealth and be regulated by the state’s medical board.

[California SB 806](#) – Increases the license fee by 10%, maintains the physician majority on Medical Board, an earlier version of the bill would have established a public member majority; renames postgraduate training license to postgraduate license, and extends the date of the next Medical Board sunset review from 2022 to 2024.

[Pennsylvania SB 397](#) – Changes the composition of the state Osteopathic Medicine Board to include one spot reserved for a PA, and another spot eligible for either a respiratory therapist, perfusionist, or athletic trainer.

[Pennsylvania SB 398](#) – Expands the state medical board from seven to nine members with seven members being physicians, one PA, and one nurse midwife, nurse practitioner, athletic trainer, respiratory therapist or perfusionist. The bill also details the extent of PAs collaborative practice agreements (CPAs) with their collaborating physician(s), allowing physicians to supervise six instead of four; including their scope of practice, the nature and degree of supervision, and the physician with primary responsibility, among other aspects. Lastly, the bill mandates that the board review 10% of newly filed CPAs.

Graduate Medical Students

[Michigan SB 759](#) - Allows unlicensed students in health profession training programs approved by the appropriate board to perform limited duties assigned in their course of training. The bill also grants a licensure exemption to individuals licensed in another jurisdiction, that meet the requirements for licensure in the state, to render medical care during an epidemic-related staffing shortage.

License Portability

[California AB 107](#) – Requires the Board to issue a temporary, 12-month occupational license/certificate to a military member and/or their spouse within 30 days of application so long a criminal background check does not show grounds for denial.

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[District of Columbia B 24-0399](#) – Amends UEVHPA to allow healthcare professionals licensed in other jurisdictions to practice in DC without a "state" license until August 10, 2022, regardless of whether an emergency declaration is in effect. As it pertains to telemedicine, the law allows for out-of-state telemedicine for “an established patient who has returned to the District... for the purposes of continuity of care.”

Pharmacist Scope of Practice

[New York S 4807A](#) - Authorizes pharmacists to provide immunizations recommended by the CDC (including, but not limited to COVID-19, hepatitis A and B, HPV, measles, and mumps) to patients eighteen years old and up.

Telemedicine

[California AB 457](#) - Creates the “Telehealth Patient Bill of Rights,” which would, among other things, protect the rights of a patient using telehealth to be seen by a health care provider with a physical presence within a reasonable geographic distance from the patient's home, unless specified exceptions apply.

[Oklahoma HB 2676](#) - Adds two new carveouts to mandatory controlled substance e-prescribing if there is less than a three-day supply of controlled substances, and if the condition of the patient is at risk.

[New Jersey S 2559](#) - Requires payment parity for physical and behavioral healthcare services until December 31, 2023, as long as the services are otherwise covered when provided in person in New Jersey. The bill prohibits insurers from imposing “place of service” requirements on providers or on patients and from requiring select third-party telemedicine or telehealth providers (in-network providers).

[Ohio HB 122](#) - Expands eligible telehealth providers to include APRNs, optometrists, pharmacists, and PAs. Each board that has jurisdiction over these providers may adopt rules that it considers neces-

sary for implementing the bill’s provisions. Bill also allows providers to provide initial and annual visits via telehealth, as long as the appropriate standard of care is met.

PENDING LEGISLATION OF INTEREST

Allied Health Professions Scope of Practice

[Indiana SB 250](#) - Provides that an APRN practices within a 75-mile radius of their collaborating licensed practitioner's practice location or residence and requires them to meet quarterly. Bill also requires the Medical Board to establish a drug prescribing supervision and guidelines program for APRNs.

[Missouri HB 2296](#) - Modifies the definition of AP to include that the applicant is a Missouri resident, a graduate of an accredited North American medical school or an ECFMG-qualified college, and requires the AP to take USMLE Step 3 within one year of their licensure and pass it within three attempts. If the AP fails to achieve a passing score, they must begin a postgraduate residency and fulfill specific requirements. If the AP passes USMLE Step 3, they will be eligible for a physician’s license after five years of collaborative practice with a physician and passing an endorsement examination. If the AP fails to achieve a passing score on the endorsement examination, they may receive a PA license, and their AP license will expire.

[Missouri SB 938](#) - Mandates that Associate Physicians (APs) must be graduates of an accredited North American medical school. The bill also repeals the requirement that APs work within their collaborative practice agreement (CPA) in underserved areas and establishes a three-year time limit for AP licensure, after which the AP transitions to a PA without additional requirements.

[Missouri SB 830](#) - Adds PAs and NPs as authorized healthcare professionals that can provide written plans of treatment for home health care.

[Virginia SB 676](#) - Creates a licensure class for associate physicians; defines APs as graduates of an ac-

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(Legislative News continued from page 22)

credited medical school that has successfully completed Step 1 and Step 2 of the USMLE within the last two to three years, but has not completed a postgraduate internship or residency training program. The license is valid for two years and is un-renewable. APs must practice under the supervision of a physician and with a written practice agreement that details their scope of practice, including the ability to prescribe Schedules II through VI controlled substances, among other abilities.

Board Structure and Function

[Alabama HB 31](#) - Prohibits an occupational licensing board from denying, suspending, revoking, or refusing to issue, renew, or reinstate a license due to the immunization status of the licensee or applicant for a license.

[Alabama SB 13](#) - Prohibits occupational licensing boards from discrimination based on an individual's immunization status.

Tennessee [HB 9028](#), [SB 9025](#), [HB 9020](#) and [SB 9053](#) - Prohibits licensing boards from taking actions against physicians' licenses based on their recommendations to a patient regarding treatment for COVID-19, so long as they act in the best interest of the patient and the patient provides written, informed consent.

Wisconsin [AB 656](#) and [SB 643](#) - Redefines qualifications for IMGs to become licensed in the state, defining IMG as a graduate of a medical program accredited by the World Federation for Medical Education or a successor organization (including all programs based in Australia, Canada, and the UK, among others); speaks fluent English, are lawful residents, and have either completed 24 months of PGT accredited by ACGME/AOA, are currently enrolled in an accredited PGT with an unrestricted endorsement from the program director, or has continuously practiced outside the state for three or more years. Lastly, the bill eliminates the ECFMG certification requirement for IMGs.

Civil Immunity

[Tennessee SB 9083](#) - Provides civil immunity for healthcare providers “acting in good faith and with reasonable care” for their treatment provided to a patient for COVID-19, so long as they first obtain informed consent.

Continuing Medical Education

[New York A 4515](#) - Requires two hours of cultural awareness and competence (covering ethnic, religious, linguistic, sexual orientation and gender identity) CME as part of a physician's license renewal process.

License Portability

[Indiana SB 5](#) - Establishes a procedure to grant licenses and certificates to applicants licensed and in good standing in another state or jurisdiction with substantially equivalent requirements to Indiana's, without an adverse action on their license and no complaints or investigations pending. The bill also clarifies that “the Medical Licensing Board may not issue a physician's license to an applicant using [this] law beginning July 1, 2026.”

[Mississippi HB 447](#) - Allows the Board of Medical Licensure to grant medical licenses to individuals who are licensed in another jurisdiction (including Canada) without examination.

[New Hampshire HB 1405](#) - Exempts mental health professionals, rendering services via telemedicine, from state licensing requirements who provide five or fewer services to patients during mental health emergencies.

New Jersey [A 6155](#) and [S 4139](#) - Extends the temporary authorization to practice for licensed, out-of-state health care professionals, that have been approved by the Department of Consumer Affairs, to end 60 days after the conclusion of the federal public health emergency (licenses are currently set to expire February 10, 2022, as they are tied to the current state of emergency declaration).

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(Legislative News continued from page 23)

[New Jersey A 5988](#) - Establishes an expedited process by which a mental health professional, licensed in another jurisdiction, can become licensed in the state and provide services via telemedicine. Applicants must have 10 years of experience and provide 40 hours of therapy services pro bono to low-income individuals in need.

Maintenance of Certification

[Missouri SB 802](#) - Prohibits state-run hospitals and other healthcare institutions from requiring maintenance of certification or maintenance of licensure for employment or medical privileges.

Medical Marijuana

[Ohio SB 261](#) - Expands the list of qualifying medical conditions for medical marijuana to include any condition for which a licensed practitioner deems the treatment as appropriate.

[South Dakota SB 23](#) - Revises the meaning of "bona fide patient-physician relationship" for the purpose of recommending medical marijuana to complete an assessment of the patient's medical history and current medical condition, that the patient is under the practitioner's continued care for the debilitating medical condition that qualifies them for medical marijuana, and that the relationship is not for the sole purpose of providing a written certification, among other conditions.

Military Licensure

[Indiana HB 1241](#) - Allows military members, their spouses and dependents to apply for Indiana licensure if they have held licensure in another jurisdiction for at least one year (half the previous requirement), so long as the licensee has no documented unprofessional conduct and is without a pending complaint or investigation.

Pain Management

[Florida HB 193](#) - Tasks the Board of Medicine, in conjunction with the Department of Health, to con-

duct a study to evaluate the therapeutic efficacy of alternative therapies, including MDMA, psilocybin, and ketamine, in treating mental health and other medical conditions, including depression, anxiety, PTSD, bipolar disorder, chronic pain and migraines.

Florida [HB 333](#) and [SB 164](#) - Allows a qualified physician to renew marijuana certifications via telemedicine. Initial certifications require an in-person examination.

[Massachusetts SB 1299](#) - Requires prescribers to discuss non-opioid pain alternatives with patients prior to prescribing an opioid.

[Oklahoma HB 2216](#) - Allows in-state medical marijuana dispensaries to dispense to authorized out of state medical marijuana users, pending verification of their credentials.

PDMPs

[Missouri SB 842](#) - Dissolves Missouri's Joint Oversight Task Force for Prescription Drug Monitoring and the prescription drug monitoring program.

Physician Sexual Misconduct

[Michigan HB 4858](#) - Requires that a healthcare professional license be permanently revoked if the licensee or registrant had been convicted of sexual intercourse with a patient under the pretext of medical treatment.

Physician Wellness

[Washington SB 5496](#) - Clarifies that records from a physician health program (PHP) or a voluntary SUD monitoring program are confidential and not subject to discovery by subpoena or admissible as evidence except in cases where the participant agrees to disclose the records in a matter concerning restrictions on their license and in cases where the participant does not follow the terms of the program or if the PHP determines the participant is unable to practice with "reasonable skill or safety."

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(Legislative News continued from page 24)

Scope of Practice

[Michigan SB 680](#) - Grants APRNs the ability to prescribe Schedules II-V controlled substances without delegation from a physician, as long as they hold a DEA registration.

[Oklahoma SB 496](#) - Adds APRNs to the list of "Licensed practitioners," gives certified nurse practitioners prescriptive authority under the supervision of a physician, and APRNs with independent prescriptive authority the ability to do so without physician supervision.

[Pennsylvania HB 1956](#) - Amends the state's MPA to define anesthesiologist and anesthesiologist assistant, provides their qualifications and scope of practice, and adds anesthesiologist assistant to the definition of a "Board regulated practitioner."

Substance Abuse Disorder Treatment

[New Jersey A 5985](#) - Requires health insurers to cover medication-assisted treatment for opioid addiction for any covered person enrolled in a health plan.

Telemedicine

[Florida SB 330](#) - Authorizes the Agency for Health Care Administration (AHCA) (FL Medicaid) to reimburse for remote patient monitoring and store-and-forward services, in certain circumstances.

[Florida SB 726](#) - Prohibits medical plans from rendering services exclusively through telemedicine, and also requires payment parity for qualifying telemedicine services.

[Hawaii HB 1120](#) and [SB 1258](#) - Adds standard telephone audio-only to the acceptable telemedicine modalities.

[Indiana HB 1230](#) - Expands the state's telehealth statute to cover healthcare professionals with temporary, intern, provisional, or postgraduate training licenses.

[Maine LD 1758](#) - Prohibits the Department of Health and Human Services from requiring licensed mental health or SUD treatment facility to obtain written informed consent from a person receiving mental health services or SUD treatment from the facility during a public health emergency. Instead, the facility may obtain consent through verbal, electronic, or written means.

[Mississippi HB 212](#) - Provides that telehealth services provided by FQHCs, RHCs, and community mental health centers are all billed at the full Medicaid rate as if they were rendered in-person.

[Missouri SB 829](#) - Redefines telemedicine to include adaptive questionnaires as part of asynchronous store-and-forward technology, and deems adaptive questionnaires as sufficient for purposes of prescribing any drug, controlled substance, or other treatment.

[New Hampshire SB 390](#) - Among other definitions, clarifies that the patient-physician relationship can be established via telehealth.

[Oklahoma HB 2798](#) and [HB 2708](#) - HB 2798 redefines the definition of telemedicine to remove the exclusion of telephone and fax and includes remote patient monitoring and compliance with HIPAA, among other things, while HB 2708 redefines telemedicine to include audio-only telephone "if video-messaging providing face-to-face visual communication is used," and mandates payment parity for telemedicine services.

[Washington HB 1821](#) - Clarifies rules pertaining to establishing the patient-physician relationship, including allowing providers to refer patients to another provider by audio-only telemedicine so long as they have seen the patient in-person or through audio/visual telemedicine within the last 3 years, and that the provider providing audio-only telemedicine has direct access to the covered person's current health record.

Truth in Advertising

[Oklahoma SB 497](#) - Prohibits healthcare professionals from using deceptive or misleading terms or false representations in advertisements, and prohibits individuals that do not hold such credentials from misrepresenting themselves with medical titles.

NEWS CLIPS

Licensure & Regulation

[!\[\]\(99f58673407353e96a019fbca558fd72_img.jpg\) FSMB Webinar: "Stopping the Spread: Disinformation and its Impact on Physicians and Patients"](#)

FSMB
October 2021

[!\[\]\(339a16584d5da0f0a3ca4e9ec17bf6a1_img.jpg\) Protecting Patients from Egregious Wrongdoing by Physicians: Consensus Recommendations from State Medical Board Members and Staff](#)

JMR
October 2021

[!\[\]\(de95854c7ee024cfadc48187bbb781b2_img.jpg\) New Pennsylvania law changes oversight rule for PAs, adds members to medical, osteopathic boards](#)

Becker's Hospital Review
October 2021

[!\[\]\(6059a5aa8b4ca7bb793408023d6c6e42_img.jpg\) AMA: Flow of damaging COVID-19 disinformation must end now](#)

AMA
December 2021

[!\[\]\(6a9b39b98eb945faa14c645ec99e4eaa_img.jpg\) Washington Medical Commission adopts new telemedicine policy](#)

WMC
December 2021

Licensure Examinations

[!\[\]\(f60b7a900783ac3fd531bfd9c111be6d_img.jpg\) USMLE Step 1 transition to Pass/Fail begins on January 26, 2022](#)

USMLE
September 2021

[!\[\]\(235bfe13ebf007ce2eea9e689707fac7_img.jpg\) USMLE Step 3 practice resources expanded with enhanced experience](#)

USMLE
November 2021

COVID-19 Resources

[!\[\]\(166772600a13ad0a433053f90fe45649_img.jpg\) FPMB: COVID-19 Information and Resources !\[\]\(98e7c6b0160281a12fbadc337ff6b6c3_img.jpg\)](#)

Federation of Podiatric Medical Boards
March 2021

[!\[\]\(a73c1962d20a39dd8fd6a060ae69693f_img.jpg\) FSMB: COVID-19 Information and Resources](#)

Federation of State Medical Boards
March 2021

Certification

[!\[\]\(066cb4a00c9d9f40edb6f87372ec6f08_img.jpg\) ABMS announces new standards for continuing certification](#)

ABMS
November 2021

Discipline & Misconduct

[!\[\]\(26cddea01ddf7f002af4ba779c4999ee_img.jpg\) Connecticut physician turns in license over distributing fraudulent mask, vaccine exemptions](#)

Becker's Hospital Review
October 2021

[!\[\]\(1adebd97b172010e8ebc985144647a7c_img.jpg\) Tennessee doctors who spread COVID-19 vaccine misinformation could lose their licenses](#)

WBIR
October 2021

[!\[\]\(4a60014e8c124e85ae27c7d200855f3f_img.jpg\) Iowa court limits release of allegations against doctors](#)

Associated Press
October 2021

[!\[\]\(3a9e77fc60554e54e5412caa0cfeb534_img.jpg\) North Carolina Medical Board Podcast: 'Upholding standards of care - a call for outside medical reviewers'](#)

North Carolina Medical Board
October 2021

[!\[\]\(7fc7a78d681c65e5eab75b70bb438816_img.jpg\) Texas Medical Board takes 'corrective action' against physician over hydroxychloroquine prescription for COVID patient](#)

Houston Chronicle
November 2021

[!\[\]\(3de86287d784100917a1f65e56813707_img.jpg\) Suspension upheld for Michigan doctor who approved 22,000 medical marijuana certificates](#)

Associated Press
November 2021

[!\[\]\(191974d92f8997746d184d15a9426fc7_img.jpg\) Maryland court: Conviction for writing prescriptions for non-patients is crime of moral turpitude, justifying revocation](#)

Professional Licensing Report
November 2021

[!\[\]\(3f95af55ae28ab037601216bb535c135_img.jpg\) Maine suspends doctor's license for allegedly spreading COVID-19 misinformation](#)

WGME-13
November 2021

[!\[\]\(9c1bd5a68bb1bbd6cc910c91238328cc_img.jpg\) Two-thirds of state medical boards see increase in COVID-19 disinformation complaints](#)

FSMB
December 2021

Education

[!\[\]\(800b1be517288f0b67458a95cfac104e_img.jpg\) Three-year medical school programs are growing. Here's why](#)

AAMC News
October 2021

[!\[\]\(0bb5c5805fa17e0bbb51df76850f80e4_img.jpg\) Three-year medical school programs prep students for residency with less debt, study finds](#)

Becker's Hospital Review
October 2021

[!\[\]\(9c8ecdea05c585a8d0d524227445bc0e_img.jpg\) American Academy of Family Physicians addressing 34 recommendations for medical school to residency transitions](#)

Becker's Hospital Review
November 2021

(Continued on page 27)

(News Clips continued from page 26)

America’s medical residents, by the numbers

AAMC News
December 2021

Medical schools saw record number of applicants in 2021: Six takeaways

Becker's Hospital Review
December 2021

Opioids / Substance Abuse

Health care regulatory boards launch collaborative effort aimed at opioid epidemic

FSMB
September 2021

Surgery a common gateway for opioid abuse, study shows

HealthDay News
October 2021

HHS launches plan to prevent overdoses

Medical Economics
October 2021

As overdose deaths soar, DEA-wary pharmacies shy from dispensing addiction medication

Kaiser Health News
November 2021

CDC: Record-breaking 100,000 died of overdoses over one-year period

Fierce Healthcare
November 2021

Rural Health

Seeking refills: Aging pharmacists leave drugstores vacant in rural America

Kaiser Health News
December 2021

Technology

Physicians are spending more time in EHR inboxes, exacerbating burnout, study says

Becker's Hospital Review
October 2021

How physicians feel about open notes access

The DO
October 2021

10 biggest patient data breaches in 2021

Becker's Hospital Review
December 2021

Telehealth

Patients say telehealth is OK, but most prefer to see their doctor in person

NPR
October 2021

Mississippi Board of Medical Licensure committee votes to change board’s telemedicine rules

Northside Sun
October 2021

Telehealth may be here to stay

Stateline
December 2021

Seven stats that show how Americans used telehealth in 2021

Becker's Hospital Review
December 2021

Workforce

14% of physicians under 40 years old are in private practice: 17 insights

Becker's ASC Review
September 2021

22% of physicians considering non-clinical careers, Medscape finds

Becker's ASC Review
October 2021

Many doctors are switching to concierge medicine, exacerbating physician shortages

Scientific American
October 2021

U.S. faces crisis of burned-out health care workers

U.S. News & World Report
November 2021

Why health care workers are quitting in droves

The Atlantic
November 2021

One in five physicians intend to leave practice within two years, AMA-led study finds

Becker's Hospital Review
December 2021

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.

BOARD NEWSLETTERS, NEWS, & ANNOUNCEMENTS

[P] Denotes agency that licenses/regulates podiatry

The following podiatric, allopathic, and/or osteopathic licensing boards have published newsletters within the last year:

➤ ALABAMA

[Alabama Board of Medical Examiners](#)

❖ [Winter 2022](#)

➤ ARIZONA

[Arizona Medical Board](#)

❖ [Winter/Spring 2021](#)

➤ CALIFORNIA

[Medical Board of California](#)

❖ [Q4 2021](#)

➤ GEORGIA

[Georgia Composite Medical Board](#)

❖ [Fall 2021](#)

➤ IDAHO

[Idaho Board of Medicine](#)

❖ [Winter 2022](#)

➤ KENTUCKY

[Kentucky Board of Medical Licensure](#)

❖ [Winter 2022](#)

➤ LOUISIANA

[Louisiana State Board of Medical Examiners \[P\]](#)

❖ [January 2022](#)

➤ MAINE

[Maine Board of Licensure in Medicine](#)

❖ [Fall 2021](#)

➤ MARYLAND

[Maryland Board of Physicians](#)

❖ [Fall 2021](#)

➤ MISSISSIPPI

[Mississippi State Board of Medical Licensure \[P\]](#)

❖ [October 2021](#)

➤ NEVADA

[Nevada State Board of Medical Examiners](#)

❖ [January 2022](#)

[Nevada State Board of Osteopathic Medicine](#)

❖ [January 2022](#)

➤ NORTH CAROLINA

[North Carolina Medical Board](#)

❖ [January-February 2022](#)

➤ NORTH DAKOTA

[North Dakota Board of Medicine](#)

❖ [January 2022](#)

➤ OHIO

[State Medical Board of Ohio \[P\]](#)

❖ [February 2022](#)

(Continued on page [29](#))

(Board Newsletters, News, & Announcements continued from page 28)

➤ OREGON

[Oregon Medical Board](#) [P]

❖ [Winter 2022](#)

➤ TEXAS

[Texas Podiatric Medical Examiners Advisory Board](#) [P]

❖ [March 2022](#)

[Texas Medical Board](#)

❖ [September 2021](#)

➤ VIRGINIA

[Virginia Board of Medicine](#) [P]

❖ [September 2021](#)

➤ WASHINGTON

[Washington Medical Commission](#)

❖ [Winter 2021](#)

[WA Board of Osteopathic Medicine and Surgery](#)

❖ [Summer 2021](#)

➤ WEST VIRGINIA

[West Virginia Board of Medicine](#) [P]

❖ [Winter 2022](#)

➤ WISCONSIN

[Wisconsin Medical Examining Board](#)

❖ [November 2021](#)

The following podiatric, allopathic, and/or osteopathic licensing boards provide a webpage for news and announcements:

➤ ARIZONA

[Arizona State Board of Podiatry Examiners](#) [P]

[Arizona Board of Osteopathic Examiners in Medicine and Surgery](#)

➤ ARKANSAS

[Arkansas State Medical Board](#)

➤ BRITISH COLUMBIA

[College of Physicians and Surgeons of BC](#) [P]

➤ CALIFORNIA

[Podiatric Medical Board of California](#) [P]

[Osteopathic Medical Board of California](#)

➤ COLORADO

[Colorado Podiatry Board](#) [P]

[Colorado Medical Board](#)

➤ DISTRICT OF COLUMBIA

[District of Columbia Board of Medicine](#)

➤ FLORIDA

[Florida Board of Podiatric Medicine](#) [P]

[Florida Board of Medicine](#)

[Florida Board of Osteopathic Medicine](#)

➤ HAWAII

[Hawaii Medical Board](#) [P]

(Continued on page 30)

(Board Newsletters, News, & Announcements continued from page 29)

➤ INDIANA

[Medical Licensing Board of Indiana](#)

➤ IOWA

[Iowa Board of Medicine](#)

➤ KENTUCKY

[Kentucky Board of Podiatry \[P\]](#)

➤ MARYLAND

[Maryland Board of Podiatric Medical Examiners \[P\]](#)

➤ MASSACHUSETTS

[Massachusetts Board of Registration in Medicine](#)

➤ MINNESOTA

[Minnesota Board of Medical Practice](#)

➤ NEW JERSEY

[New Jersey State Board of Medical Examiners \[P\]](#)

➤ NEW MEXICO

[New Mexico Board of Podiatry \[P\]](#)

[New Mexico Medical Board](#)

➤ NEW YORK

[New York State Education Department \[P\]](#)

➤ NORTH CAROLINA

[North Carolina Board of Podiatry Examiners \[P\]](#)

➤ OKLAHOMA

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

[Oklahoma State Board of Osteopathic Examiners](#)

➤ PENNSYLVANIA

[Pennsylvania State Board of Podiatry \[P\]](#)

[Pennsylvania State Board of Medicine](#)

[Pennsylvania State Board of Osteopathic Medicine](#)

➤ RHODE ISLAND

[Rhode Island Board of Medical Licensure](#)

SOUTH CAROLINA

[South Carolina Board of Podiatry Examiners \[P\]](#)

➤ WASHINGTON

[Washington Podiatric Medical Board \[P\]](#)

➤ WEST VIRGINIA

[West Virginia Board of Osteopathic Medicine](#)

The following are additional **newsletters** of interest:

➤ CPME

[Council on Podiatric Medical Education](#)

❖ [October 2021](#)

➤ IMLCC

[Interstate Medical Licensure Compact Commission](#)

❖ [January 2022](#)

➤ NBPME

[National Board of Podiatric Medical Examiners](#)

❖ [Fall 2021](#)

NOTICE

Contact fpmb@fpmb.org for any additions or corrections to the listed newsletters, news, or announcements.

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VISION STATEMENT

The FPMB is an empowering leader,
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This is *your* Federation.

This is *your* newsletter.

Your feedback is always welcomed!



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