The FSMB: At Your Service

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New York Board of Medicine
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Disclosures

• Dr. Chaudhry is a full-time employee of the Federation of State Medical Boards

• Drs. Chaudhry and Anderson have faculty teaching appointments with the George Washington University School of Medicine in Washington, DC

• Dr. Anderson is a member of the USMLE Management Committee
7 Topics

- Intro to the FSMB
- FSMB Policies
- Changes to USMLE and Impact on Licensing Candidates
- Interstate Medical Licensure Compact (IMLC)
- Interstate Compact for Physician Assistants
- Social and Political Issues Facing State Medical Regulators
- Role of FSMB Foundation
Greetings from the FSMB’s Board of Directors
Federation of State Medical Boards (FSMB)

- Founded in 1912 by state medical boards, we are the national, non-profit organization that represents all 70 of the state medical and osteopathic boards across the United States and its territories.

- State medical boards protect the public through the licensing, disciplining and regulation of 1 million+ physicians, PAs, and other health care professionals.

- FSMB supports state medical boards through education, assessment, research and advocacy and promotes regulatory best practices across states.
Current FSMB Priorities and Activities

• Engagement with the National Academy of Medicine (NAM) – Action Collaboratives on Clinician Wellness; U.S. Opioid Epidemic
• Opioid Regulatory Collaborative
• Workgroup on Opioid and Addiction Treatment
• Advisory Council on Innovation and Technology
• Special Committee on Strategic Planning
• Workgroup on DEI in Medical Regulation and Patient Care
• IAMRA, WFME, International Medical School Accreditation
• Services: USMLE, SPEX, FCVS, UA, ProviderBridge, DocInfo
• New Hires, Hybrid Work Arrangements, Education/Webinars
• Interstate Medical Licensure Compact and a new PA Compact
Follow up:

- Educational webinar
- Supported nomination of Regent Christine CEA to NACIDD
- Letter written to AAMC, ACGME, ACCME, AOA, COCA, AACOM

NYS Resolution to FSMB’s House of Delegates: Incorporating the Care of Persons with Intellectual and Developmental Disabilities into the Medical School Curriculum (Adopted in 2021)
“Professional Expectations Regarding Medical Misinformation and Disinformation”
Adopted by FSMB’s House of Delegates, April 30, 2022

• “Truthful and accurate information is **central** to the provision of quality medical care.”

• Physicians **must** use the “best available scientific evidence or prevailing scientific consensus.”
  – In absence of available evidence or consensus, physicians **must** only proceed when there is “appropriate scientific rationale and justification for a proposed treatment” and informed consent

• “Novel, experimental and unproven interventions **should** only be proposed when traditional or accepted and proven treatment modalities have been exhausted.”

• “Physicians are expected to **remain current** with evolving scientific evidence and practice standards.”
The Appropriate Use of Telemedicine Technologies in the Practice of Medicine

• When utilized and deployed effectively as a seamlessly integrated part of healthcare delivery, telemedicine can improve access and reduce inequities in the delivery of healthcare. To be effective, certain barriers must be eliminated or reduced, such as literacy gaps, access to broadband internet, and coverage and payment of telemedicine services.

• Telemedicine is only one component of the practice of medicine;

• **Certain exceptions may permit the telemedicine across state lines without the need for licensure** in the states where the patient is located;

• The same **standard of care and professional ethics** apply. Failure to follow appropriate standards of care or professional ethics while using telemedicine may subject the practitioner to discipline by the medical board.
The new policy provides for **Exceptions to Licensure** for:

- Physician-to-Physician Consultations
- Prospective Patient Screening for Complex Referrals
- Episodic Follow-up Care
- Follow-up After Travel for Surgical/Medical Treatment
- Clinical Trials
Diversity, Equity and Inclusion in Medical Regulation

• The 2022 report recommends meaningful and achievable steps that state medical boards, the FSMB, and our partners in medical education, regulation and practice may wish to consider as action items to eliminate racism and bias from health care delivery. In so doing, these entities will take steps to achieve a more equitable regulatory and healthcare delivery system for everyone.

• Concepts covered and recommendations provided in this report address:
  • The Current Status of DEI among State Medical Boards;
  • The Composition of State Medical Boards and the Board Appointment Process;
  • Education for board members, staff and licensees;
  • Data Collection, Analysis and Policies for Data Use;
  • Communication; and
  • Patient and Practice Resources.
FY 2023 Advisory Councils/Panel and Workgroups

- **FCVS** Advisory Council
  - *CHARGE*: The FCVS Advisory Council provides ongoing recommendations, advice, and guidance to the FSMB about its Federation Credentials Verification Service (FCVS).

- State Board Advisory Panel to the **USMLE**
  - *CHARGE*: The State Board Advisory Panel to the USMLE provides feedback on issues and topics specific to the USMLE, especially enhancements developed through the CRU process; acts as a sounding board for FSMB/NBME to test assumptions about the USMLE program with a state board audience; and offers a state board perspective on policy issues touching upon the USMLE.
The USMLE Exam

- USMLE is a joint program of

- Established in 1992 as a pathway to medical licensure that is open to MD, DO & IMG students/graduates
- There have been more than 3 million test administrations worldwide
- ~100,000 test administrations annually
- More than 70% of licensed physicians in the U.S. have taken all or part of the USMLE, or one of its two predecessor examinations (the NBME exam, the FLEX exam).
USMLE Step 1 Transition to Pass/Fail

- Before January 26, 2022: Pass/Fail and Numeric Score Reporting
- Beginning January 26, 2022: Pass/Fail Reporting
- Impact?

Sample score reports available at:
USMLE Attempt Limits

• Attempt limit reduced from 6 to 4 per USMLE Step (effective July 1, 2021)
• Examinees with 4 or more failing attempts at a Step without a passing score, including Step 2 CS - ineligible to apply for any USMLE Step
• Sole exception—sponsorship by a state medical board for 1 additional attempt
• Rationale for policy change...
  – Data showed it was extremely unlikely for candidates to pass after 4 attempts, obtain a GME position, and secure a medical license
  – Exam security
• Impact? 85 state board exception requests (normal is about 30)
Future Assessment of Competencies Related to Clinical Skills

- Competencies related communication and clinical reasoning remain a top priority for the USMLE program.

- Exploratory pilot programs are looking at...
  - Video based communication formats
  - Short answer and rationale-seeking for clinical reasoning

- Sessions at recent AAMC meeting suggested medical schools are using this opportunity to revisit/revise their OSCE-based formats.

- Important Note: There are no plans to develop a replacement stand alone, full-day Clinical Skills exam within the USMEL program.
Improving Access and Mobility — The Interstate Medical Licensure Compact


Interstate compacts — negotiated agreements among participating states that have the legal status of both contract and statutory law — allow states to address issues of mutual regulatory or administrative interest without modification of the federal regulatory framework. States that have adopted the compact have been able to create efficiencies and reduce costs for patients and physicians. Two recent developments are particularly promising. First, state boards have since voted to support the model language, and the Interstate Medical Licensure Compact Commission has released implementation guidance. Second, states are implementing new technology platforms to support the compact, and the American Medical Association is working closely with states to ensure that the compact’s implementation is not impeded by inappropriate use of information technology. These developments give great promise that the Interstate Medical Licensure Compact will soon become a reality.
9 Physician Eligibility Requirements for the Interstate Medical Licensure Compact

- **Graduate of a medical school** accredited by LCME, COCA, or a medical school listed in the International Medical Education Directory or its equivalent
- **Passed USMLE or COMLEX within 3 attempts**, or any of its predecessor's exams accepted by a state medical board
- **Completed GME** approved by ACGME or AOA
- **Holds specialty certification** or a time-unlimited specialty certificate recognized by ABMS or AOA's Bureau of Osteopathic Specialists
- **Possesses a full and unrestricted license** to practice medicine in a Member state
- Has **no criminal history**
- Has **no disciplinary action** by a licensing agency
- Has **never had a controlled substance license or permit suspended or revoked** by the US DEA
- Is **not under active investigation** by a licensing agency or law enforcement authority
Overview of IMLC

- A voluntary expedited pathway to facilitate multistate practice, increasing access to health care for patients in underserved and rural areas and allowing them to more easily connect with medical experts through the use of telemedicine technologies

- 37 states, the District of Columbia, and Guam have enacted the model legislation

- Legislation introduced in 2022 in Massachusetts, Missouri, New York, North Carolina, and Virginia
Physician Cost

✓ The IMLCC administration and process fees are paid by the physician - $700.00 at the time of application
  -- $300.00 of this fee is paid to the State of Principal License (SPL)
  -- $400.00 of this fee is paid to the IMLCC

✓ The physician also pays the licensure fee for each state’s license
Each Compact Member State assigns two (2) Commissioners
Elected officers, Appointed committees
Began meeting in October, 2015

BY THE NUMBERS
First license issued in April, 2017
As of September 30, 2022:
- 29,775 applications processed
- 45,840 licenses issued
PA Licensure Compact

• Supported by a grant from HRSA’s License Portability Grant Program

• FSMB, American Association of Physician Associates (AAPA), National Commission for Certification of Physician Assistants (NCCPA) and Council of State Governments National Center for Interstate Compacts (CSG NCIC)

• Model Legislation developed, distributed and comments reviewed

• CSG developing website content, including FAQs, and model legislation
  – Website: www.pacompact.org
  – Upcoming CSG webinars: Dec 19, 2022/Jan 4, 2023/Jan 9, 2023 @ 4:00 EST
Bill to protect doctors who prescribe ivermectin, other unproven drugs against COVID-19 advances in Pa.

MEDDLING IN MEDICINE —
Kansas medical board faces threats from lawmakers for probing ivermectin use
One lawmaker is also a physician under investigation for prescribing ivermectin.

House bill would protect doctors, nurses, pharmacists who defy COVID treatment guidelines
Legislation also says hospitals, nursing homes and others must allow drugs like ivermectin to be prescribed

Bill would end licensing-board penalties for controversial COVID-19 treatments

Guns, COVID-19 and the internet; House panel OK’s ‘freedom of speech’ bill
Current State Legislative Tracking

- Board structure and authority
- Telemedicine
- License Portability/Occupational Licensure
- Medical/Recreational Marijuana
- Post Roe v. Wade
- IMG/Associate Physicians
- Scope of Practice
- Opioid Prescribing/OUD Treatment
Trends in Board Structure and Function

• Limits to board authority
• Board composition reconfiguration underway
• Additional disciplines added to purview of boards
STATE MEDICAL BOARD DATA

The FSMB conducts a periodic, comprehensive query of state medical boards intended to gather data about each board’s composition, governance structure, funding basis, and other procedural and operational details. The information presented here about state medical board structure and activity is based directly on data submitted by the FSMB member boards.

STATE MEDICAL BOARD REPORTS

Board Structure
Examinations
Licensure
Discipline
Additional Policies
FSMB Communications / Media Relations

• Works with national and local media to promote the work of state medical boards

• FSMB engaged with nearly 150 different reporters and media outlets in 2021-2022

• Most discussed topics were physician COVID-19 disinformation, physician wellness, sexual misconduct, opioids, telemedicine, license portability

• The term "state medical boards" appeared in more than 31,000 stories from April 2021 – April 2022
FSMB Foundation

• Led by President Jan Rhyne, MD, a Past Chair of the FSMB
• Foundation has launched a new series of funding grants aimed at advancing medical regulatory complaint-data research.
  • The improved understanding and use of information about complaints has enormous potential, including helping boards target professional and patient safety issues, identify emerging trends and patterns of behavior among licensees, and develop preventive strategies aimed at reducing complaints and protecting the public.
• Over the last 5 years, the Foundation has provided nearly ~$250,000 in monetary funding to support projects of state medical boards and others aimed at COVID-19, the opioid epidemic, license portability, emergency preparedness and other issues important to medical regulators.
• Currently revising its Strategic Plan; survey sent to Member Boards in July
Thank You!

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