



**AAOE  
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Barbara E.  
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*Vice President*

J. Michael  
Wieting, DO  
*Secretary-  
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Anna Z.  
Hayden, DO  
*Immediate  
Past President*

**ANNUAL MEETING**  
**Chicago Marriott Magnificent Mile ▪ Avenue Room**  
**July 20, 2017 ▪ 5:00 – 7:00 PM**

**BUSINESS MEETING AGENDA**

Barbara Walker, DO, President, Presiding

	<b>TAB</b>
I. Call to Order/Approval of Agenda	
II. Approval of April 21, 2017 Minutes - Action Item	<b>1</b>
III. AOA Update – Boyd Buser, DO	<b>2</b>
IV. NBOME Update –John Gimpel, DO	
V. FSMB Update—Humayun Chaudhry, DO, MS, MACP, MACOI	
VI. Non-Physician Clinician Independent Practice Expansions Attempts <ul style="list-style-type: none"> <li>i. Physician Assistants—Nick Schilligo, MS—Vice President, Public Policy,</li> <li>ii. Advance Practice Nurses—Raine Richards, JD—Legislative Associate, State Government Affairs</li> </ul>	
VII. Leadership Development	
VIII. State Regulatory and Licensure Best Practice	
IX. Announcements	

142 E. Ontario  
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[www.aaoe-net.org](http://www.aaoe-net.org)

312-202-8185  
312-202-8485 fax

**Future Meeting Dates**

AAOE Summit—January 2018  
AAOE Business Meeting – April 2018 – Charlotte, NC (FSMB Meeting)



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**BUSINESS MEETING**

**CHICAGO MARRIOTT MAGNIFICENT MILE ■ CHICAGO, IL**

**July 20, 2017**

List of Attendees

Jimmy Adams – West Virginia Board of Osteopathic Medicine  
James Andriole, DO - Past President, AAOE  
Boyd Buser, DO – AOA President  
Mary Jo Capodice, DO – Vice President, AAOE; Wisconsin Medical Examining Board  
Humayun Chaudhry, DO – President & CEO, Federation of State Medical Boards  
James DiRenna, DO – Missouri State Board of Registration for the Healing Arts  
Katherine Fisher, DO, Oregon Medical Board  
Jone Geimer-Flanders, DO – Hawaii Medical Board  
John Gimpel, DO, President & CEO, National Board of Osteopathic Medical Examiners  
James Griffin, DO – Rhode Island Board of Medical Licensure and Discipline  
Anna Hayden, DO – Immediate Past President, AAOE; Florida Board of Osteopathic Medicine  
Kim Kuman – Executive Assistant, AOA State Government Affairs  
Lynn Mark, DO - New York State Board for Medicine  
Ernest Miller, DO – West Virginia Board of Osteopathic Medicine  
Donald Polk, DO – Tennessee Board of Osteopathic Examination  
Raine Richards, JD - Legislative Associate, AOA State Government Affairs  
Joel Rose, DO – Chairman, Florida Board of Osteopathic Medicine  
Nicholas A. Schilligo, MS – Vice President, AOA Public Policy  
George Scott, DO - New Jersey New Jersey State Board of Medical Examiners  
Dana C. Shaffer, DO – Past President, AAOE  
Gary Slick, DO – Chair, National Board of Osteopathic Medical Examiners  
David Tannehill, DO – President, Missouri State Board of Registration for the Healing Arts  
Barbara Walker, DO President, AAOE; North Carolina Medical Board  
Sandra Waters, MEM – Vice President, Collaborative Initiatives, National Board of Osteopathic Medical Examiners  
J. Michael Wieting, DO – Secretary-Treasurer, AAOE, Tennessee Board of Osteopathic Examination  
Joseph A. Zammuto, DO – President, Osteopathic Medical Board California  
Jan Zieren, DO – Tennessee Board of Osteopathic Examination

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## ANNUAL MEETING MINUTES

Friday, April 21, 2017  
Omni Fort Worth Hotel — Fort Worth, TX  
6:00 AM – 8:00 AM

### **Fellows Present:**

James Andriole, DO – Past President, AAOE  
Mary Jo Capodice, DO – Wisconsin Medical Examining Board  
Douglas Cunningham, DO – Arizona Board of Osteopathic Examiners in Medicine and Surgery  
Gary Erbstoesser, DO - Arizona Board of Osteopathic Examiners in Medicine and Surgery  
Katherine Fisher, DO - Oregon Medical Board  
Jone Geimer Flanders, DO – Hawaii Medical Board  
Anna Hayden, DO – Florida Board of Osteopathic Medicine and AAOE President  
Ronald Hedger, DO – Nevada State Board of Osteopathic Medicine  
Gary Hill, DO – Alabama Medical Board  
Veryl Hodges, DO – Arkansas State Medical Board  
Burton Mark, DO – Pennsylvania State Board of Osteopathic Medicine  
Michelle Mendez, DO - Florida Board of Osteopathic Medicine  
Ernest Miller, Jr, DO – West Virginia Board of Osteopathic Medicine and AAOE Vice President  
Geraldine O'Shea, DO – Osteopathic Medical Board California and AAOE Immediate Past President  
Donald Polk, DO –Tennessee Board of Osteopathic Medical Examiners  
Joel Rose, DO – Florida Board of Osteopathic Medicine  
George Scott, DO – New Jersey State Board of Medical Examiners  
Dana Shaffer, DO – Past President, AAOE  
Anita Steinbergh, DO –State Medical Board of Ohio  
Scott Steingard, DO – Arizona Osteopathic Board of Examiners  
LeRoy Young, DO – Oklahoma State Board of Osteopathic Examiners  
Barbara Walker, DO – North Carolina Medical Board and AAOE Secretary-Treasurer  
J. Michael Wieting, DO - Tennessee Board of Osteopathic Medical Examiners  
Joseph A. Zammuto, DO –Osteopathic Medical Board California

### **Non-Members/Observers Present:**

Humayun Chaudhry, DO – President and CEO, Federation of State Medical Boards  
John Gimpel, DO, MEd, President and CEO, National Board of Osteopathic Medical Examiners  
Marilyn Heine, MD – Chair, Pennsylvania State Board of Medicine  
Katie Templeton Mehl, JD – Public Member, Oklahoma State Board of Osteopathic Examiners  
Louis J. Prues, MDiv, MBA Public Member, Michigan Board of Medicine  
Kenneth Simons, MD – Chair, Wisconsin Medical Examining Board  
Gary Slick, DO –Chair, National Board of Osteopathic Medical Examiners

Gregory Snyder, MD – Chair, Federation of State Medical Boards  
Sandra Waters, MEM – Vice President, Collaborative Initiatives, National Board of Osteopathic Medical Examiners  
Karen Whatley – Executive Secretary, Arkansas State Medical Board

**AOA Staff:**

Nicholas A. Schilligo, MS – Associate Vice President, AOA State Government Affairs

- I. Anna Hayden, DO, called the meeting to order at 6:02 AM. Dr. Hayden introduced invited guests to provide organizational updates.
- II. Organizational Comments
  - a. American Osteopathic Association (AOA)
    - i. Geraldine O'Shea, DO, AOA Board of Trustee, provided an update on the AOA's strategic plan.
  - b. National Board of Osteopathic Medical Examiners (NBOME)
    - i. John Gimpel, DO, MEd, CEO of NBOME provided an update on the organization's recent activities and collaborations regarding their COMPLEX-USA program.
  - c. Federation of State Medical Boards (FSMB)
    - i. Humayun Chaudhry DO, CEO of FSMB gave welcoming remarks and discussed new and ongoing initiatives and services undertaken by the FSMB:
      1. Physician Census – Summer 2017
      2. Interstate Medical Licensure Compact: Eighteen states have signed on; 11 states continue to work out the background check requirements.
      3. State's legislative push to have composite medical boards in Arizona, New Mexico and Washington State.
- III. Dr. Hayden facilitated the state roundtable of issues impacting osteopathic medical regulation and licensure. The discussion centered around opioids and the need to balance between addressing and assuming access for patients with legitimate needs. Concerns over state osteopathic and medical board amalgamation, assistant physicians and physician assistant independent practice were also discussed.
- IV. Dr. Hayden presented the AAOE Fellows only business agenda for approval. Barbara Walker, DO, made a motion to approve the agenda; seconded by Joseph Zammuto, DO. The agenda was adopted unanimously.
- V. Dr. Hayden presented the January 21, 2017 meeting minutes and asked if any amendments were needed. There were none. Scott Steingard, DO made a motion to approve the minutes; seconded by Gary Hill, DO. The minutes were adopted unanimously.
- VI. Dr. Walker provided a financial update, which included a status report on the 2017 AAOE budget.
- VII. Dr. Hayden started the discussion for the 2017-2019 AAOE officer elections and presented the candidates for each office. Each candidate, if present, was allowed three minutes to discuss their candidacy. AAOE Fellows were provided voting ballots for each office.

- a. President: Ernest E. Miller, DO and Barbara Walker, DO
  - i. Barbara Walker, DO was elected President.
- b. Vice President: Mary Jo Capodice, DO and Wayne Reynolds, DO
  - i. Mary Jo Capodice, DO was elected Vice President.
- c. Secretary/Treasurer: J. Michael Wieting, DO and Wayne Reynolds, DO
  - i. J. Michael Wieting, DO was elected Secretary/Treasurer.

- VIII. Dr. Hayden brought forth issues related to the 2017 FSMB Annual Meeting.
  - a. Resolutions being presented during FSMB's annual meeting were reviewed and discussed.
  - b. Geraldine O'Shea led the discussion on FSMB candidates for election to various offices.
- IX. Dr. Hayden announced that the next AAOE meeting would be July 20, 2017 in conjunction with the 2017 AOA Annual House of Delegates in Chicago, IL.
- X. Dr. Hayden, seeing no additional comments, asked for a motion to adjourn. Dr. Steingard made a motion to adjourn; seconded by Dana Shaffer, DO. Motion was unanimously adopted. Meeting adjourned at 8:05 AM.



AMERICAN OSTEOPATHIC ASSOCIATION

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## AOA BUREAU OF STATE GOVERNMENT AFFAIRS REPORT

Nicholas A. Schilligo, MS  
Vice President, Public Policy

Raine Richards, JD  
Legislative Associate

Kim Kuman  
Executive Assistant

Alex Navratil  
Legislative Consultant

The Bureau of State Government Affairs (BSGA) is responsible for monitoring and responding to new health policy developments as they arise at the state level. As part of this activity, the AOA works closely with state and specialty osteopathic affiliates to promote the policies and positions of the osteopathic medical profession. This year, the AOA has participated in a number of activities related to osteopathic equivalency, scope of practice, physician workforce issues, telemedicine and truth in advertising. This report highlights a number of important victories as well as ongoing efforts to support the osteopathic medical profession at the state level. During the 2017 legislative session, SGA sent 90 letters in 29 different states on a variety of issues and was successful in 67% of the issues on which it commented. This number will likely change as 48 measures are currently either under consideration or have been carried over to the 2018 legislative session. We also sent letters to the Governors of 47 states to educate them about the osteopathic profession and our policy priorities as they relate to health care reform under the new Administration. Some key state-level victories came in Tennessee, where legislation passed that updated statutory language to recognize all pain-related certifications offered by the AOA, and in Arkansas, where the AOA and the Arkansas Osteopathic Medical Association (AOMA) were able to successfully oppose a significant scope of practice expansion for Advanced Practice Registered Nurses (APRNs).

### Emerging Issues

In addition to its role in advocating for the osteopathic medical profession, the BSGA is also charged with examining trends and developing policies where gaps exist. In response to the changing healthcare landscape and the scope of practice expansions of other mid-level clinicians, the AOA has recently seen a push by Physician Assistants (PAs) to reinvent their profession and scope of practice to remain competitive with other non-physician clinicians who have achieved similar expansions. In the past year, we have seen the creation of a new Doctor of Medical Science (DMS/DMSc) degree for PAs at Lincoln Memorial University-DeBusk College of Osteopathic Medicine (LMU-DCOM) and Lynchburg College, and the adoption of new “Optimal Team Practice” guidelines by the American Academy of Physician Assistants (AAPA).

Last fall, the first class of PAs matriculated into the new DMS program at LMU-DCOM in Harrogate, Tennessee. The DMS program was created to train doctoral level primary care clinicians as well as doctoral level educators. At the beginning of the two-year program, students apply to either the Clinical Medicine track or the Medical Education track, and complete didactic and experiential coursework specific to their chosen track over the course of the program. At Lynchburg College in Lynchburg, Virginia, the DMSc program aims to provide training beyond the master’s level to PAs in the areas of advanced clinical practice, leadership development and scholarship, in order to prepare them for higher level roles in practice as well as in executive leadership. The program will enroll its first class of students in the 2017-18 school year, and it takes nine-to-

twelve months to complete. Both programs have been approved by the Southern Association of Colleges and Schools Commission on Colleges.

In May 2017, the AAPA adopted new “Optimal Team Practice” guidelines which support the elimination of laws requiring a supervisory or collaborative relationship between PAs and physicians, advocate for autonomous state licensing and disciplinary boards comprised of a majority of PAs and seek direct reimbursement for PAs by public and private insurers. The AAPA cites “new obstacles in the changing healthcare marketplace” and increased competition with nurses with independent practice authority in many states as reasons behind the new policy.

### **Scope of Practice Partnership**

The AOA continues its partnership with the American Medical Association and state and specialty societies as a steering committee member in the Scope of Practice Partnership (SOPP). The SOPP was formed in 2006 to challenge inappropriate scope of practice expansions, such as those that are not commensurate with a non-physician provider group’s education and training.

Last year, the SOPP approved grants in Alaska, Arizona, California and New Mexico. Arizona, California and New Mexico used the funds to create public relations and social media campaigns to educate legislators and the public on scope of practice issues. Alaska’s grant funded an online truth in advertising campaign to help patients understand the differences between physicians and other health care providers. It centered on differences in education and training levels between primary care physicians and naturopaths, orthopedic physicians and chiropractors and ophthalmologists and optometrists, with the message that while no provider is better than another, a patient may wish to visit one over another based on individual needs. The campaign ran from May 5<sup>th</sup> through June 20<sup>th</sup>, and as of June 8<sup>th</sup>, website traffic increased by 32%, the two campaign videos received nearly 40,000 views, there were 715,000 impressions for display and video ads and 475 click-throughs from display ads.

### **2017 State Level Advocacy**

All fifty states were in legislative session this year, with 13 states convened in regular session currently. The BSGA is monitoring and responding to proposed legislation and regulations across the country on topics important to osteopathic medicine.

#### Osteopathic Equivalency and Distinctiveness

Protecting the equivalency and distinctiveness of the osteopathic profession is a top priority for the BSGA. Often, legislators introduce legislation that impacts the practice of medicine, but excludes osteopathic education, training and certification. This year, the AOA has worked to promote recognition of the value and equivalency of osteopathic medicine in Arkansas, Oregon, Rhode Island and Tennessee (among others).

The AOA worked with AOMA to amend various sections of the Arkansas Code to recognize the equivalency of allopathic and osteopathic medical schools. This legislation clarifies the equivalency of each of the state’s medical schools and the equal rights and privileges of their students and graduates under the Arkansas Code. The bill was signed by the Governor in February.

The AOA successfully worked with the Osteopathic Physicians and Surgeons of Oregon to support legislation that changes statutory language from “osteopath” and “osteopathy” to “osteopathic physician” and “osteopathic medicine,” and clarifies the role of osteopathic physicians as fully trained physicians licensed to practice medicine in all its branches. The bill and was signed by the Governor in June.

The AOA, with the support of the Rhode Island Society Osteopathic Physicians and Surgeons (RISOPS), requested amendments to add osteopathic manipulative treatment (OMT) to a Rhode Island bill which provides insurance coverage for evidence-based, non-opioid treatments for pain. The bill as introduced only

included coverage for chiropractic, but the Rhode Island Medical Society successfully worked on behalf of the AOA and RISOPS to add our amendments. The amended version was signed by the Governor on July 10<sup>th</sup>.

In Tennessee, the AOA worked with the Tennessee Osteopathic Medical Association (TOMA) to support legislation that recognizes all pain-related certifications offered by the AOA for purposes of pain management clinic ownership. This legislation reaffirms the equivalency of DOs and MDs under Tennessee law, and it was signed into law in May.

In addition, the AOA worked with several state affiliates to ensure the continuation and successful functioning of osteopathic medical boards. In Arizona, we supported legislation renewing the Arizona Board of Osteopathic Examiners in Medicine and Surgery, which regulates the practice of osteopathic medicine and assures the critical protection of public health, safety and welfare, until 2025. In Washington, we supported legislation that increased the number of Board of Osteopathic Medicine and Surgery members from seven to eleven, and fought off an effort to amalgamate with the medical board. In New Mexico, the AOA worked very closely with the New Mexico Osteopathic Medical Association and Burrell College of Osteopathic Medicine to kill legislation that would have replaced the osteopathic medical board with two seats on the states medical board.

#### Scope of Practice

Scope of practice continues to be a popular issue in state legislatures in 2017, and the AOA has responded to inappropriate expansion legislation for Associate Physicians, Advanced Practice Registered Nurses (APRNs), optometrists, midwives, naturopaths, physical therapists, pharmacists and psychologists.

In Alabama, the AOA worked with the Alabama Osteopathic Medical Association to oppose a bill that would have licensed midwives in the state and allowed them to use the title “Certified Professional Midwife.” The legislation omitted many details regarding scope of practice and allowed a newly created State Board of Midwifery to determine the minimum education requirements for midwife licensure and the allowable scope of practice. The bill died at the end of the session.

The AOA and AOMA worked to oppose several pieces of legislation which would have expanded the scope of practice for APRNs in Arkansas. Collectively, the measures would have allowed APRNs to be paid at the same rates as physicians under the state’s Medicaid program, enabled them to autonomously provide a wide range of primary care services and eliminated the requirement that they practice pursuant to a collaborative practice agreement with a physician (including for purposes of Schedule II controlled substance prescribing). The bills died in committee.

The AOA and the Missouri Association of Osteopathic Physicians and Surgeons jointly opposed several bills which would have expanded the scope of practice for APRNs by virtually eliminating all requirements for collaborative practice agreements with a physician. The bills deleted geographic proximity requirements, allowed physicians to collaborate with an unlimited number of APRNs and limited the collaborative practice agreement to the delegation of authority to prescribe controlled substances. The bills died at the end of the session.

In New Mexico, the AOA and the New Mexico Osteopathic Medical Association worked to oppose legislation that would have allowed clinical psychologists to prescribe psychotropic medication without physician supervision and without requiring them to attain a level of competency equivalent to a psychiatrist. Although this measure passed both houses of the New Mexico legislature, it was vetoed by the Governor in January.



### Interstate Medical Licensure Compact (Compact)

The AOA supports the Compact as a way to ease administrative burdens for physicians interested in holding a license to practice medicine in multiple states, while allowing states to maintain control over medical licensure, discipline and patient protection. This year, the AOA and TOMA successfully supported legislation to enact the Compact in Tennessee, and similar legislation has been carried over to the 2018 session in Rhode Island. The AOA and AOMA urged Arkansas to amend legislation to join the Compact; however, the legislature elected to pass the original version of the bill which requires the state Medical Board to analyze the Compact to determine whether the state should participate. At this point, 22 states have joined the Compact.

### Telemedicine

The AOA supports the delivery of appropriate health care services utilizing online technology, online consultations and internet-based health programs, as well as coverage for such services by government and other third-party payers. To this end, the AOA and state affiliates supported telemedicine legislation this year in Arkansas, Maine, New Hampshire, New Jersey and Washington. Arkansas' bill, which passed, establishes standards for the appropriate use of telemedicine and creates payment parity between health care services delivered via telemedicine and services delivered in-person. New Hampshire's bill expands Medicaid coverage for services delivered via telemedicine to providers who practice in metropolitan areas, and it was signed by the Governor on May 9<sup>th</sup>.

### Truth in Advertising

The AOA supports legislation that requires health care providers to provide clear and accurate information regarding their education, certification and titles to enable patients to make informed choices about who is providing their care. This session, the AOA and the Louisiana Osteopathic Medical Association opposed a bill which would have deleted statutory language that requires board-certified physicians to hold a certification from a board recognized by the AOA or the American Board of Medical Specialties, and replaced it with language that allowed physicians to advertise board certification from "any entity verifiable by the Louisiana State Board of Medical Examiners." The bill died at the end of the session.

In Maine, the AOA and the Maine Osteopathic Association worked together to oppose a bill that would have allowed APRNs who have a Doctor of Nursing Practice or Doctor of Philosophy in Nursing degree to use the title "Doctor." The bill contravened Maine's Truth in Advertising law, which requires that health care professionals provide clear, easily understandable information so that patients are aware of who is providing their care, and it died at the end of the session.