



*American Association of Osteopathic Examiners*

## **ANNUAL BUSINESS MEETING**

**OMNI FORT WORTH ▪ FORT WORTH, TX**

**FORT WORTH BALLROOM**

**April 21, 2017 ▪ 6:00 AM - 8:00 AM**

### **BUSINESS MEETING AGENDA**

*Anna Hayden, DO, President, Presiding*

- I. Call to Order**
- II. Affiliate Partners Update**
  - a. American Osteopathic Association**
  - b. National Board of Osteopathic Medical Examiners**
  - c. Federation of State Medical Boards**
- III. State Roundtable: Open Discussion of Issues Impacting Osteopathic Medical Regulation/Licensure**
- IV. Business Meeting (Fellows Only)**

#### **AAOE OFFICERS**

Anna Z.  
Hayden, DO  
*President*

Ernest E.  
Miller, DO  
*Vice President*

Barbara E.  
Walker, DO  
*Secretary-  
Treasurer*

Geraldine T.  
O'Shea, DO  
*Immediate Past  
President*

*142 E. Ontario  
Chicago, IL 60611*

*www.aaoe-net.org*

*312-202-8185  
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#### **Upcoming Meetings**

**AOA Business Meeting (HOD)—July 20, 2017, Chicago, IL**



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**BUSINESS MEETING  
OMNI FORT WORTH ▪ FORT WORTH, TX  
April 21, 2017**

List of Attendees

James Andriole, DO - Past President, American Association of Osteopathic Examiners  
Mary Jo Capodice, DO – Secretary, Wisconsin Medical Examining Board  
Humayun J. Chaudhry, DO – President & CEO, Federation of State Medical Boards  
Katherine Fisher, DO – Oregon Medical Board  
John Gimpel, DO – President & CEO, National Board of Osteopathic Medical Examiners  
Anna Hayden, DO –President, AAOE  
Ronald Hedger, DO - Nevada State Board of Osteopathic Medicine  
Gary Hill, DO – Alabama Medical Board  
Veryl Hodges, DO - Arkansas State Medical Board  
Ernest Miller, Jr, DO – Vice President, AAOE  
Geraldine O'Shea, DO – Immediate Past President, AAOE  
Donald Polk, DO - Tennessee Board of Osteopathic Examination  
Joel Rose, DO - Florida Board of Osteopathic Medicine  
Nicholas A. Schilligo, MS – Associate Vice President, AOA State Government Affairs  
Dana C. Shaffer, DO – Past President, American Association of Osteopathic Examiners  
Gary Slick, DO – Chair, National Board of Osteopathic Medical Examiners  
Anita Steinbergh, DO - State Medical Board of Ohio  
Barbara Walker, DO - Secretary-Treasurer, AAOE  
Sandra Waters, MEM – Vice President, Collaborative Initiatives, National Board of Osteopathic Medical Examiners  
LeRoy Young, DO – Vice President, Oklahoma State Board of Osteopathic Examiners  
Joseph Zammuto, DO - Osteopathic Medical Board California

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AMERICAN OSTEOPATHIC ASSOCIATION

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## AOA DIVISION OF STATE GOVERNMENT AFFAIRS REPORT

Nicholas A. Schilligo, MS  
Associate Vice President

Kim Kuman  
Executive Assistant

Raine Richards, JD  
Legislative Associate

Alexandra Navratil  
Legislative Consultant

The AOA Department of Public Policy continues to monitor and respond to new developments as they arise, working closely with divisional and specialty affiliates to promote the policies and positions of the AOA at the state and federal levels. Included in these efforts are a number of state activities related to osteopathic equivalency and distinctiveness, scope of practice and physician workforce issues.

### **2017 Advocacy**

All fifty states were in legislative session this year, with 40 states still convened in regular session currently. So far, the AOA has tracked over 5,000 bills on topics of interest to the osteopathic medical profession. Working with osteopathic state and specialty affiliates, the AOA weighed in over 70 times in 23 different states in support, opposition or requesting changes in support of policies adopted by the Board of Trustees and House of Delegates.

### **Osteopathic Equivalency and Distinctiveness**

Protecting the equivalency of the osteopathic profession remains a top priority for the AOA and BSGA. Often, legislators introduce legislation that affects the practice of medicine, but excludes osteopathic education, training and certification. In addition, we continue to work to promote recognition of the distinctive philosophy and approach of the osteopathic medical profession. The AOA has worked to protect equivalency for DOs and enhance awareness of osteopathic medicine in Alabama, Arkansas and New Mexico, among others.

The AOA and AOMA requested a clarification of an Alabama regulation which mandated American Medical Association continuing medical education (CME) credits for physician, but failed to include AOA CME. The Board of Medical Examiners agreed to make a change recognizing the equivalency of AMA and AOA CME.

The AOA and AOMA supported a bill which amended various sections of the Arkansas Code to recognize the equivalency of allopathic and osteopathic medical schools. The bill became law on February 8<sup>th</sup>.

The AOA and NMOMA successfully worked to protect the distinctiveness of the osteopathic medical profession by opposing a bill which would have merged the allopathic New Mexico Medical Board and the Board of Osteopathic Medicine. The bill died upon adjournment of the legislature.

### **Scope of Practice**

Scope of practice continues to be a popular issue in state legislatures, with the AOA responding to inappropriate expansion legislation and regulations for associate physicians, advanced practice registered nurses, midwives, chiropractors, optometrists, naturopaths, nurse practitioners, physical therapists and pharmacists.

The AOA and Arkansas Osteopathic Medical Association are opposing a series of Arkansas bills that would collectively expand the scope of practice for APRNs to enable them to independently provide a wide range of primary care services, establish diagnoses, prescribe Schedule II controlled substances, order laboratory tests and lead the patient care team. They would also allow APRNs to be recognized and paid the same rate as fully-trained and licensed physician under the state's Medicaid program. The bills are pending in the House.

The AOA and state affiliates in Arkansas, Hawaii, Illinois and Maryland opposed bills which would allow pharmacists to independently prescribe hormonal contraceptives. Arkansas' bill passed; the others are currently under consideration by their respective legislatures.

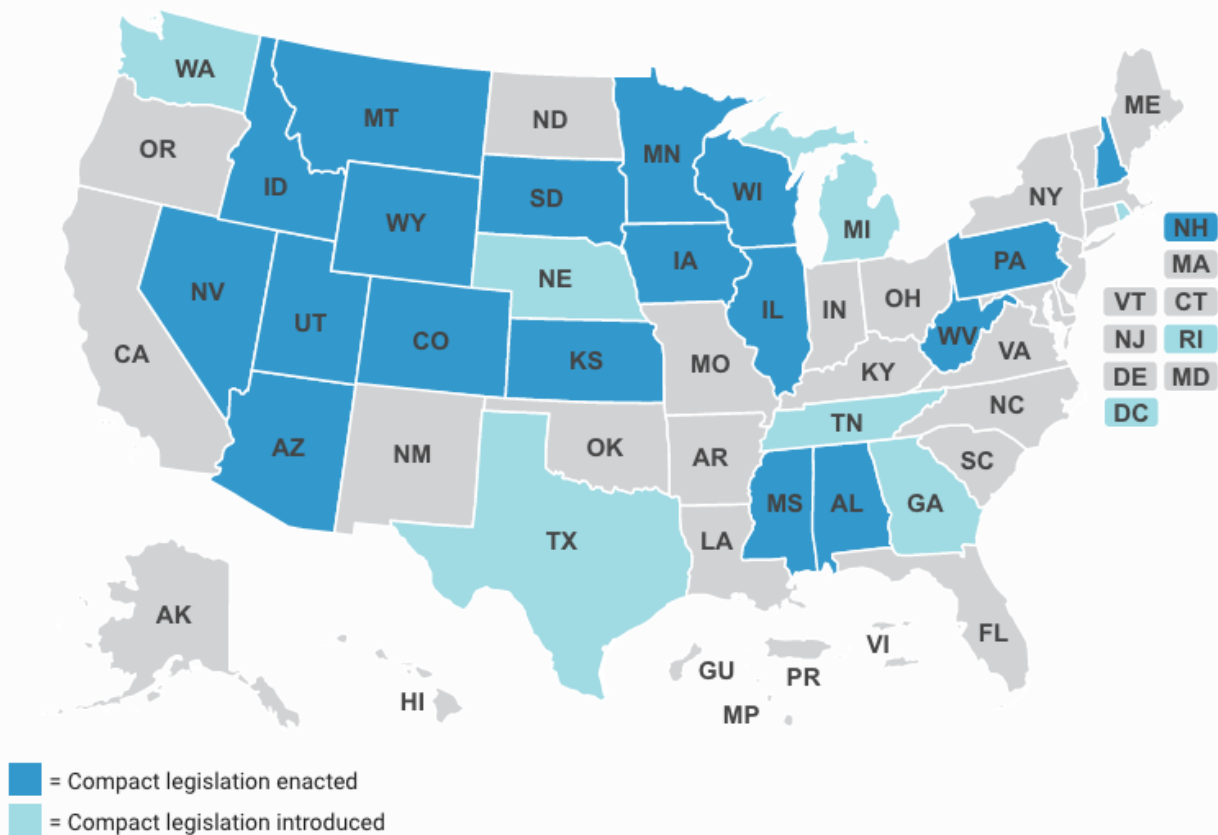
In Utah, the AOA, Utah Osteopathic Medical Association, American College of Osteopathic Family Physicians and American College of Osteopathic Internists opposed the creation of a new class of licensure in Utah, Assistant Physician (AP), allowing medical school graduates who have not completed a residency program to provide primary care services to patients under limited physician supervision. The bill was signed into law on March 23<sup>rd</sup>.

### **Physician Workforce**

Supporting opportunities for greater access to graduate medical education and loan repayment assistance in exchange for service in underserved areas are also top priorities of the BSGA. To further this goal, the AOA and state affiliates supported bills in Iowa, New Mexico and Rhode Island that would create funding for residency programs and financial aid for medical students.

In Iowa, the AOA and Iowa Osteopathic Medical Association supported the creation of a psychiatric practitioner loan repayment program and fund for mental health care providers working in underserved areas of the state. In Rhode Island, the AOA and Rhode Island Osteopathic Physicians and Surgeons opposed elimination of GME funding for academic medical centers that provide care to the state's critically ill and indigent populations. Both bills are under consideration in the state legislatures.

In New Mexico, the AOA and New Mexico Osteopathic Medical Association supported two bills which would establish loan repayment funding to assist primary care physicians working in designated health professional shortage areas and create a preference for physicians who attended in-state institutions. The bills passed both houses of the legislature but were vetoed by the Governor.



## NEWS IN BRIEF

# Interstate Medical Licensure Compact Commission starts taking license applications

Want to have multiple licenses in different states? See if you qualify.

By [AOA STAFF](#)

MONDAY, APRIL 10, 2017

The Interstate Medical Licensure Compact Commission is now accepting [applications](#) from qualified physicians who want to have multiple licenses in participating states.

Eighteen states have adopted the Compact, according to a statement from the Federation of State Medical Boards (FSMB). Eight additional states and Washington have introduced legislation in favor of a pathway for license portability.

“The launch of the Compact will empower interested and eligible physicians to deliver high-quality care across state lines to reach more patients in rural and underserved communities,” said Humayun Chaudhry, DO, president and CEO of the FSMB, in a statement. “This is a major win for patient safety and an achievement that will lessen the burden being felt nationwide as a result of our country’s physician shortage.”

### **Do you qualify for expedited licensure via the Compact?**

- You must hold a full, unrestricted medical license in a Compact member state.  
AND at least one of the below must apply:
  - a. Your primary residence is in the state of principal licensure (SPL)
  - b. At least 25% of your practice of medicine occurs in the SPL
  - c. Your employer is located in the SPL
  - d. You use the SPL as your state of residence for U.S. federal income tax purposes
- Have graduated from an accredited medical school, or a school listed in the International Medical Education Directory
- Successful completion of ACGME- or AOA-accredited graduate medical education
- Passed each component of the USMLE, COMLEX-USA, or equivalent in no more than three attempts
- Hold a current specialty certification or time-unlimited certification by an ABMS or AOA board
- Must not have any disciplinary actions toward your medical license
- Must not have any criminal history
- Must not have any controlled substance actions toward your license
- Must not currently be under investigation

For further information and to apply for expedited licensure, visit the Commission’s [website](#).