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Meeting Report

**American Association of Osteopathic Examiners Annual Summit Meeting
January 21, 2017 – Tampa, Florida**

The American Association Osteopathic Examiners (AAOE) Summit was held in conjunction with the American Osteopathic Association (AOA) Osteopathic Medical Educators and Leaders Conference. As part of this meeting, the AAOE held a business meeting on January 21, 2017 at the Tampa Marriott Waterside Hotel and Marina.

The “Regulation of Opioid Prescribing and Pain Practice” lecture given J. Mark Bailey DO, PHD, FACN was very informative. The cost of pain management and deaths from prescription painkillers reached epidemic levels in the past decade. Opioid overdose deaths have increased by 33% in the last five years, while heroin related deaths rose 56%. US citizens represent five percent of total world population, yet use 80% of global supply of opioids. Dr. Bailey discussed using OMT as a non-pharmacological treatment option for pain. He defined chronic pain greater than one month, and acute pain as less than one week. He advised against using Morphine Dose Equivalents (mg of drug taken /day converted equi-analgesic morphine dose) into any state law/regulation. Dr. Bailey reported that New York realized a 75% decline in opioid use once prescribers were required to check the state’s Prescription Drug Monitoring Program (PDMP). He also reported that Florida had a 50% decline in overdose once pain clinic registration and regulation occurred, while Tennessee had 36% decline in doctor shopping when PDMP was available for query.

Dr. Bailey discussed Naloxone, and mentioned his opinion that this overdose reversal tool will become a standard of care. He also opined that Methadone use in treatment of chronic pain will diminish, citing statistics that one in three overdose deaths involved methadone. He stated to use extreme caution with opioids and benzodiazepines.

Eric Groce, DO of the Colorado Medical Board gave a lecture on, “Medical Marijuana, What are States Doing and is it Working?” Dr. Groce stated that in Colorado, a red card holder refers to a patient who was certified to have an ailment appropriate for marijuana. A physician licensed by the Colorado Medical Board may have a red card, and it is viewed as an affirmative defense. However, physicians with a red card may be referred to the Physician Health Plan and an abstinence challenge for 90 days may occur.

The standard of care for medical marijuana encounters required appropriate documentation, face to face visits (per statute), appropriate evaluation and amount of recommendations in line with the disease being treated. In terms of patient data 199 (out of 100,503 active patients) were 0-10 years old. Total revenue from taxes, licenses and fees for 2014 was \$76,152,462. Total revenue for 2015 was \$135,100,465. Legislation was passed to provide revenue for schools and capital construction assistance funds.

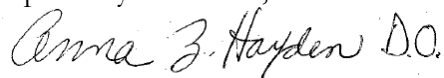
The open roundtable discussion provided updates from participating states regarding issues impacting state board activities. Topics included:

- New Jersey: Legislation recommending international background checks for credentialing
- New York: Department of Health has introduced three hours of pain management CME as a requirement for licensure renewal
- Virginia: Mandated check of PDMP prior to prescribing
- Arizona: The legislature is looking into establishing a mega board in response to the North Carolina/Federal Trade Commission decision
- Tennessee: A physician designee can now query the PDMP
- Oklahoma: A new telemedicine rule requires that the Attorney General must sign off on all final orders in regards to potential antitrust issues
- Colorado: Examining the state's death with dignity rules
- Wisconsin: Implemented a new PDMP

Nicholas Schilligo, MS, Associate Vice President, AOA State Government Affairs, provided an update. In regard to the Assistant Physician issue in Missouri, the AOA has been working within the state to limit renewals during the rulemaking process. The AOA has been working with state legislators to introduce a bill that would provide universal osteopathic equivalence. This would allow bills that fail to recognize osteopathic terminology to automatically include recognition when the allopathic counterpart is mentioned.

The AAOE Annual Meeting will be April 20-22, 2017 in conjunction with the Federation of State Medical Boards annual meeting in Fort Worth, Texas. Elections for new officers will be taking place during this meeting. An AAOE business meeting will also take place during the AOA's House of Delegates meeting in July 2017 in Chicago, IL.

Respectfully submitted,



Anna Z. Hayden, DO
President