



**American Association  
of Osteopathic Examiners**

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**2022 American Association of Osteopathic Examiners (AAOE)  
Annual Meeting at the Federation of State Medical Boards (FSMB)  
Annual Meeting**

Thank you to everyone who joined us in-person for our Annual Meeting on April 29th in conjunction with the FSMB Annual Meeting in New Orleans, Louisiana! Discussion topics included:

- Updates from the FSMB, the National Board of Osteopathic Medical Examiners (NBOME) and the American Osteopathic Association (AOA)
- AOA sunset policies related to osteopathic licensure and examinations, and FSMB policies and resolutions under consideration at the FSMB Annual Meeting; and
- A state licensure roundtable discussion.

Meeting minutes are available [here](#).

**FSMB Adopts Policies on Medical Disinformation, Telemedicine, DEI, Emergency Preparedness And Response**

During the 2022 Annual Meeting on April 30, the FSMB considered the reports of several workgroups and [adopted](#) related policies on Medical Disinformation, Telemedicine, Diversity, Equity and Inclusion, Emergency Preparedness And Response.

The “Professional Expectations Regarding Medical Misinformation and Disinformation” [policy](#) contains recommendations for medical boards and physicians that focus on sharing consensus-driven, scientifically-based information with patients. Testimony was heard both for and against, with proponents focusing on the need to protect patient safety and uphold the public’s trust in the medical profession, while opponents shared concerns about medical board overreach, freedom of speech and physicians’ rights.

The [policy](#) “Appropriate Use of Telemedicine Technologies in the Practice of Medicine” provides suggestions for regulating the use of telemedicine in medical practice, and educates physicians and patients regarding the applicable standard of care for services delivered via telemedicine.

The “Diversity, Equity and Inclusion in Medical Regulation and Patient Care” [policy](#) contains guidance for state medical boards and other stakeholders in the medical education and regulatory communities to assist them in eliminating racism and bias from health care delivery.

Finally, the “Emergency Preparedness and Response” [policy](#) provides recommendations and resources for state medical boards as they continue to deal with the ongoing COVID-19 pandemic and prepare themselves for potential future public health emergencies.

### **FSMB Annual Meeting Session Highlight: North Carolina Medical Board (NCMB) Educates Students About the Role of Medical Boards**

*Presented by: Jean Fisher Brinkley, NCMB Director of Communications; Christine M. Khandelwal, DO, NCMB Secretary/Treasurer; Barbara Walker, DO, NCMB Past President & FSMB Board Member*

Upon her swearing-in as NCMB President in 2018, former AAOE President Barbara Walker, DO chose outreach to medical students as her “President’s Initiative.” The NCMB had a standing Committee on Outreach, primarily focused on licensees, residents and physician assistant (PA) groups, but reaching a group of non-licensees who may decide not to stay in-state after graduation required some creative thinking.

The NCMB decided to focus on content that would be universal, useful and applicable to students, and that ideally aligns with the school curriculum (usually professionalism and ethics). They developed a 90-minute presentation that includes a brief didactic session focused on the NCMB case review process and the role of their Disciplinary Committee, followed by small group discussions of case studies and live polling where students vote on their preferred outcome, and then a debrief on why they chose a particular outcome.

The Regulatory Immersion Series (“RIMS”) Program has been well received and the NCMB is making good progress towards its goal to present to students at all of North Carolina’s medical and PA schools. If you are interested in learning more, please contact Jean Fisher Brinkley, NCMB Director of Communications, at [jean.brinkley@ncmedboard.org](mailto:jean.brinkley@ncmedboard.org).

### ***News from the States...***

#### **Colorado Standardized Insurance Plan Alters Demographic Data Collection Requirements in Response to Provider Privacy Concerns**

Last June, Colorado’s legislature enacted the “[Colorado Standardized Health Benefit Plan Act of 2021](#)” (the “Act”) which establishes a standardized insurance plan for carriers to offer in the state in the individual and small group markets beginning in 2022. The Act sets premium reduction targets for carriers to achieve, with the goal of ensuring that health insurance is affordable for Coloradans. The plan is required to have a network that is “culturally responsive and reflects the diversity of its enrollees in terms of race, ethnicity, gender identity and sexual orientation in the area that the network exists.”

Colorado [initially considered](#) including providers' demographic data in directories so patients could use it to select their physician; however, this strategy was ultimately scrapped after several groups raised concerns about the data being used to target providers for harm. The final version of the law still requires insurers to solicit demographic information, but providers can decline to answer, and the information collected will only be reported in the aggregate to help the state work towards improving the diversity of its healthcare workforce to better meet the needs of patients.

### **Utah Eliminates Collaborative Practice and Specialty Restrictions for Associate Physicians**

On March 24, Utah passed a [bill](#) that eliminates several restrictions on licensure for physicians who did not match into or complete residency training ("Associate Physicians"). House Bill 400 deletes the requirement that Associate Physicians can only practice primary care, thereby opening up their scope of practice to include specialty services.

In addition, the bill eliminates requirements that Associate Physicians must submit a certain percentage of their charts for review by their collaborating physician, and that they must practice in the continuous presence of the collaborating physician for a certain period of time before practicing off-site.

### **State Legislatures Pass Interstate Medical Licensure Compact, Reciprocity Bills**

As a result of the COVID-19 pandemic and frontline healthcare crisis, state legislatures have begun introducing legislation to increase license portability for practitioners licensed in other states.

The Interstate Medical Licensure Compact recently passed in [Indiana](#) and [New Jersey](#), and legislation is currently active in [Connecticut](#) and [Rhode Island](#). The AOA supports the Compact as it streamlines physicians' ability to hold licenses in multiple states while preserving states' ability to regulate providers practicing within their borders, and the AOA and the IOA sent a joint [letter](#) of support for Indiana's legislation on January 12.

Several other states have passed legislation that would circumvent state-based requirements; however, in opposition to AOA [policy](#). Virginia recently passed [Senate Bill 317](#), which allows a health care practitioner licensed in another state or the District of Columbia who has submitted an application for licensure to the appropriate health regulatory board to temporarily practice for a period of 90 days pending licensure.

Indiana recently enacted [Senate Bill 5](#), which requires Indiana professional licensing boards to license certain professionals who hold out-of-state licenses if the other state's requirements are "substantially equivalent" to Indiana's and there are no disciplinary actions currently pending against the applicant.

West Virginia also recently passed [House Bill 4634](#), which requires the state's professional licensing boards to license individuals who hold licenses with a similar scope of practice in another state for at least a year provided that there are no disciplinary actions pending against the applicant.

### **Doctor of Medical Science (DMSc) Update**

Several years ago, [Lincoln Memorial University School of Medical Sciences](#) (TN) and [Lynchburg University](#) (VA) launched a new DMSc degree program designed to "bridge the gap between PA and physician training." While legislation to license DMScs stalled in both states, the program – which typically includes a clinical track and an administrative leadership track – has continued to grow, and we anticipate additional efforts to license these individuals in the future. The following is a list of schools that currently offer DMSc programs:

- Southern Illinois University School of Medicine (IL)
- A.T. Still University (AZ)
- Pacific University (OR)
- Rocky Mountain College (MT)
- Lincoln Memorial University School of Medical Sciences (TN)
- Butler University College of Pharmacy and Health Sciences (online)
- Eastern Virginia Medical School (VA)
- University of Lynchburg (online)

*Have content that you would like included in a future edition of the AAOE's Quarterly Newsletter? Please send to Raine Richards, JD, AAOE Staff Liaison at [rrichards@osteopathic.org](mailto:rrichards@osteopathic.org).*

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