



**American Association  
of Osteopathic Examiners**

---

**American Association of Osteopathic Examiners Quarterly  
Newsletter - September 2022**

**AOA House of Delegates Action on Resolutions Impacting  
Osteopathic Medical Regulation**

During the AOA House of Delegates (HOD) meeting on July 15 – 17th in Chicago, the House took the following actions on [new or amended resolutions](#) (AOA login required) related to medical licensure and discipline:

- **H200-A/22 ENSURING THAT GRADUATE MEDICAL EDUCATION (GME) PROGRAMS CONTINUE TO SELECT RESIDENTS BASED ON MERIT** supports equal consideration of applicants who took the Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA) and the United States Medical Licensing Examination (USMLE) by residency program directors (ADOPTED AS AMENDED)
- **H220-A/22 PHYSICIAN DESIGNATION, TRUTH IN ADVERTISING AND RESIDENCY/FELLOWSHIP TRAINING NON-PHYSICIAN POST GRADUATE MEDICAL TRAINING 2022** opposes any diversion of funds from physician GME programs to non-physician GME programs, and opposes non-physician clinician representation on state medical boards (ADOPTED AS AMENDED)

The Council on State Health Affairs also met during the HOD to discuss recent state and federal activity, and present the new **Scope of Practice One Pager** that it developed as a resource for affiliates and physicians to help educate lawmakers about the importance of physician-led care.

**State Medical Board Activity in the Wake of *Dobbs vs. Jackson Women's Health Organization***

Since the Supreme Court [decision](#) overruling *Roe v. Wade* in June, physicians and state medical boards have been navigating a fluid legal landscape surrounding abortion across the country. So far, the following state actions have directly involved state medical boards, with additional activity expected:

- The **Idaho state boards of medicine, nursing and pharmacy (boards) have asked** the state Supreme Court not to delay the implementation of the state's abortion ban while a lawsuit filed by Planned Parenthood makes it way through the court. Idaho's abortion "trigger law" makes abortion a felony except under limited circumstances, and directs the boards to suspend the license of anyone

who violates the law for six months on the first offense, and permanently revoke it on the second offense.

- The **Louisiana Board of Medical Examiners sent guidance** to licensees in July, directing them to consult an attorney for guidance on the provision of abortion services while the state's near-total abortion ban works its way through the courts. More than a dozen Louisiana physicians have said that confusion over the law is preventing them from providing adequate patient care, and the state Department of Health has indicated that it is working to create a list of medically futile conditions that would allow a physician to provide abortion services without subjecting themselves to discipline.
- **Rhode Island Executive Order 22-28** directs the state Department of Health to work with professional licensing boards to ensure that no person shall be disqualified from licensure or subject to discipline for providing reproductive health care services or as a consequence of any sanction imposed by another state so long as the services would have been lawful and met the standard of care in Rhode Island.
- The **Texas Medical Association (TMA) submitted a letter** to the Texas Medical Board in July to report that some hospitals are refusing to treat patients with major pregnancy complications over concerns that they could be found in violation of the state's abortion ban. The law bans most abortions after six weeks of pregnancy, and takes effect in the coming weeks. The TMA cited specific examples in support of its claim, including one in which a central Texas hospital reportedly directed a physician not to treat an ectopic pregnancy until it ruptured, despite the fact that such a pregnancy is not viable.

### **North Carolina Supreme Court Rules Nurses can be Held Legally Liable for Medical Mistakes**

Reversing a [90-year precedent](#), the North Carolina Supreme Court [ruled](#) on August 19th that nurses can be held legally liable for medical mistakes, even when practicing under the supervision of a physician. The decision stemmed from a 2010 case in which the family of 3-year-old Amaya Gullatte sued three physicians and a certified registered nurse anesthetist (CRNA) who performed a heart procedure that deprived the child's brain of oxygen for 12 minutes and left her with permanent brain damage. In that case, the CRNA was supervised by a physician, who selected the treatment protocol; however, the Supreme Court ruled that "due to the evolution of the medical profession's recognition of the increased specialization and independence of nurses in the treatment of patients over the course of the [past] ninety years...", the court must now recognize that their "legal culpability has grown commensurate with professional responsibility."

## **Colorado Enacts International Medical Graduate (IMG) Assistance Bill**

On June 7th, Colorado passed a [bill](#) that creates an IMG assistance program to facilitate IMGs' entry into medical practice in the state. The program reviews IMGs' backgrounds and recommends steps to integrate them into the state's healthcare workforce as physicians or other provider types, provides technical support through the credential evaluation process, including preparing for the USMLE, and offers scholarships to help cover the cost of the licensure process. The program is also charged with developing a voluntary roster of IMGs interested in becoming licensed as physicians or other types of providers in the state and with providing guidance to IMGs who are applying for residency programs.

## **AAOE Urges Greater Understanding About Distinctive Licensure Assessment of DO and MD Students**

On June 30th, the AAOE joined the National Board of Osteopathic Medical Examiners (NBOME), the American Osteopathic Association and the American Association of Colleges of Osteopathic Medicine in issuing a [joint statement](#) supporting osteopathic medical students (OMSs) and the value of distinctive osteopathic credentials for OMSs and DOs. The statement came in response to a resolution adopted at the June 2022 American Medical Association House of Delegates meeting, which supports the creation of a single licensing exam for both DO and MD students, with a separate, additional osteopathic-specific test for OMSs. Although we agree that all students should only be required to undergo one licensing exam process, the AMA's solution fails to account for important differences in education and training between the two models of education and the integration of osteopathic principles and practices throughout COMLEX-USA examination blueprints, which are central to the osteopathic identity and the safe practice of osteopathic medicine.

### **Additional NBOME Partnership...**

The AAOE has nominated President Alexios Carayannopoulos, DO, MPH to serve on the NBOME's new Core Competency Capstone for Osteopathic Medicine (C3DO) Task Force, which will begin work on Theme 1 from the [recommendations](#) of the Special Commission on Osteopathic Medical Licensure Assessment, on which Dr. Carayannopoulos previously served. The C3DO Task Force will help to develop and pilot a core competency capstone for osteopathic medical students through partnership with colleges of osteopathic medicine (COMs). This new clinical skills performance assessment will be delivered on campuses or at affiliated sites at the COMs. The prototype to be developed will assess physician-patient communication, hands-on physical exam, and OMT skills in a multi-station simulation model using standardized patients. Skills will be measured at the level required for entry into accredited residency programs.

## **Fraud Threatens Telehealth Gains Achieved During the Pandemic**

Telehealth coverage and benefits grew exponentially during the COVID-19 crisis, as states sought ways to reduce community spread of the virus; however, with increased access and coverage for virtual care, comes an increased risk of abuse. Politico reported in an August 7th [article](#) that while data on fraud is still limited, anecdotal evidence suggests that it is occurring, and additional information is needed urgently as Congress must decide whether to maintain existing telehealth flexibilities that are set to expire on October 13th.

Critics of expanded telehealth benefits worry that they could encourage overutilization and overprescribing, a fear that found some basis in recent allegations made against the digital health company Cerebral by a former executive, who accused it of encouraging providers to overprescribe drugs to treat attention deficit disorder in order to drive up sales.

Although there is no consensus on the solution to telehealth fraud – with some suggesting that patients should be required to attend occasional in-person visits, while others contend that artificial intelligence is the answer – it is likely that fraud prevention, possibly at the expense of expanded telehealth access, will become a greater focus if the Republicans retake control of Congress following the midterm elections.

- *Courtesy of David Tannehill, DO (Missouri)*

*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).*

### **AAOE 2021 - 2023 Officers**

Alexios Carayannopoulos, DO, MPH  
President

Ryan M. Smith, DO, MEd, PhD  
Vice President

Jan D. Zieren, DO, MPH  
Secretary-Treasurer

J. Michael Wieting, DO  
Immediate Past President

142 E. Ontario Chicago, IL 60611  
312-202-8199 Tel.  
312-202-8499 Fax

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