



**American Association  
of Osteopathic Examiners**

### **States Take Action to Limit Medical Boards' Authority**

This year, at least 10 states ([CO](#), [FL](#), [KY](#), [IA](#), [IN](#), [NH](#), [PA](#), [TN](#), [VA](#), [WA](#), [WV](#)) have introduced bills to limit state medical boards' authority to investigate patient harm in relation to treatments for COVID-19. These bills typically center around two issues: the off-label prescribing of drugs like ivermectin and hydroxychloroquine and “free speech” by physicians on social media.

[Pennsylvania House Bill 1741](#) is an example of the former. It allows prescribers to prescribe – and pharmacists to dispense – a drug approved by the United States Food and Drug Administration to patients for off-label use for treatment of COVID-19. Neither exposure to, nor screening for, COVID-19 is required prior to the prescribing or dispensing of such a drug.

[Florida Senate Bill 1184](#) is an example of the latter. It prohibits Florida's two medical boards from taking adverse action against a physician for exercising his or her right to free speech, including through social media, unless the board can prove that the physician's speech led to the direct, physical harm of a person with whom the physician had a physician-patient relationship within the preceding three years. If the board fails to comply with this requirement, it is liable to the physician for up to \$1.5 million in damages.

In November, North Dakota passed [House Bill 1514](#) prohibiting state professional licensing boards from taking disciplinary action against licensees based on their prescribing or dispensing of ivermectin for the off-label treatment of COVID-19.

### **2022 Legislation Related to Licensure, Scope of Practice**

Several bills have been introduced in 2022 so far that relate to new licensure types and pathways for physicians. Missouri [SB 938](#) modifies requirements for physicians who did not complete residency training or a comprehensive licensing exam series, who are licensed as “Assistant Physicians” or “APs” in the state. The bill limits AP licensure to three years, and if the AP does not match into a residency program by the end of the third year, their license automatically converts to a Physician Assistant (PA) license.

Also in Missouri, [HB 2296](#) / [HB 2683](#) require APs to pass the United States Medical Licensing Examination (USMLE) Step 3 within one year of licensure as an AP, and if successful, the AP will become eligible for full physician licensure after five years of collaborative practice, without any residency training. If the AP does not pass Step 3, he or she must start a residency program within three years of licensure as an AP, or their license will automatically convert to a PA license.

Virginia [SB 676](#) also creates an AP (“Associate” Physician) license, and allows physicians who did not complete residency training to practice for two years under the supervision of a fully licensed physician.

Arizona [SB 1331](#) requires the Arizona Medical Board (Board) to accredit medical schools from ten foreign countries – and issue Arizona medical licenses to their graduates – within 120 days of a school applying for accreditation, *unless* the Board finds “clear and compelling evidence that the majority of the international medical program's graduates are not likely to provide medical services that satisfy this state's medical safety, competence or conduct standards.”

Indiana [SB 5](#) creates reciprocity licensure to allow certain health care professionals currently licensed in other states to practice in Indiana. The bill requires Indiana professional licensing boards to determine whether another state’s licensure requirements are “substantially similar” to Indiana’s and grant a license if so. Alternatively, if when the person was licensed by another state, there were “minimum education requirements” in place, and “*if* there were applicable work experience and clinical supervision requirements” or an examination requirement in effect, the person also met those requirements, Indiana’s boards would also be required to issue a license.

Lastly, in addition to the individual scope expansion attempts that we continue to see from various provider groups across the country, West Virginia recently introduced [HB 4621](#), which authorizes a wide range of “health care practitioners,” including dentists, chiropractors, registered nurses, physician assistants, etc. to “practice their professions to the full extent of their education and training.” The bill further prohibits the practitioners’ boards to adopt rules defining their scopes of practice.

### **Unqualified Physicians Inadvertently Granted COVID Emergency Licenses in Alaska**

A recent [investigation](#) initiated by the Alaska Medical Board (Board) found that dozens of unqualified physicians applied for “emergency courtesy licenses” created to help Alaska combat the coronavirus pandemic, and fourteen actually became licensed, though none began practicing.

Alaska’s “emergency courtesy license” is an expedited pathway that allows physicians, physician assistants and paramedics with full, unencumbered licensure in another state the ability to practice in Alaska for six months, with one optional renewal. The state began its investigation after noticing a large number of physician applicants from Florida, and found that many of the applicants were MDs who did not, in fact, hold unrestricted medical licenses. Instead, they held “house physician licenses,” which allow MDs who did not complete residency training or a comprehensive licensing exam series the ability to practice under supervision within a Florida hospital (*NOTE: “house physician licensure” is unique to Florida’s allopathic medical practice act*).

A Chilean-based company, Licencia Medica Electronica, recruited the physicians with the promise of full medical licensure in Alaska if they paid fees of up to \$1,400, and while the emergency licenses were rescinded, the investigation into the company's conduct is ongoing.

### **Wisconsin Medical Examining Board Proposes Chaperone Rule for Sensitive Exams**

Wisconsin's Medical Examining Board (Board) is [considering a rule](#) that creates a rebuttable presumption against a licensee accused of unprofessional conduct under if he or she does not provide a chaperone during a breast, genital, or rectal examination, and does not document in a patient's health care record the rationale for an unchaperoned examination. The licensee may rebut the presumption by proving by a preponderance of evidence that misconduct did not occur. Georgia's Composite Medical Board has a similar [rule](#) that states that it is unprofessional conduct for a physician to conduct a breast and/or genital examination of a patient of the opposite sex without a chaperone present.

### **AAOE Past President J. Michael Wieting, DO Honored with NBOME Clark Award for Patient Advocacy**

Congratulations to AAOE Immediate Past President J. Michael Wieting, DO, who was [honored with the National Board of Osteopathic Medical Examiners' \(NBOME\) Clark Award for Patient Advocacy](#) at the NBOME Board of Directors meeting on December 11th. The Clark Award recognizes those who have demonstrated outstanding commitment to patient safety, patient protection, and quality of care.

Dr. Wieting currently serves on the Special Commission on Osteopathic Medical Licensure Assessment for the NBOME and is a member of the NBOME National Faculty, serving on the Test Accommodations and Liaison Committees as well as the COMAT FBS Body Systems Task Force. In addition, he is the Senior Associate Dean at Lincoln Memorial University – DeBusk College of Osteopathic Medicine in Harrogate, Tennessee, and has served the profession through positions with the Advocates for the American Osteopathic Association and the Federation of State Medical Boards, among others.

Congratulations to Dr. Wieting and all of the NBOME award recipients!

### **Save-the-Dates: AAOE 2022 Annual Business Meeting @ FSMB & DO Day on Capitol Hill**

The American Association of Osteopathic Examiners (AAOE) is tentatively planning to hold its Annual Business Meeting in-person from **6 - 8 AM on Friday, April 29th** in conjunction with the [Federation of State Medical Boards Annual Meeting](#), which runs from April 28th - 30th in New Orleans, Louisiana. Additional information will be forthcoming closer to the meeting date.

Registration is now open for the AOA's annual [DO Day on Capitol Hill](#) and health policy conference on **April 23 – 27th, 2022 in Washington, D.C.** CME is available for the health policy conference, which will take place virtually on April 23 – 24th, followed by our in-person DO Day on April 26 – 27th. Limited physician spots remain for the in-person event so [sign up](#) today!

***ICYMI:*** AAOE President Alexios Carayannopoulos, DO, MPH  
Interviewed by *The DO*  
Read the full article [here!](#)

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