OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

Board Meeting, Thursday, January 22, 2015
10:00 a.m.

Department of Consumer Affairs
Headquarters Building 2
1747 North Market Blvd.
Hearing Room
Sacramento CA 95834

OMBC Phone (916) 928-8390

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

OSTEOPATHIC MEDICAL BOARD OF CALIFONIA
1300 National Drive, Suite 150, Sacramento, CA 95834-1991
P (916) 928-8390 F (916) 928-8392 | www.ombc.ca.gov

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
BOARD MEETING

Date: Thursday, January 22, 2015
Time: 10:00 a.m. – 5:00 p.m. (or until the end of business)

	Meeting Site	Teleconference Site
Location(s):	Department of Consumer Affairs Headquarters Building 2 (HQ2) 1747 North Market Blvd. Hearing Room Sacramento CA 95834 (916) 928-8390	James Lally, D.O. 1090 Vermont Ave., NW, Suite 500 Washington DC 20005 (202) 414-0140

AGENDA

(Action may be taken on any items listed on the agenda and may be taken out of order)

Open Session

1. Call to Order and Roll Call / Establishment of a Quorum
2. Election of Officers
3. Approval of Minutes – August 7, 2014 Board Meeting
4. Executive Director's Report – Angie Burton
    - Licensing
    - Staffing
    - Diversion Program
    - Budget
    - Legislation
    - Enforcement Report / Discipline (Corey Sparks)
5. Osteopathic Medical Board Strategic Plan – Dennis Zanchi (DCA-SOLID)
6. Interstate Licensing Compact - Lisa Robin, MLA, Chief Advocacy Officer (FSMB)
7. DO Student Protection Against Discrimination – Jennifer Snyder (OPSC)
8. DCA Update (BreEZe) – DCA Staff
9. Agenda Items for Next Meeting
10. Future Meeting Dates

11. Public Comment for Items Not on the Agenda
Note: The Board may not discuss or take action on any matter raised during this public comment section except to decide whether to place the matter on the agenda of a future meeting [Government Code Sections 11125, 11125.7(a)]

12. Adjournment

For further information about this meeting, please contact Machiko Chong at 916-928-7636 or in writing 1300 National Drive, Suite 150 Sacramento CA 95834. This notice can be accessed at www.ombc.ca.gov

The meeting facilities are accessible to the physically disabled. A person, who needs a disability-related accommodation or modification in order to participate in the meeting, may make a request by contacting Machiko Chong, ADA Liaison, at (916) 928-7636 or e-mail at Machiko.Chong@dca.ca.gov or send a written request to the Board's office at 1300 National Drive, Suite 150, Sacramento, CA 95834-1991. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.

TAB 1

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
v.,OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
1300 National Drive, Suite 150, Sacramento, CA 95834-1991
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DRAFT
BOARD MEETING MINUTES

Thursday, August 7, 2014

BOARD MEMBERS PRESENT:	Joseph Zammuto, D.O., President Keith Higginbotham, Esq., Vice President Michael Feinstein, D.O. Secretary Treasurer James Lally, D.O., Board Member Claudia Mercado, Board Member David Connett, D.O., Board Member Cheryl Williams, Board Member Alan Howard, Board Member
STAFF PRESENT:	Angelina Burton, Executive Director Michael Santiago, Esq., Legal Counsel, DCA Machiko Chong, Executive Analyst Corey Sparks, Lead Enforcement Analyst
BOARD MEMBERS ABSENT:	Jane Xenos, D.O.

The Board meeting of the Osteopathic Medical Board of California (OMBC) was called to order by board President, Joseph Zammuto, D.O., at 10:05 a.m. at the Touro University College of Osteopathic Medicine, 1310 Club Drive, Library Classroom 118, Vallejo, CA 94592.

1. Roll Call:

Dr. Zamutto called roll and determined that a quorum was present.

2. Approval of Minutes – May 1, 2014 Board Meeting:

Dr. Zammuto called for approval of the Board Meeting minutes of May 1, 2014. M – Connett, S – Higginbotham for approval of the minutes with editorial changes to page 1 paragraph 1 and page 3 paragraph 1. Motion carried.

3. President's Report:

Dr. Zammuto informed the board that on June 19th he along with Dr. Richard Reimer; Mrs. Burton; Francine Davies, Assistant Executive Director OMBC; and Kathleen Creason, Executive Director, Osteopathic Physicians and Surgeons of California (OPSC) attended the Prescribing Task Force Meeting held by the Medical Board.

During the meeting the task force reviewed and discussed the revised guidelines that had been compiled from much of the information that was presented by Dr. Riemer when he discussed the Canadian guidelines at the January meeting. The primary goal for implementation of these guidelines is to ensure safety of the public as there have been escalating incidents of patients dying from excessive prescribing and over use.

Dr. Zammuto also reported that he attended the conference held by the American Osteopathic Association (AOA) House of Delegates on June 17th - June 20th along with Dr. Lally, Dr. Connett, and Dr. Feinstein who were also present. He stated that one of the major topics of the conference was the voting by the House on a single pathway for Postgraduate Medical Education that will go under the main ACGME. It was determined that it would be best for education of postgraduate education aligning the sites where resident students may apply with to further their continuing education.

He also informed the board that after attending the Federation of State Medical Board (FSMB) conference earlier this year he was able to obtain a $10,000 grant to complete a didactic live presentation on Pain Management Guidelines as well as long acting extended release narcotics. He noted that OPSC would be giving a live 3-hour presentation at their conference this Fall in Monterey, CA. Half of the presentation will be given by Dr. Connett and the other half by another who has been enlisted by Dr. Connett, and will be streaming live for 1A credit, the association will also be providing on going education for continued use by providers, however it will most likely be for 1B use as opposed to 1A. He thanked OPSC for taking on the role of helping further the education of physicians to ensure the use of safer practices in the future.

4. Executive Director's Report:

Angie Burton updated the board on licensing stats, staffing, board budget activity, and diversion program statistics. She explained that although she was providing information regarding licensing stats to the members some of the data may not be accurate as BreEZe has not been projecting the correct statistical information in the system. To date the board has 6,623 current active licensees and 602 current inactive licensees for a total of 7,225 physicians. Although it was reported at the May 1st meeting that there were 7,422 licensees total with the board, it was found that every time a report was generated through the BreEZe database, the information obtained fluctuated. In addition the board estimated that 119 applications were received and opened in the system for the 3rd quarter which was estimated by dividing the total fee amounts received in the office by the amount charged for the application process. In the 3rd quarter it was determined that 266 new license numbers were issued by the board.

Staffing - Mrs. Burton advised the board members that additional staffing of a cashier position has enabled the board to reduce processing times of applications and renewals by one (1) week, which is due in part to the received fees no longer being sent over to DCA-HQ for processing. The board was also notified that paperwork would soon be submitted to make the current Limited Term - Staff Services Manager I (SSM I) position permanent. Mr. Howard asked what the process is to reestablish the SSM I position. Mrs. Burton explained that CalHR initially approved a 2 year limited term position,

however the board must now has to re-request that the position be established as a full time permanent basis which requires re-submission of paperwork to be reviewed and approved. Mrs. Burton went on to further explain that the SSM I serves as a liaison for the entire staff and ensures that staffing in enforcement and or licensing has equal amount of workload, acts as the Diversion Program Coordinator, in addition to the BreEZe Database Coordinator for the board.

Budget – The board was presented with the current fund condition for the year and was notified that there would be a 5% reversion in the budget this year leaving the board in good shape. Mr. Howard had questions regarding the budget projections and why the reserve was declining at the rate that it was and wanted to know the difference between the revenues vs. expenditures when it came to the report that was provided. Mrs. Burton explained that it appears that the budget allowance is larger than the revenue causing the board to rely on the general fund to meet the difference between the expenditure and the revenue. In the future the board should end up seeing a lot more revenue than what was anticipated with the rapid increase of applications that have been received in office, however what was provided was simply a projection of FY 14/15 and additional years. Mr. Higginbotham had questions regarding the 5% reversion listed on the report and what that meant to the budget and was notified that we have only used 95% of the budget meaning that the rest will go back into funding.

Enforcement/ Discipline - The boards Lead Enforcement Analyst Corey Sparks presented the enforcement report to the board.

5. Administrative Hearing:

10:30 a.m. – Po-Long Lew, D.O. – Petition for Early Termination of Probation.

The Office of Administrative Hearing (OAH) Administrative Law Judge Nancy L. Rasmussen conducted the above hearing.

6. Closed Session

- Deliberations on petition(s) for early termination of probation. (Government Code Section 11126(c)(3).)
- Deliberations on disciplinary or enforcement actions ((Government Code Section 11126(c)(3).)

Return to Open Session

7. Regulations:

UNIFORM STANDARDS RELATED TO SUBSTANCE ABUSE AND DISCIPLINARY GUIDELINES (SB 1441):

Michael Santiago briefly highlighted and described the terms and conditions listed in the draft that were amended and would need to be included in all disciplinary orders regardless of the violation and also further explained some of the other stipulations that were listed in the document. Dr. Zammuto asked what the next step was procedurally to move forward with the document and was informed that the board would need to make a motion to approve the proposed regulatory language so that a hearing could be set. M – Higginbotham S – Connett for approval of proposed regulatory language. Motion carried.

8. Legislation

No action was taken regarding legislation and all documents were provided merely for informational purposes.

9. Agenda Items for Next Board Meeting:

- Disciplinary Guidelines (tentative pending status change)

10. Future Meeting Dates:

- Thursday, October 2, 2014 – Teleconference
- Thursday, January 22, 2015 @ 10:00 am – Sacramento

11. Public Comments

Kathleen Creason – OPSC intends on introducing Legislation next year regarding discrimination against Osteopathic Physicians by Allopathic residency programs. To date there have been 3 Residency Programs that have listed information on their site that prohibited Osteopathic Physicians from attending and the Association would like to work on getting a bill introduced that would protect the physicians from any further discrimination.

12. Adjournment

There being no further business, the Meeting was adjourned at 2:28 p.m.

TAB 2

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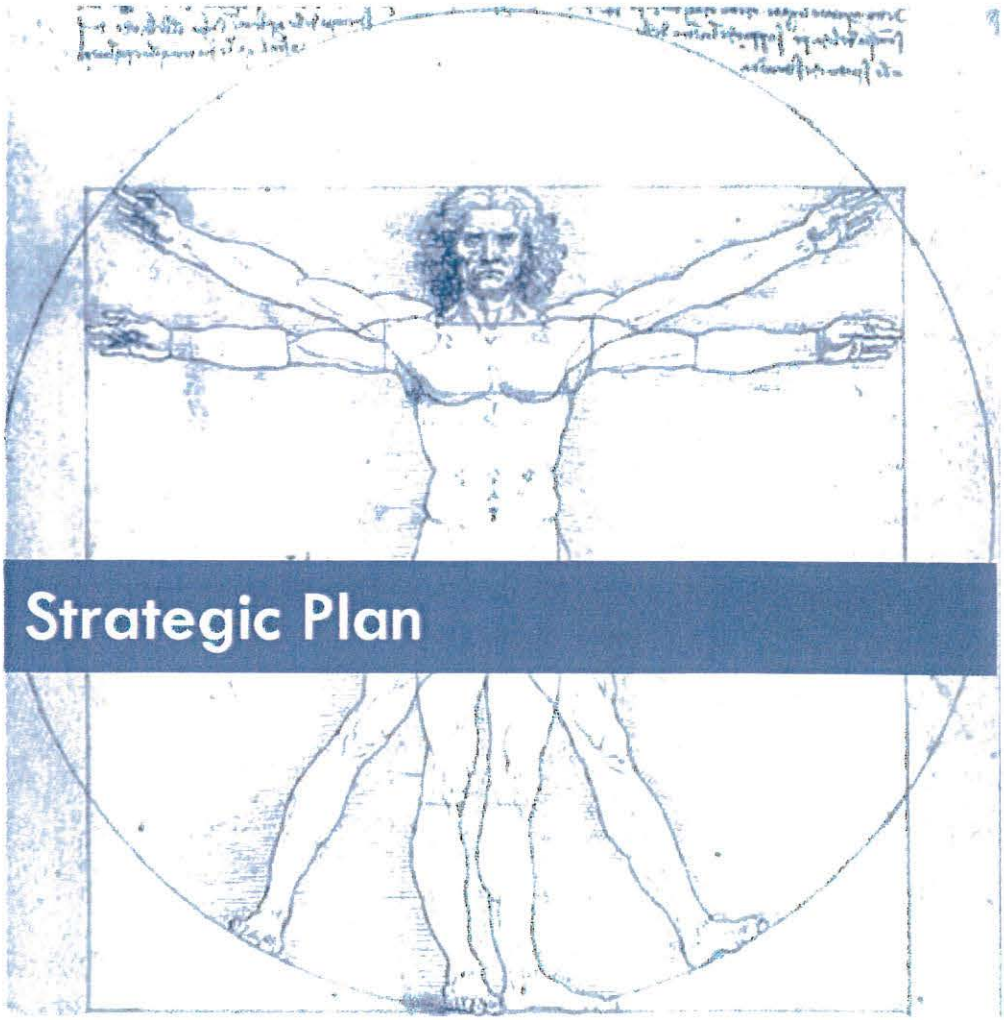
TAB 3

California Department of Consumer Affairs

OSTEOPATHIC MEDICAL BOARD



2010-2015 Strategic Plan

Updated January 2012

Members of the Board

GERALDINE O'SHEA, D.O. (PRESIDENT)

JOSEPH J. PROVENZANO, D.O. (VICE PRESIDENT)

SUSAN Y. MELVIN, D.O. (SECRETARY/TREASURER)

PAUL E. WAKIM, D.O.

VERONICA VUKSICH, D.O.

ALAN HOWARD, PUBLIC MEMBER

SCOTT HARRIS, PUBLIC MEMBER

EDMUND G. BROWN JR. – Governor

ANNA CABALLERO – Secretary, State and Consumer Services Agency

DENISE BROWN – Director, Department of Consumer Affairs

DONALD KRPAN, D.O. – Executive Director

About the Board

THE OMBC OVERSEES THE PRACTICE OF MEDICINE BY OSTEOPATHIC PHYSICIANS AND SURGEONS BY ENFORCING THE MEDICAL PRACTICE ACT. EMPHASIZING THE INTERRELATIONSHIP OF THE BODY'S NERVES, MUSCLES, BONES AND ORGANS, DOCTORS OF OSTEOPATHIC MEDICINE CONSIDER THE WHOLE PERSON TO PREVENT, DIAGNOSE, AND TREAT ILLNESS, DISEASE, AND INJURY.

Our Mission

THE OSTEOPATHIC MEDICAL BOARD LEADS BY PROMOTING EXCELLENCE IN MEDICAL PRACTICE, LICENSURE, AND REGULATION, AS THE VOICE AND RESOURCE TOWARDS PROTECTION OF THE PUBLIC.

Our Vision

THE OSTEOPATHIC MEDICAL BOARD IS THE LEADER IN MEDICAL REGULATION FOR OSTEOPATHIC PHYSICIANS IN THE STATE OF CALIFORNIA; SERVING AS AN INNOVATIVE CATALYST FOR EFFECTIVE POLICY AND STANDARDS.

Our Values

- **Commitment to public service.**
- **Promoting and maintaining high standards of performance.**
- **Incorporating honesty, ethical behavior and transparency in services.**
- **Demonstrating leadership in cooperation and responsiveness.**
- **Promoting public health, safety and welfare through our endeavors.**

Recent Accomplishments

- …
- …
- …
- …
-

Trends, Challenges, and Opportunities

The development of this strategic plan included an environmental scan of the industry. The scan identified the potential issues and challenges which might affect the Osteopathic Medical Board's ability to carry out its mission.

Economics & Politics

- Trending reduction in state government and the current fiscal crisis, including the dissolution of many Boards
- Ongoing executive orders implementing travel and hiring freezes for the State
-
-

Workforce

- Staff shortages are being somewhat offset by the high quality of current staff, but backlog is still occurring
- Slower processing times due to increased workload. Increasing numbers of licensees as well as complaints
-
-

Trends, Challenges, and Opportunities *(continued)*

Industry & Profession

- The new and evolving practice of Telemedicine within the industry
- ...
- ...
- ...

GOAL 1 – LICENSURE

Only qualified individuals are licensed as Osteopathic Doctors.

Objectives

1.1 Promote high standards of professionalism of osteopathic physicians by setting standards and requirements for education

1.2 Set licensure requirements which ensure the highest state of professionalism among California osteopathic physicians.

1.3 Actively seek to draw new osteopathic physicians to the state.

1.4 Streamline the licensure process to attract and maintain osteopathic physicians in California.

1.5 Enforce standards of Continuing Medical Education (CME) to attain excellence in medical care.

1.6 Monitor developments of inter-state licensing and information sharing.

1.7 Enhance licensing efforts through increased staffing and filling of vacant positions.

GOAL 2 – ENFORCEMENT

The rights of consumers and their health and safety are protected from the illegal, negligent, incompetent and unprofessional practice of osteopathic medicine.

Objectives

2.1 Improve timeliness of investigations.

2.2 Enhance enforcement efforts through increased staffing and filling of vacant positions.

2.3 Expand the existing Web site to include formal accusations, disciplinary actions, and historical license and discipline information.

2.4 Monitor developments and partner with other DCA agencies regarding the proliferation of med spas in California.

2.5 Monitor developments in telemedicine and remote accessing.

2.6 Monitor the potential implications of deregulation or legalization of medical marijuana.

GOAL 3 – OUTREACH & EDUCATION

Consumers and licensees are able to make informed decisions regarding the safe and informed practice of osteopathic medical services.

Objectives

3.1 Promote public awareness of the board's activities by updating and maintaining the Web site.

3.2 Promote the board's goals with osteopathic medical students throughout the state.

3.3 Promote the Steven Thompson Loan Program to increase osteopathic physician services in underserved areas.

3.4 Take a leadership role in fostering effective communication between related boards.

3.5 Promote health education among osteopathic physicians through distribution of nutrition and physical fitness information.

3.6 Promote a "White Coat Day with the OMBC" for the medical students of California.

3.7 Continue to educate the public and licensing community regarding developing and emergent issues.

GOAL 4 – REGULATION AND LEGISLATION

Monitor and uphold the law and participate in the regulatory and legislative processes.

Objectives

4.1 Promote the board's strategy through legislation.

4.2 Maintain an open dialogue with the legislature through advocacy.

4.3 Develop a full-time position focused on legislative goals.

4.4 Pursue legislation regarding requirement for posting of OMBC placard in doctors' offices.

4.5 Develop pathways for competency measurements through legislation.

GOAL 5 – BOARD ADMINISTRATION

The Osteopathic Medical Board will be a high quality employer, focused on providing excellent service to our consumers and licensees.

Objectives

5.1 Complete and deliver the Sunset Review Packet.

5.2 Implement the Department of Consumer Affairs new BREEZE computer system for the Board.

5.3 -

5.4 -

5.5 -

TAB 4

INTERSTATE MEDICAL LICENSURE COMPACT

INTERSTATE MEDICAL LICENSURE COMPACT

SECTION 1. PURPOSE

In order to strengthen access to health care, and in recognition of the advances in the delivery of health care, the member states of the Interstate Medical Licensure Compact have allied in common purpose to develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards, provides a streamlined process that allows physicians to become licensed in multiple states, thereby enhancing the portability of a medical license and ensuring the safety of patients. The Compact creates another pathway for licensure and does not otherwise change a state's existing Medical Practice Act. The Compact also adopts the prevailing standard for licensure and affirms that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter, and therefore, requires the physician to be under the jurisdiction of the state medical board where the patient is located. State medical boards that participate in the Compact retain the jurisdiction to impose an adverse action against a license to practice medicine in that state issued to a physician through the procedures in the Compact.

SECTION 2. DEFINITIONS

In this compact:

(a) "Bylaws" means those bylaws established by the Interstate Commission pursuant to Section 11 for its governance, or for directing and controlling its actions and conduct.

(b) "Commissioner" means the voting representative appointed by each member board pursuant to Section 11.

(c) "Conviction" means a finding by a court that an individual is guilty of a criminal offense through adjudication, or entry of a plea of guilt or no contest to the charge by the

offender. Evidence of an entry of a conviction of a criminal offense by the court shall be considered final for purposes of disciplinary action by a member board.

(d) "Expedited License" means a full and unrestricted medical license granted by a member state to an eligible physician through the process set forth in the Compact.

(e) "Interstate Commission" means the interstate commission created pursuant to Section 11.

(f) "License" means authorization by a state for a physician to engage in the practice of medicine, which would be unlawful without the authorization.

(g) "Medical Practice Act" means laws and regulations governing the practice of allopathic and osteopathic medicine within a member state.

(h) "Member Board" means a state agency in a member state that acts in the sovereign interests of the state by protecting the public through licensure, regulation, and education of physicians as directed by the state government.

(i) "Member State" means a state that has enacted the Compact.

(j) "Practice of Medicine" means the clinical prevention, diagnosis, or treatment of human disease, injury, or condition requiring a physician to obtain and maintain a license in compliance with the Medical Practice Act of a member state.

(k) "Physician" means any person who:

(1) Is a graduate of a medical school accredited by the Liaison Committee on Medical Education, the Commission on Osteopathic College Accreditation, or a medical school listed in the International Medical Education Directory or its equivalent;

(2) Passed each component of the United States Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA)

within three attempts, or any of its predecessor examinations accepted by a state medical board as an equivalent examination for licensure purposes;

(3) Successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association;

(4) Holds specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists;

(5) Possesses a full and unrestricted license to engage in the practice of medicine issued by a member board;

(6) Has never been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;

(7) Has never held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to non-payment of fees related to a license;

(8) Has never had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration; and

(9) Is not under active investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.

(l) "Offense" means a felony, gross misdemeanor, or crime of moral turpitude.

(m) "Rule" means a written statement by the Interstate Commission promulgated pursuant to Section 12 of the Compact that is of general applicability, implements, interprets, or

prescribes a policy or provision of the Compact, or an organizational, procedural, or practice requirement of the Interstate Commission, and has the force and effect of statutory law in a member state, and includes the amendment, repeal, or suspension of an existing rule.

(n) "State" means any state, commonwealth, district, or territory of the United States.

(o) "State of Principal License" means a member state where a physician holds a license to practice medicine and which has been designated as such by the physician for purposes of registration and participation in the Compact.

SECTION 3. ELIGIBILITY

(a) A physician must meet the eligibility requirements as defined in Section 2(k) to receive an expedited license under the terms and provisions of the Compact.

(b) A physician who does not meet the requirements of Section 2(k) may obtain a license to practice medicine in a member state if the individual complies with all laws and requirements, other than the Compact, relating to the issuance of a license to practice medicine in that state.

SECTION 4. DESIGNATION OF STATE OF PRINCIPAL LICENSE

(a) A physician shall designate a member state as the state of principal license for purposes of registration for expedited licensure through the Compact if the physician possesses a full and unrestricted license to practice medicine in that state, and the state is:

(1) the state of primary residence for the physician, or

(2) the state where at least 25% of the practice of medicine occurs, or

(3) the location of the physician's employer, or

(4) if no state qualifies under subsection (1), subsection (2), or subsection (3), the

state designated as state of residence for purpose of federal income tax.

(b) A physician may redesignate a member state as state of principal license at any time, as long as the state meets the requirements in subsection (a).

(c) The Interstate Commission is authorized to develop rules to facilitate redesignation of another member state as the state of principal license.

SECTION 5. APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE

(a) A physician seeking licensure through the Compact shall file an application for an expedited license with the member board of the state selected by the physician as the state of principal license.

(b) Upon receipt of an application for an expedited license, the member board within the state selected as the state of principal license shall evaluate whether the physician is eligible for expedited licensure and issue a letter of qualification, verifying or denying the physician's eligibility, to the Interstate Commission.

(i) Static qualifications, which include verification of medical education, graduate medical education, results of any medical or licensing examination, and other qualifications as determined by the Interstate Commission through rule, shall not be subject to additional primary source verification where already primary source verified by the state of principal license.

(ii) The member board within the state selected as the state of principal license shall, in the course of verifying eligibility, perform a criminal background check of an applicant, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation, with the exception of federal employees who have suitability determination in accordance with U.S. C.F.R. §731.202.

(iii) Appeal on the determination of eligibility shall be made to the member state

where the application was filed and shall be subject to the law of that state.

(c) Upon verification in subsection (b), physicians eligible for an expedited license shall complete the registration process established by the Interstate Commission to receive a license in a member state selected pursuant to subsection (a), including the payment of any applicable fees.

(d) After receiving verification of eligibility under subsection (b) and any fees under subsection (c), a member board shall issue an expedited license to the physician. This license shall authorize the physician to practice medicine in the issuing state consistent with the Medical Practice Act and all applicable laws and regulations of the issuing member board and member state.

(e) An expedited license shall be valid for a period consistent with the licensure period in the member state and in the same manner as required for other physicians holding a full and unrestricted license within the member state.

(f) An expedited license obtained though the Compact shall be terminated if a physician fails to maintain a license in the state of principal licensure for a non-disciplinary reason, without redesignation of a new state of principal licensure.

(g) The Interstate Commission is authorized to develop rules regarding the application process, including payment of any applicable fees, and the issuance of an expedited license.

SECTION 6. FEES FOR EXPEDITED LICENSURE

(a) A member state issuing an expedited license authorizing the practice of medicine in that state may impose a fee for a license issued or renewed through the Compact.

(b) The Interstate Commission is authorized to develop rules regarding fees for expedited

licenses.

SECTION 7. RENEWAL AND CONTINUED PARTICIPATION

(a) A physician seeking to renew an expedited license granted in a member state shall complete a renewal process with the Interstate Commission if the physician:

(1) Maintains a full and unrestricted license in a state of principal license;

(2) Has not been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;

(3) Has not had a license authorizing the practice of medicine subject to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to non-payment of fees related to a license; and

(4) Has not had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration.

(b) Physicians shall comply with all continuing professional development or continuing medical education requirements for renewal of a license issued by a member state.

(c) The Interstate Commission shall collect any renewal fees charged for the renewal of a license and distribute the fees to the applicable member board.

(d) Upon receipt of any renewal fees collected in subsection (c), a member board shall renew the physician's license.

(e) Physician information collected by the Interstate Commission during the renewal process will be distributed to all member boards.

(f) The Interstate Commission is authorized to develop rules to address renewal of

licenses obtained through the Compact.

SECTION 8. COORDINATED INFORMATION SYSTEM

(a) The Interstate Commission shall establish a database of all physicians licensed, or who have applied for licensure, under Section 5.

(b) Notwithstanding any other provision of law, member boards shall report to the Interstate Commission any public action or complaints against a licensed physician who has applied or received an expedited license through the Compact.

(c) Member boards shall report disciplinary or investigatory information determined as necessary and proper by rule of the Interstate Commission.

(d) Member boards may report any non-public complaint, disciplinary, or investigatory information not required by subsection (c) to the Interstate Commission.

(e) Member boards shall share complaint or disciplinary information about a physician upon request of another member board.

(f) All information provided to the Interstate Commission or distributed by member boards shall be confidential, filed under seal, and used only for investigatory or disciplinary matters.

(g) The Interstate Commission is authorized to develop rules for mandated or discretionary sharing of information by member boards.

SECTION 9. JOINT INVESTIGATIONS

(a) Licensure and disciplinary records of physicians are deemed investigative.

(b) In addition to the authority granted to a member board by its respective Medical Practice Act or other applicable state law, a member board may participate with other member

boards in joint investigations of physicians licensed by the member boards.

(c) A subpoena issued by a member state shall be enforceable in other member states.

(d) Member boards may share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.

(e) Any member state may investigate actual or alleged violations of the statutes authorizing the practice of medicine in any other member state in which a physician holds a license to practice medicine.

SECTION 10. DISCIPLINARY ACTIONS

(a) Any disciplinary action taken by any member board against a physician licensed through the Compact shall be deemed unprofessional conduct which may be subject to discipline by other member boards, in addition to any violation of the Medical Practice Act or regulations in that state.

(b) If a license granted to a physician by the member board in the state of principal license is revoked, surrendered or relinquished in lieu of discipline, or suspended, then all licenses issued to the physician by member boards shall automatically be placed, without further action necessary by any member board, on the same status. If the member board in the state of principal license subsequently reinstates the physician's license, a license issued to the physician by any other member board shall remain encumbered until that respective member board takes action to reinstate the license in a manner consistent with the Medical Practice Act of that state.

(c) If disciplinary action is taken against a physician by a member board not in the state of principal license, any other member board may deem the action conclusive as to matter of law

and fact decided, and:

(i) impose the same or lesser sanction(s) against the physician so long as such sanctions are consistent with the Medical Practice Act of that state;

(ii) or pursue separate disciplinary action against the physician under its respective Medical Practice Act, regardless of the action taken in other member states.

(d) If a license granted to a physician by a member board is revoked, surrendered or relinquished in lieu of discipline, or suspended, then any license(s) issued to the physician by any other member board(s) shall be suspended, automatically and immediately without further action necessary by the other member board(s), for ninety (90) days upon entry of the order by the disciplining board, to permit the member board(s) to investigate the basis for the action under the Medical Practice Act of that state. A member board may terminate the automatic suspension of the license it issued prior to the completion of the ninety (90) day suspension period in a manner consistent with the Medical Practice Act of that state.

SECTION 11. INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

(a) The member states hereby create the "Interstate Medical Licensure Compact Commission".

(b) The purpose of the Interstate Commission is the administration of the Interstate Medical Licensure Compact, which is a discretionary state function.

(c) The Interstate Commission shall be a body corporate and joint agency of the member states and shall have all the responsibilities, powers, and duties set forth in the Compact, and such additional powers as may be conferred upon it by a subsequent concurrent action of the

respective legislatures of the member states in accordance with the terms of the Compact.

(d) The Interstate Commission shall consist of two voting representatives appointed by each member state who shall serve as Commissioners. In states where allopathic and osteopathic physicians are regulated by separate member boards, or if the licensing and disciplinary authority is split between multiple member boards within a member state, the member state shall appoint one representative from each member board. A Commissioner shall be a(n):

(1) Allopathic or osteopathic physician appointed to a member board;

(2) Executive director, executive secretary, or similar executive of a member board; or

(3) Member of the public appointed to a member board.

(e) The Interstate Commission shall meet at least once each calendar year. A portion of this meeting shall be a business meeting to address such matters as may properly come before the Commission, including the election of officers. The chairperson may call additional meetings and shall call for a meeting upon the request of a majority of the member states.

(f) The bylaws may provide for meetings of the Interstate Commission to be conducted by telecommunication or electronic communication.

(g) Each Commissioner participating at a meeting of the Interstate Commission is entitled to one vote. A majority of Commissioners shall constitute a quorum for the transaction of business, unless a larger quorum is required by the bylaws of the Interstate Commission. A Commissioner shall not delegate a vote to another Commissioner. In the absence of its Commissioner, a member state may delegate voting authority for a specified meeting to another person from that state who shall meet the requirements of subsection (d).

(h) The Interstate Commission shall provide public notice of all meetings and all

meetings shall be open to the public. The Interstate Commission may close a meeting, in full or in portion, where it determines by a two-thirds vote of the Commissioners present that an open meeting would be likely to:

(1) Relate solely to the internal personnel practices and procedures of the Interstate Commission;

(2) Discuss matters specifically exempted from disclosure by federal statute;

(3) Discuss trade secrets, commercial, or financial information that is privileged or confidential;

(4) Involve accusing a person of a crime, or formally censuring a person;

(5) Discuss information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

(6) Discuss investigative records compiled for law enforcement purposes; or

(7) Specifically relate to the participation in a civil action or other legal proceeding.

(i) The Interstate Commission shall keep minutes which shall fully describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, including record of any roll call votes.

(j) The Interstate Commission shall make its information and official records, to the extent not otherwise designated in the Compact or by its rules, available to the public for inspection.

(k) The Interstate Commission shall establish an executive committee, which shall include officers, members, and others as determined by the bylaws. The executive committee shall have the power to act on behalf of the Interstate Commission, with the exception of

rulemaking, during periods when the Interstate Commission is not in session. When acting on behalf of the Interstate Commission, the executive committee shall oversee the administration of the Compact including enforcement and compliance with the provisions of the Compact, its bylaws and rules, and other such duties as necessary.

(l) The Interstate Commission may establish other committees for governance and administration of the Compact.

SECTION 12. POWERS AND DUTIES OF THE INTERSTATE COMMISSION

The Interstate Commission shall have the duty and power to:

(a) Oversee and maintain the administration of the Compact;

(b) Promulgate rules which shall be binding to the extent and in the manner provided for in the Compact;

(c) Issue, upon the request of a member state or member board, advisory opinions concerning the meaning or interpretation of the Compact, its bylaws, rules, and actions;

(d) Enforce compliance with Compact provisions, the rules promulgated by the Interstate Commission, and the bylaws, using all necessary and proper means, including but not limited to the use of judicial process;

(e) Establish and appoint committees including, but not limited to, an executive committee as required by Section 11, which shall have the power to act on behalf of the Interstate Commission in carrying out its powers and duties;

(f) Pay, or provide for the payment of the expenses related to the establishment, organization, and ongoing activities of the Interstate Commission;

(g) Establish and maintain one or more offices;

(h) Borrow, accept, hire, or contract for services of personnel;

(i) Purchase and maintain insurance and bonds;

(j) Employ an executive director who shall have such powers to employ, select or appoint employees, agents, or consultants, and to determine their qualifications, define their duties, and fix their compensation;

(k) Establish personnel policies and programs relating to conflicts of interest, rates of compensation, and qualifications of personnel;

(l) Accept donations and grants of money, equipment, supplies, materials and services, and to receive, utilize, and dispose of it in a manner consistent with the conflict of interest policies established by the Interstate Commission;

(m) Lease, purchase, accept contributions or donations of, or otherwise to own, hold, improve or use, any property, real, personal, or mixed;

(n) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, real, personal, or mixed;

(o) Establish a budget and make expenditures;

(p) Adopt a seal and bylaws governing the management and operation of the Interstate Commission;

(q) Report annually to the legislatures and governors of the member states concerning the activities of the Interstate Commission during the preceding year. Such reports shall also include reports of financial audits and any recommendations that may have been adopted by the Interstate Commission;

(r) Coordinate education, training, and public awareness regarding the Compact, its implementation, and its operation;

(s) Maintain records in accordance with the bylaws;

(t) Seek and obtain trademarks, copyrights, and patents; and

(u) Perform such functions as may be necessary or appropriate to achieve the purposes of the Compact.

SECTION 13. FINANCE POWERS

(a) The Interstate Commission may levy on and collect an annual assessment from each member state to cover the cost of the operations and activities of the Interstate Commission and its staff. The total assessment must be sufficient to cover the annual budget approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated upon a formula to be determined by the Interstate Commission, which shall promulgate a rule binding upon all member states.

(b) The Interstate Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same.

(c) The Interstate Commission shall not pledge the credit of any of the member states, except by, and with the authority of, the member state.

(d) The Interstate Commission shall be subject to a yearly financial audit conducted by a certified or licensed public accountant and the report of the audit shall be included in the annual report of the Interstate Commission.

SECTION 14. ORGANIZATION AND OPERATION OF THE INTERSTATE COMMISSION

(a) The Interstate Commission shall, by a majority of Commissioners present and voting, adopt bylaws to govern its conduct as may be necessary or appropriate to carry out the purposes

of the Compact within twelve (12) months of the first Interstate Commission meeting.

(b) The Interstate Commission shall elect or appoint annually from among its Commissioners a chairperson, a vice-chairperson, and a treasurer, each of whom shall have such authority and duties as may be specified in the bylaws. The chairperson, or in the chairperson's absence or disability, the vice-chairperson, shall preside at all meetings of the Interstate Commission.

(c) Officers selected in subsection (b) shall serve without remuneration from the Interstate Commission.

(d) The officers and employees of the Interstate Commission shall be immune from suit and liability, either personally or in their official capacity, for a claim for damage to or loss of property or personal injury or other civil liability caused or arising out of, or relating to, an actual or alleged act, error, or omission that occurred, or that such person had a reasonable basis for believing occurred, within the scope of Interstate Commission employment, duties, or responsibilities; provided that such person shall not be protected from suit or liability for damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct of such person.

(1) The liability of the executive director and employees of the Interstate Commission or representatives of the Interstate Commission, acting within the scope of such person's employment or duties for acts, errors, or omissions occurring within such person's state, may not exceed the limits of liability set forth under the constitution and laws of that state for state officials, employees, and agents. The Interstate Commission is considered to be an instrumentality of the states for the purposes of any such action. Nothing in this subsection shall be construed to protect such person from suit or liability for damage, loss, injury, or liability

caused by the intentional or willful and wanton misconduct of such person.

(2) The Interstate Commission shall defend the executive director, its employees, and subject to the approval of the attorney general or other appropriate legal counsel of the member state represented by an Interstate Commission representative, shall defend such Interstate Commission representative in any civil action seeking to impose liability arising out of an actual or alleged act, error or omission that occurred within the scope of Interstate Commission employment, duties or responsibilities, or that the defendant had a reasonable basis for believing occurred within the scope of Interstate Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from intentional or willful and wanton misconduct on the part of such person.

(3) To the extent not covered by the state involved, member state, or the Interstate Commission, the representatives or employees of the Interstate Commission shall be held harmless in the amount of a settlement or judgment, including attorney's fees and costs, obtained against such persons arising out of an actual or alleged act, error, or omission that occurred within the scope of Interstate Commission employment, duties, or responsibilities, or that such persons had a reasonable basis for believing occurred within the scope of Interstate Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from intentional or willful and wanton misconduct on the part of such persons.

SECTION 15. RULEMAKING FUNCTIONS OF THE INTERSTATE COMMISSION

(a) The Interstate Commission shall promulgate reasonable rules in order to effectively and efficiently achieve the purposes of the Compact. Notwithstanding the foregoing, in the event

the Interstate Commission exercises its rulemaking authority in a manner that is beyond the scope of the purposes of the Compact, or the powers granted hereunder, then such an action by the Interstate Commission shall be invalid and have no force or effect.

(b) Rules deemed appropriate for the operations of the Interstate Commission shall be made pursuant to a rulemaking process that substantially conforms to the "Model State Administrative Procedure Act" of 2010, and subsequent amendments thereto.

(c) Not later than thirty (30) days after a rule is promulgated, any person may file a petition for judicial review of the rule in the United States District Court for the District of Columbia or the federal district where the Interstate Commission has its principal offices, provided that the filing of such a petition shall not stay or otherwise prevent the rule from becoming effective unless the court finds that the petitioner has a substantial likelihood of success. The court shall give deference to the actions of the Interstate Commission consistent with applicable law and shall not find the rule to be unlawful if the rule represents a reasonable exercise of the authority granted to the Interstate Commission.

SECTION 16. OVERSIGHT OF INTERSTATE COMPACT

(a) The executive, legislative, and judicial branches of state government in each member state shall enforce the Compact and shall take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of the Compact and the rules promulgated hereunder shall have standing as statutory law but shall not override existing state authority to regulate the practice of medicine.

(b) All courts shall take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of the Compact which may affect the powers, responsibilities or actions of the Interstate Commission.

(c) The Interstate Commission shall be entitled to receive all service of process in any such proceeding, and shall have standing to intervene in the proceeding for all purposes. Failure to provide service of process to the Interstate Commission shall render a judgment or order void as to the Interstate Commission, the Compact, or promulgated rules.

SECTION 17. ENFORCEMENT OF INTERSTATE COMPACT

(a) The Interstate Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of the Compact.

(b) The Interstate Commission may, by majority vote of the Commissioners, initiate legal action in the United States District Court for the District of Columbia, or, at the discretion of the Interstate Commission, in the federal district where the Interstate Commission has its principal offices, to enforce compliance with the provisions of the Compact, and its promulgated rules and bylaws, against a member state in default. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation including reasonable attorney's fees.

(c) The remedies herein shall not be the exclusive remedies of the Interstate Commission. The Interstate Commission may avail itself of any other remedies available under state law or the regulation of a profession.

SECTION 18. DEFAULT PROCEDURES

(a) The grounds for default include, but are not limited to, failure of a member state to perform such obligations or responsibilities imposed upon it by the Compact, or the rules and bylaws of the Interstate Commission promulgated under the Compact.

(b) If the Interstate Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under the Compact, or the bylaws or promulgated rules, the Interstate Commission shall:

(1) Provide written notice to the defaulting state and other member states, of the nature of the default, the means of curing the default, and any action taken by the Interstate Commission. The Interstate Commission shall specify the conditions by which the defaulting state must cure its default; and

(2) Provide remedial training and specific technical assistance regarding the default.

(c) If the defaulting state fails to cure the default, the defaulting state shall be terminated from the Compact upon an affirmative vote of a majority of the Commissioners and all rights, privileges, and benefits conferred by the Compact shall terminate on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of the default.

(d) Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to terminate shall be given by the Interstate Commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.

(e) The Interstate Commission shall establish rules and procedures to address licenses and physicians that are materially impacted by the termination of a member state, or the withdrawal of a member state.

(f) The member state which has been terminated is responsible for all dues, obligations, and liabilities incurred through the effective date of termination including obligations, the

performance of which extends beyond the effective date of termination.

(g) The Interstate Commission shall not bear any costs relating to any state that has been found to be in default or which has been terminated from the Compact, unless otherwise mutually agreed upon in writing between the Interstate Commission and the defaulting state.

(h) The defaulting state may appeal the action of the Interstate Commission by petitioning the United States District Court for the District of Columbia or the federal district where the Interstate Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation including reasonable attorney's fees.

SECTION 19. DISPUTE RESOLUTION

(a) The Interstate Commission shall attempt, upon the request of a member state, to resolve disputes which are subject to the Compact and which may arise among member states or member boards.

(b) The Interstate Commission shall promulgate rules providing for both mediation and binding dispute resolution as appropriate.

SECTION 20. MEMBER STATES, EFFECTIVE DATE AND AMENDMENT

(a) Any state is eligible to become a member state of the Compact.

(b) The Compact shall become effective and binding upon legislative enactment of the Compact into law by no less than seven (7) states. Thereafter, it shall become effective and binding on a state upon enactment of the Compact into law by that state.

(c) The governors of non-member states, or their designees, shall be invited to participate in the activities of the Interstate Commission on a non-voting basis prior to adoption of the

Compact by all states.

(d) The Interstate Commission may propose amendments to the Compact for enactment by the member states. No amendment shall become effective and binding upon the Interstate Commission and the member states unless and until it is enacted into law by unanimous consent of the member states.

SECTION 21. WITHDRAWAL

(a) Once effective, the Compact shall continue in force and remain binding upon each and every member state; provided that a member state may withdraw from the Compact by specifically repealing the statute which enacted the Compact into law.

(b) Withdrawal from the Compact shall be by the enactment of a statute repealing the same, but shall not take effect until one (1) year after the effective date of such statute and until written notice of the withdrawal has been given by the withdrawing state to the governor of each other member state.

(c) The withdrawing state shall immediately notify the chairperson of the Interstate Commission in writing upon the introduction of legislation repealing the Compact in the withdrawing state.

(d) The Interstate Commission shall notify the other member states of the withdrawing state's intent to withdraw within sixty (60) days of its receipt of notice provided under subsection (c).

(e) The withdrawing state is responsible for all dues, obligations and liabilities incurred through the effective date of withdrawal, including obligations, the performance of which extend beyond the effective date of withdrawal.

(f) Reinstatement following withdrawal of a member state shall occur upon the withdrawing state reenacting the Compact or upon such later date as determined by the Interstate Commission.

(g) The Interstate Commission is authorized to develop rules to address the impact of the withdrawal of a member state on licenses granted in other member states to physicians who designated the withdrawing member state as the state of principal license.

SECTION 22. DISSOLUTION

(a) The Compact shall dissolve effective upon the date of the withdrawal or default of the member state which reduces the membership in the Compact to one (1) member state.

(b) Upon the dissolution of the Compact, the Compact becomes null and void and shall be of no further force or effect, and the business and affairs of the Interstate Commission shall be concluded and surplus funds shall be distributed in accordance with the bylaws.

SECTION 23. SEVERABILITY AND CONSTRUCTION

(a) The provisions of the Compact shall be severable, and if any phrase, clause, sentence, or provision is deemed unenforceable, the remaining provisions of the Compact shall be enforceable.

(b) The provisions of the Compact shall be liberally construed to effectuate its purposes.

(c) Nothing in the Compact shall be construed to prohibit the applicability of other interstate compacts to which the states are members.

SECTION 24. BINDING EFFECT OF COMPACT AND OTHER LAWS

(a) Nothing herein prevents the enforcement of any other law of a member state that is not inconsistent with the Compact.

(b) All laws in a member state in conflict with the Compact are superseded to the extent of the conflict.

(c) All lawful actions of the Interstate Commission, including all rules and bylaws promulgated by the Commission, are binding upon the member states.

(d) All agreements between the Interstate Commission and the member states are binding in accordance with their terms.

(e) In the event any provision of the Compact exceeds the constitutional limits imposed on the legislature of any member state, such provision shall be ineffective to the extent of the conflict with the constitutional provision in question in that member state.

Protecting
Advocating
Serving

Expanding Access, Protecting Patients:

The Interstate Medical Licensure Compact

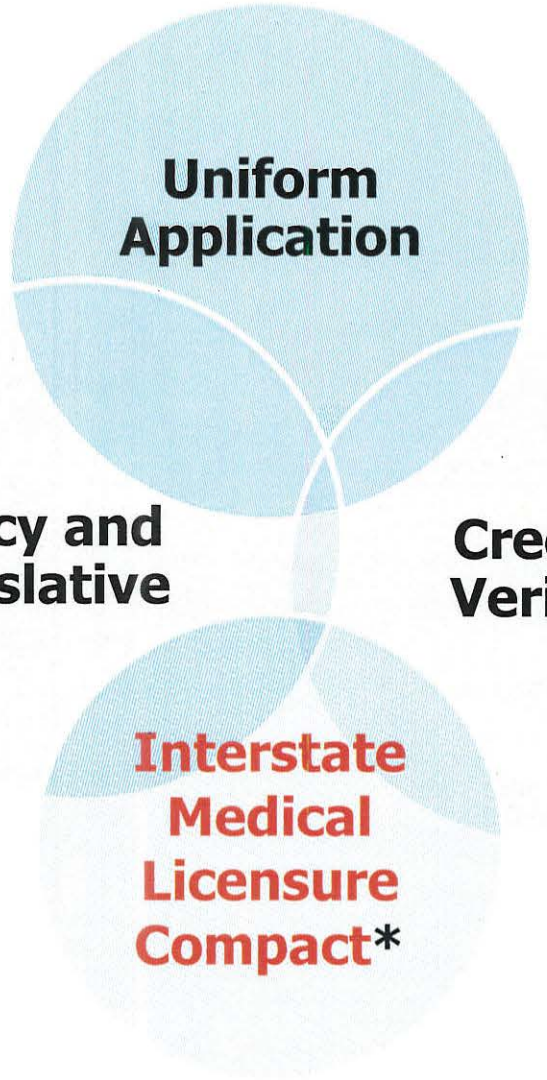
Lisa Robin
Chief Advocacy Officer
Federation of State Medical Boards (FSMB)

The Need for License Portability

- **Health care rapidly changing**
  - Rise of telemedicine and new technology
  - The *Affordable Care Act* and need for greater access to care
  - Integration of health care delivery systems
  - Increase in multi-state practice
    - 16% of physicians are licensed in 2 states
    - 6% of physicians are licensed in 3 or more

- **Goal: Facilitate multi-state practice without compromising patient safety or quality**

FSMB's License Portability Initiatives



Expand UA Utilization

Telemedicine Guidelines

Improve FCVS

Support Expedited Endorsement of Licensure

*Supported by PDC

Current Regulatory Environment

- **Combating Aggressive Push for a 'National' License**
  - Legislation in Congress calling for "nationalized" licensure system
  - Proposals tie licensure to federal health programs (i.e. Medicare)

- **Need for a Nationwide Solution, Implemented by the States, without Federalizing Licensure**
  - State solution would preserve proven regulatory approach
  - State solution does not require overhaul or new federal program
  - Licensing is constitutionally a state power

- **Options for interstate cooperation**
  - Uniform Law?
  - Interstate Compact?

What is an Interstate Compact?

- A contract between compact states
- Constitutionally authorized
- Retains state sovereignty on issues traditionally reserved to state jurisdictions
- Commission established to coordinate cooperation

Interstate Compact HOD Directive in 2013

- FSMB House of Delegates unanimously adopted

  Resolution 13-5: Development of an Interstate Compact to Expedite Medical Licensure and Facilitate Multi-State Practice (HOD 2013)

- Directed FSMB to study the feasibility of an Interstate Compact model to facilitate license portability

Interstate Compact Key Principles

- **Participation voluntary for both physicians and state boards of medicine**
- **Creates another pathway for licensure, but does not otherwise change a state's existing *Medical Practice Act***
- **Regulatory authority remains with the participating state medical boards**

Interstate Compact Key Principles

- **The practice of medicine occurs where the patient is located**
- **Compliance with the statutes, rules and regulations of state where patient located**
- **State boards aware of physicians practicing in the state**

Interstate Compact Key Principles

- **Improved sharing of complaint and investigative information between medical boards**
- **The license to practice medicine may be revoked by member state once issued**
- **The ability of boards to assess fees will not be compromised**

Compact Eligibility Requirements

- **Not all Physicians will be eligible**

- **Must meet the following requirements:**
  - Successfully passed USMLE or COMLEX-USA
  - Successful completion of a GME program
  - Specialty certification or a time-unlimited certificate
  - No discipline on any state medical license
  - No discipline related to controlled substances
  - Not under investigation by any agency

State of Principal License

- **Entry point for eligible physicians**
  - State must be a Compact State
  - Physician must obtain (or hold) a full and unrestricted license

- **What state can serve as State of Principal License?**
  - State of physician's primary residence
  - State where 25% of medical practice occurs
  - Location of physician's employer
  - State designated for federal income taxes

Proposed Interstate Compact Pathway

Step 1

- **Eligible Physician is/becomes licensed in a Compact State (State of Principal License)**

Step 2

- **Eligible Physician applies for expedited licensure in other Compact states via State of Principal License**
- **State of Principal License verifies eligibility**

Step 3

- **State of Principal License sends attestation to an Interstate Commission**
- **Eligible physician transmits fees to Interstate Commission**

Proposed Licensure Pathway

Step 4

- **Interstate Commission sends fees and physician information to other Compact states selected by Physician**

Step 5

- **Selected member states issue physician a license**

Step 6

- **ONGOING: Commission is used as a clearinghouse for shared discipline and investigatory information, renewals**

Impact of Disciplinary Actions

Action by State of Principal License – Effect on License(s) Granted Under Compact:

State of Principal License Action	Major Action	Minor Action
Initial Action	Other license(s) immediately placed on identical status w/o additional action by other member board	Member board(s) may: (1) Deem factual findings to be *res judicata* and impose same or lesser sanction(s); OR (2) Pursue separate disciplinary action under its respective medical or osteopathic practice act
Reinstatement	Other license(s) remains on encumbered status pending action by other member board	

Impact of Disciplinary Actions

Action by Member State – Effect on Licenses Issued in Other Member States:

Member State Action	Major Action	Minor Action
Initial Action	Other licenses immediately suspended for 90 days automatically and without additional action necessary by other member board; however, the other board may lift or otherwise change the suspension prior to the completion of 90 days	Other member licensing board(s) may: (1) Deem factual findings to be *res judicata* and impose same or lesser sanction(s); OR (2) Take separate action under its respective medical or osteopathic practice act
Reinstatement	Other license(s) remains on encumbered status pending action by other member board	

Joint Investigations

- **Member Boards may participate with other member boards in joint investigations of physicians licensed by the member boards**
- **Boards may share information and other materials**
- **Subpoenas issued by member states enforceable in other member states**

Coordinated Information System

- **Commission to establish database of all physicians who apply or are licensed through Compact**
- **Member Boards will report complaint/disciplinary information to the Commission**
- **Increased permissive sharing of complaints and other investigatory information**

Interstate Compact Commission

- **State Boards retain licensing authority, participate as Commission members**

- **Administrative Role Only**
  - Coordinate education and training
  - Empowered to determine when a state has breached its obligations under Compact
  - Can raise own funds to remain budget neutral

Interstate Compact Commission

- **Each member state would appoint two representatives to serve**
- **Rulemaking authority crucial to success**
- **Substantive changes to Compact must be unanimous**

Funding and Fees

- **Budget not envisioned to be substantial**
- **Each member board retains power to set licensing fees**
- **Commission would assess user fee**
  - Similar to a 'convenience fee' for online ticketing
- **Commission can seek grants**

Interstate Compact: Next Steps

- **Must be enacted as statute by state legislatures**
- **Growing interest among states for adoption**
  - 24 boards have formally endorsed (as of 1/12/15)
  - Growing support from medical and hospital associations
    - American Medical Association
  - At least 10 introductions likely in 2015
- **Late Summer 2015 projected for first meeting**

Available Resources

- http://www.fsmb.org/policy/interstate-model-compact
- **Talking Points**
- **Endorsements**
  - State Medical and Osteopathic Boards
  - National and state medical associations
  - Specialty Societies
  - Health Care Delivery Systems

Questions/Discussion/Contact Us

Lisa Robin

Chief Advocacy Officer

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TAB 5

OSTEOPATHIC
Physicians & Surgeons
OF CALIFORNIA

2015 H Street
Sacramento, CA 95811
(800) 638-6772
Website: *www.opsc.org*
e-mail: opsc@opsc.org

KATHLEEN S. CREASON, MBA
EXECUTIVE DIRECTOR

DOs: Physicians Treating People, Not Just Symptoms

DO Student Protection Against Discrimination
Proposed Legislation

Issue: California law lacks clear protections for osteopathic medical students to ensure they receive equal access to clerkships and residency programs at medical training institutions in the state. State law should be amended to ensure that DO students and MD students have equal access to medical training programs in California.

Background: In 1993, Business and Professions Code Section 2453 was amended into California law, expressly recognizing osteopathic physicians (DOs) and allopathic physicians (MDs) as having equal access to hospital privileges. The law does not, however, include DO or MD students.

In the last year there have been a number of training institutions that have specifically excluded DO students from applying to their programs for clerkships or internships. As California based training slots have become more competitive, exclusion of DO students has become more problematic.

It is common practice to allow collaboration amongst all U.S. based medical schools allowing access to training at medical schools' training hospitals for both DO and MD students. These "audition rotations" allow programs to evaluate future osteopathic and allopathic physicians in a clinical setting to be competitive candidates into their residency and fellowship programs.

In recognition of comparable educational requirements between the DO and MD professions, the Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association recently agreed to establish a single unified residency accreditation system. In addition, medical school clinical training collaboration has oversight by the Association of American Medical Colleges (AAMC) for all osteopathic and allopathic medical colleges to allow seamless access of both DO and MD students to visiting institutions.

Doctors of Osteopathic Medicine (DOs) are physicians who are fully educated and licensed to practice all aspects of medicine. DOs have a patient-centered approach to health care, using all resources of modern medicine – including prescribing medication, performing surgery, and utilizing Osteopathic Manipulative Treatment to prevent, detect and treat disease. California has two osteopathic medical schools

– Western University of Health Sciences in Pomona, California and Touro University in Vallejo, California.

It is unacceptable that California training institutions deny DO students access to clinical training programs and the opportunity to - at the very least - apply to participate in audition rotations. This current policy excludes training programs for a large percentage of our future physicians. In the 2014-15 academic year, Osteopathic Medical Colleges are educating over 24,600 future physicians - more than 20% of US medical students[1]. In California, there were 1,055 graduates from allopathic (MD) medical schools in 2011[2] compared to 334 Osteopathic (DO) medical graduates[1].

The exclusion of DO students from California clinical training programs runs counter to state and national efforts to promote primary care physician pathways, as many DOs end up specializing in primary care and practice in areas of the greatest need. In addition, a large majority of the DO students that matriculate as new osteopathic physicians are California residents and California tax payers financially supporting many of the training institutions.

<u>OPSC would propose that the following language be added to the Business and Professions Code:</u>

Add Section 2453.1 to the Business & Professions Code to read:

(a) It is the policy of this state that individuals that are medical students attending Liaison Committee on Medical Education (LCME) accredited institutions and medical students attending Commission on Osteopathic College Accreditation (COCA) accredited institutions, or graduates of such institutions, shall be accorded equal access to medical training programs in the state.

(b) No academic or private institution that provides medical training programs such as clerkships, internships, fellowships or residency programs shall discriminate with respect to equal access to eligibility and cost on the basis of whether the individual is a medical student attending an LCME accredited institution or attending a COCA accredited institution, or is a graduate of such institutions.

11/5/2014

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[1] American Association of Colleges of Osteopathic Medicine

[2] Kaiser Family Foundation

TAB 6

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TAB 7

Osteopathic Medical Board

Future Agenda Items

Agenda Item	Requestor

TAB 8

Osteopathic Medical Board

Future Meeting Dates

Date	Place	Time

**Please note that all meetings should be held in the best interest of the Board. Meetings in resorts or vacation areas should not be made. Using Conference areas that do not require contracts and or payment is the best option for the Board. No overnight travel. If an employee chooses a mode of transportation which is more costly than another mode, a Cost Comparison form must be completed. Reimbursement by the State will be made at the lesser of the two costs. Taxi Service should be used for trips within but not over a 10-mile radius. Receipts are required for taxi expenses of $10.00 and over. Tips are not reimbursable.*