During the June 2014 Annual Meeting of the American Medical Association (AMA) and the July 2014 Annual Meeting of the American Osteopathic Association (AOA), the following policies and resolutions were considered by their respective House of Delegates that are pertinent to state medical and osteopathic boards and the Federation of State Medical Boards (FSMB).

2014 American Medical Association (AMA) House of Delegates

AMA Adopts Telemedicine Policy

3. SOCIAL MEDIA GUIDANCE
Introduced by Minority Affairs Section


RESOLVED, That our American Medical Association collaborate with other medical organizations and interested parties to develop guidance for physicians on social media that includes benefits, pitfalls and recommended safeguards.

4. SOCIAL MEDIA
Introduced by Washington


RESOLVED, That the Council on Ethical and Judicial Affairs undertake a study to chart the course for the ethical and HIPAA compliant use of social media for the physicians of the United States.

118. FACILITATING STATE LICENSURE FOR TELEMEDICINE SERVICES
Introduced by Illinois

HOUSE ACTION: ADOPTED AS FOLLOWS

RESOLVED, That our American Medical Association study issues associated with state-based licensure and portability of state licensure for telemedicine services and report back at I-14.

304. GRADUATE MEDICAL EDUCATION FUNDING AND QUALITY OF RESIDENT EDUCATION
Introduced by Resident and Fellow Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association explore innovative funding models for incremental increases in funded residency positions related to quality of resident education and provision of patient care as evaluated by appropriate medical education organizations such as the Accreditation Council for Graduate Medical Education.
310. PHYSICIAN REENTRY AND LICENSURE
Introduced by Women Physicians Section

HOUSE ACTION: ADOPTED AS FOLLOWS

RESOLVED, That our AMA encourage each state which does not grant a full and unrestricted license to physicians undergoing reentry to develop a non-disciplinary category of licensure for physicians during their reentry process.

313. FSMB MAINTENANCE OF LICENSURE PROGRAM
Introduced by Florida

HOUSE ACTION: POLICY H-275.920 REAFFIRMED IN LIEU OF FOLLOWING RESOLUTION

RESOLVED, That our American Medical Association oppose any efforts by the Federation of State Medical Boards, Inc., (FSMB) to implement a “maintenance of licensure (MOL)” program in any state; and be it further RESOLVED, That our AMA oppose any maintenance of certification (MOC) or recertification by a specialty medical board as a condition of licensure in any state.

Policy recommended for reaffirmation:
H-275.920 Impact of Maintenance of Certification, Osteopathic Continuous Certification, Maintenance of Licensure on the Physician Workforce

1. Our AMA encourages the Federation of State Medical Boards to continue to work with state licensing boards to accept physician participation in maintenance of certification (MOC) and osteopathic continuous certification (OCC) as meeting the requirements for MOL and to develop alternatives for physicians who are not certified/recertified, and that MOC or OCC not be the only pathway to MOL for physicians. 2. Our AMA encourages the American Board of Medical Specialties to use data from maintenance of certification to track whether physicians are maintaining certification and share this data with the AMA. (CME Rep. 11, A-12).

317. ABOLISH DISCRIMINATION AGAINST IMGs IN MEDICAL LICENSING REQUIREMENTS
Introduced by Michigan

HOUSE ACTION: REFERRED

RESOLVED, That our American Medical Association advocate that state medical societies in states that require unequal amounts of graduate medical education (GME) for International Medical Graduates (IMGs) versus LCME graduates seek legislation in their state legislatures to make GME requirements the same for IMGs and LCME graduates and also to eliminate any other discriminatory requirements mandated for IMGs alone; and be it further RESOLVED, That our AMA lobby the Federation of State Medical Boards (FSMB) to vigorously promote its policy of equal requirements for IMGs and LCME graduates and to ask the FSMB to seek changes in laws in each state to eliminate unequal graduate medical education requirements that discriminate against IMGs.
319. MAINTENANCE OF LICENSURE

Introduced by New York

HOUSE ACTION: ADOPTED AS FOLLOWS

RESOLVED, That our AMA oppose any MOL initiative that creates barriers to practice, is administratively unfeasible, is inflexible with regard to how physicians practice (clinically or not), that does not protect physician privacy and that is used to promote policy initiatives above physician competence; and be it further RESOLVED, That Policy H-275.923 be reaffirmed.

2014 American Osteopathic Association (AOA) House of Delegates

AOA House of Delegates Votes to Support Single GME Accreditation System


Sunset Res. No. 214: H239-A/09 – Mandatory CME Course Requirements (H278-A/04)

Submitted by Bureau of State Government Affairs / Council on AOA Policy

HOUSE ACTION: APPROVED

RESOLVED, that the Bureau of State Government Affairs and the Council on AOA Policy recommends that the following policy be REAFFIRMED. MANDATORY CME COURSE REQUIREMENTS (H278-A/04): The American Osteopathic Association opposes any federal attempts to impose any specific continuing medical education (CME) course requirements and will assist any component societies in opposing additional specific CME course requirements. 2004; reaffirmed 2009; reaffirmed 2014

300. Extended Release-Long Acting (ER/LA) Opioid Risk Evaluation and Mitigation Strategy (REMS) Training

Submitted by Bureau on Scientific Affairs and Public Health / Council on Palliative Care Issues

HOUSE ACTION: APPROVED AS AMENDED

RESOLVED, The AOA encourages osteopathic physicians whose practice includes the prescribing of extended release-long acting (ER/LA) opioids to complete Opioid Risk Evaluation and Mitigation Strategy (REMS) training to ensure that ER/LA opioids are prescribed, when indicated, in a manner that enhances patient well-being and does not contribute to individual or public harm.

603. MAINTENANCE OF LICENSURE

Submitted by New Jersey Association of Osteopathic Physicians and Surgeons

HOUSE ACTION: DISAPPROVED FOLLOWING RESOLUTION (CONTRADICTS CURRENT AOA POLICY 647)

RESOLVED, that the American Osteopathic Association discontinue its support of Maintenance of Licensure (MOL); and, be it further RESOLVED, that the American Osteopathic Association actively oppose Maintenance of Licensure (MOL); and be it further RESOLVED, that the American Osteopathic
Association acknowledges and affirms the professionalism of its individual physicians to work under the rules set forth by their state medical board in order to fulfill the requirements of ongoing CME and maintaining a current medical license.

**AOA Policy 647 (as amended via Resolution 638):** The American Osteopathic Association (1) supports the development of state level maintenance of licensure (MOL) programs to demonstrate that osteopathic physicians are competent and provide quality care over the course of their career. Flexible pathways for achieving MOL should be maintained. The requirements for MOL should balance transparency with privacy protection and not be overly burdensome or costly to physicians or state licensing boards. (2) The AOA will continue to address and promote physician competency through the teaching of core competencies at the predoctoral and postdoctoral levels as well as ongoing physician assessment through Osteopathic Continuous Certification (OCC) and the AOA Clinical Assessment Program (CAP) or its equivalent. (3) The AOA will continue to work with state osteopathic affiliates, the American Association of Osteopathic Examiners and other stakeholders to establish and implement MOL policies that promote patient safety and the delivery of high quality care.