

# LEVERAGING GROWTH



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A N N U A L  
R E P O R T

## About the Federation of State Medical Boards

The 10th Amendment of the United States Constitution authorizes states to establish laws and regulations protecting the health, safety and general welfare of their citizens.

To protect the public from the unprofessional, improper, unlawful or incompetent practice of medicine, each of the states and territories making up the United States has a Medical Practice Act that defines the practice of medicine within their borders and delegates the authority to enforce the law to a state medical board.

The FSMB represents the 70 medical and osteopathic boards — commonly referred to as state medical boards — within the United States, including its territories and the District of Columbia. It assists these boards as they go about their mandate of protecting the public's health, safety and welfare through proper licensing and disciplining of physicians and, in some jurisdictions, physician assistants and other health care professionals.

ALABAMA | ALASKA | ARIZONA  
ARKANSAS | CALIFORNIA | COLORADO  
CONNECTICUT | DELAWARE | DISTRICT  
OF COLUMBIA | FLORIDA | GEORGIA  
GUAM | HAWAII | IDAHO | ILLINOIS  
INDIANA | IOWA | KANSAS  
KENTUCKY | LOUISIANA | MAINE  
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In recent years, the Federation of State Medical Boards has put in motion new initiatives that, over time, have the potential to significantly impact medical regulation — and our health care system as a whole.

Many of these early seeds of development showed notable growth in 2017-18, nurtured along in many cases by a new spirit of collaboration between the FSMB and partner organizations.

This annual report highlights a busy year — and encouraging signs of growth and impact in our efforts.

# 70 Boards. One Mission.

## CONTENTS

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## TO OUR STAKEHOLDERS



**IN THE LIFE OF ORGANIZATIONS**, momentum and growth fluctuate; often the benefits of initiatives and investments do not become apparent until well after they have been initially launched. Institutional seeds are planted and we wait for them to take root and yield returns.

As the FSMB looks back on another year of service to the nation's state medical and osteopathic boards, we are pleased to note that many of our most important strategic initiatives, launched recently, are showing the unmistakable signs of growth and momentum — with great prospects for the future.

In each of our major operational divisions we made notable and measurable progress over the last year — with programs and policies closely linked to the aims of our six strategic goals. Much of the groundwork for various initiatives within these divisions was carefully laid over the course of several years and made possible by the hard work of dedicated FSMB staff, elected leadership and volunteers.

Thus, we have chosen **“Leveraging Growth”** as the theme for our 2018 annual report to stakeholders — suggesting that we have reached an important time in our development. In each of the major sections of this report you will find a highlighted example of an FSMB activity that is yielding encouraging results and is poised for even more growth in years to come.

We note that just as newly planted seeds need water and sunlight to prosper, new institutional initiatives often rely upon collaboration and partnership as necessary elements for growth — and we gratefully acknowledge the contributions of our many

formal and informal partners, who are helping us strengthen state medical boards' mission of public protection. You will see their names highlighted in this report as well.

We invite you to explore the major sections of our report to learn more about the work of the FSMB's five core activity centers over the last year:

**Advocacy:** The Interstate Medical Licensure Compact — which streamlines physician licensing — continues to gather momentum. In a milestone, the first license using the Compact's new multi-state process was granted in April 2017, and total states and territories participating in the Compact now stands at 23. During the last year our Washington, D.C.-based staff was particularly focused on federal antitrust concerns and changes in attitudes regarding occupational licensing — and at every step we advocated for strong, state-based medical regulation. We forged new partnerships — including our groundbreaking work with the Professional Licensing Coalition — and continued to address issues ranging from physician wellness and burnout to the nation's opioid epidemic. *Please see page 6.*

**Data and Research:** The FSMB's long-term effort to significantly expand and upgrade its data processing capabilities is now yielding strong results across numerous metrics. Over the last year we made excellent progress in developing new apps and other tools that allow great customization of data services — helping us advance our core strategic goal of providing enhanced services to state medical boards. Utilization of our DocInfo service for consumers grew by 30%, and our Federation Credentials

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Verification Service (FCVS) and Uniform Application showed strong yearly results, as well. Also of note: We broadened our research projects, made strategic updates to the United States Medical Licensing Examination (USMLE), published our fourth biennial *Census of Actively Licensed Physicians*, and launched a completely redesigned website. *Please see page 10.*

**Education:** The FSMB's position as an accredited Continuing Medical Education (CME) provider is an excellent example of a recent initiative that is showing signs of growth and has strong potential in helping us achieve our strategic goals. Several new CME projects are in the works and will launch in 2018 — including plans for placing CME material in the *Journal of Medical Regulation* for the first time ever. We also made strong inroads in our effort to provide more digital educational resources in 2017-18, launching new online education modules for medical students, residents, and members of state medical boards. *Please see page 14.*

**Communications:** At a time of change and growth, it is fitting that the FSMB introduced a new, modernized logo and visual identity in early 2018. The new, contemporary look and feel of our brand fits well with our continuing effort to evolve and adapt in ways that reinforce our mission in a changing health care environment. Our communications team continued to fortify the FSMB's communications channels and connections with stakeholder audiences over the last year, including adding new video products and increasing our flow of social media messaging. *Please see page 18.*

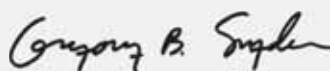
**FSMB Foundation:** With a new strategic plan and restructured grantmaking process, the FSMB Foundation took major strides forward in 2017-18. By launching opportunities such as its new “mini-grant” program, the FSMB's philanthropic arm is widening and diversifying its grant portfolio — and strengthening medical regulation. *Please see page 20.*

In this year's report, we also offer a summary of our major **policy development initiatives** — shaped and guided by our dedicated workgroups and committees. You will find summaries of their work on page 4, and lists of the individuals who participated in these projects on page 24. Our **strategic goals**, as always, are included on page 28.

As you will see upon reading our report, this has been an extraordinarily busy year — perhaps one of the FSMB's busiest ever.

Operationally, we are prepared for the new growth we are experiencing: We have filled key staff positions, updated our planning and forecasting projections, and made infrastructure improvements intended to accommodate these changes — including purchasing a property in Washington, D.C. that will enhance our ability to convene meetings and conduct business. We are poised and ready.

Beyond these physical assets, we are grateful for the dedicated public servants who serve on, and work for our 70 member-boards, and for our FSMB staff, elected leadership and volunteers — all of whom are vital to our mission and ability to succeed as an organization. To them, we offer our sincere thanks.



**Gregory B. Snyder, MD, DABR**  
Chair, FSMB Board of Directors



**Humayun J. Chaudhry, DO, MS, MACP**  
President and CEO



## FSMB Workgroups and Committees: Moving Policy Forward in 2017-2018

One of the FSMB's most important contributions to medical regulatory policy in the United States is serving as a forum for discussion of the pressing issues and trends that face state medical boards — and that ultimately impact the quality and safety of patient care.

Discussion and exchange of information occurs at many levels — through conferences, special events, meetings and publications — but its nexus is the FSMB's **House of Delegates**, which each year considers and votes upon formal FSMB policy proposals.

In an extraordinarily busy year for policy development, a number of FSMB workgroups and taskforces developed recommendations, guidelines and reports on issues of importance to medical regulation for consideration by the House of Delegates. Recommendations and updates from all of these groups are expected at the FSMB's 2018 Annual Meeting in Charlotte, North Carolina. Highlights include:

### Physician Wellness and Burnout

It is now estimated that there are 300 to 400 physician suicides each year in the United States — with many directly linked to stress and burnout in medical practice. The issue impacts physicians across the entire professional spectrum — from those in training to those about to retire.

In response, state medical boards are exploring ways to better balance their role in protecting the public while lessening the stigma sometimes associated with health professionals wanting to seek care for medical or mental health issues.

The **FSMB Workgroup on Physician Wellness and Burnout**, chaired by FSMB Immediate Past Chair **Art Hengerer, MD**, was launched in 2016 to study physician wellness and burnout across the continuum of medical education and practice and to make recommendations aimed at addressing it.

In addition to the efforts of the workgroup, which will make its formal recommendations at the 2018 Annual Meeting, the FSMB is working extensively to raise visibility of the issue through other channels. Dr. Hengerer co-authored a commentary titled “Breaking a Culture of Silence: The Role of State Medical Boards” for the National Academy of Medicine (NAM), for example, and the FSMB joined NAM's **Action Collaborative on Physician Wellness and Resilience**. FSMB leaders have



given presentations in other national forums, including meeting with **Accreditation Council for Graduate Medical Education (ACGME)** leaders and program directors about the wellness needs of physicians in training.

### Regenerative and Stem Cell Therapy Practices

Stem cell and regenerative therapies offer exciting new treatment options for a variety of medical conditions. At the same time, however, this rapidly growing sector of medicine has been undermined by demonstrated cases in which therapies have been used inappropriately and marketing and medical ethics standards have been breached. With more than 350 U.S. businesses now offering regenerative and stem cell interventions — and growth accelerating nationally — new guidelines for appropriate and ethical practices are needed.

In 2017, U.S. Senator Lamar Alexander (R-TN), asked the FSMB to lead efforts to develop such guidelines, and FSMB Chair **Gregory B. Snyder, MD, DABR**, established the **FSMB Workgroup to Study Regenerative and Stem Cell Therapy Practices**. Chaired by **Scott Steingard, DO**, of the FSMB Board of Directors, the workgroup has been studying the prevalence, promotional practices and incidences of patient harm related to regenerative medicine and adult stem cell therapies and evaluating current regulatory approaches and best practices — including hosting a special summit meeting of experts and policy makers in Washington, D.C., in September 2017. The workgroup's mandate is to issue a report, including best regulatory practices and guidelines related to physicians' use of regenerative medicine and adult stem cell therapies in a manner consistent with safe and responsible medicine.

### Prescription Drug Monitoring Programs

Overdose deaths from prescription opioids in the United States quintupled between 1999 and 2016, totaling more than 200,000 deaths during that time. The escalating opioid epidemic has led to a wave of action steps by virtually every sector in health care — from legislators and policy makers to health care organizations and pharmaceutical manufacturers.

Among the tools being utilized to address the epidemic have been prescription drug monitoring programs (PDMPs), which track prescribing and dispensing of controlled substances and have been used by state governments over the last several decades. Over the past year, more than 50 bills have been enacted into law to implement or expand the use of PDMPs throughout the United States.



« Among other policies, the FSMB is developing guidelines on regenerative and stem cell therapy practices.

PDMPs have the potential of serving as an effective tool in addressing substance use disorder — but many questions remain about how they should be structured and what should be required of physicians and others who use them.

To address these questions, Dr. Snyder established the **Workgroup on Prescription Drug Monitoring Programs**. Chaired by **Anna Z. Hayden, DO**, of the FSMB Board of Directors, the workgroup has been evaluating the impact of mandatory PDMP reporting, reviewing challenges to increased PDMP utilization, and developing recommendations for state medical boards on the most effective uses for PDMPs. A diverse group of policy makers and PDMP experts gathered for a summit meeting on the issue in Washington, D.C., in September 2017 and has been working on recommendations that it will present at the 2018 Annual Meeting.

### Guidelines for the Structure and Function of State Medical and Osteopathic Boards

One of the FSMB's most important contributions to the state-based system of medical regulation in the United States was the development in 1956 of the first *Essentials of a Modern Medical Practice Act*. This guide for state medical boards lays out the basic foundational principles and best practices for medical regulation — ranging from funding, budgeting and administration to principles of licensure, board authority, confidentiality and due process. Its

A draft of the proposed condensed document has been circulated to FSMB member boards and other key stakeholder organizations and its recommendations will be considered at the 2018 Annual Meeting.

### FSMB Workgroups Continue to Add Products and Resources

Two FSMB workgroups continued their work in 2017-18, offering new products and resources to help advance state-based regulation in the United States.

**Education for Physicians:** The **Workgroup on Education on Medical Regulation**, established in 2015 and led by FSMB Chair-elect **Patricia A. King, MD, PhD**, continued its work over the last year in developing a series of modules on various aspects of medical regulation to educate future physicians. Most recently, the workgroup released its second and third modules for medical students and residents, titled “Understanding and Navigating the Medical Licensure Process” and “The Medical Disciplinary Process” (see more about these modules on page 17), and new content is currently in development.

**Education for Regulators:** The **Workgroup on Board Education, Service and Training**, established in 2016 and chaired by **Kenneth B. Simons, MD**, of the FSMB Board of Directors, has developed



companion work, *Elements of a State Medical and Osteopathic Board*, was developed later and has offered additional guidance on key operational details for medical regulators.

The *Essentials* and *Elements* guidelines have been updated periodically since their adoption in an effort to ensure that they properly reflect trends and changes in the ever-evolving U.S. health care system. In 2017, the **FSMB Advisory Council of Board Executives** was directed to begin the latest effort to revise and update these important resources for state medical boards.

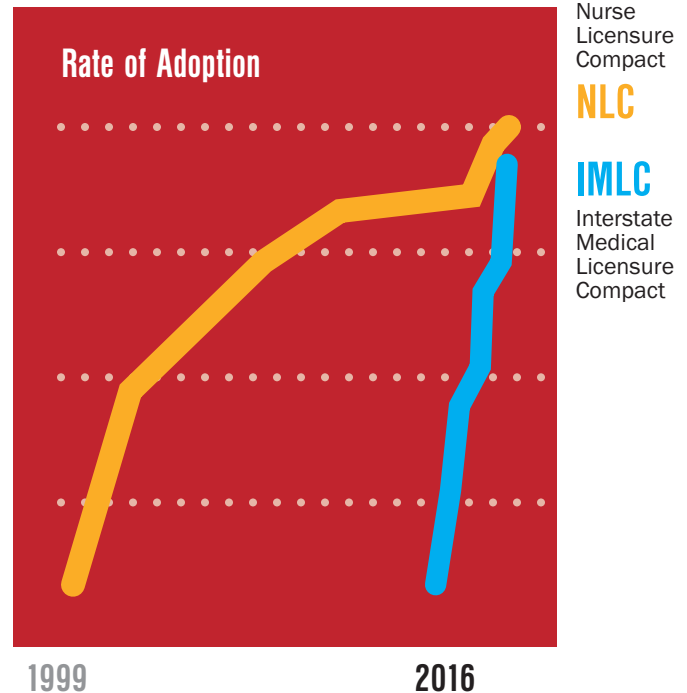
The Council's key recommendation is that the *Essentials* and *Elements* guidelines be condensed into one document, to be titled *Guidelines for the Structure and Function of a State Medical and Osteopathic Board*. The Council's aim is to reduce redundancies between the *Essentials* and the *Elements* documents and make them a more dynamic and user-friendly resource for state boards.

multiple resources to support state medical and osteopathic board members in their roles and responsibilities as medical regulators. The workgroup's efforts have included conducting a thorough analysis of various orientation and training materials shared by the state board community, as well as identifying appropriate content and educational approaches to board member training. Workgroup products soon to be released include brief educational modules on the roles and responsibilities of board members, what it means to be an effective board member, the purposes of medical licensure and discipline, and individual modules on specific regulatory topics.

## Signs of Growth: Interstate Medical Licensure Compact

**Our Progress:** In an extraordinarily short period of time — just three years — the Interstate Medical Licensure Compact (IMLC) has moved from concept to reality. One of the most innovative and fast-growing initiatives of state medical boards in many decades, the IMLC added five new participants over the last year — including the first U.S. territory to join, Guam. Total participation now stands at 23 states and territories, representing 30 medical licensing boards.

The first state medical license using the Compact's new multi-state process was granted in April 2017, and many more have been issued to interested physicians since. Notably, the first license granted — for a Colorado physician requesting licensing in Wisconsin — took just 12 days to issue, a remarkable improvement over recent timeframes for licensure. The legislative votes in state houses considering the Compact continue to be heavily in favor of adoption of the Compact; a recent example is Nebraska, which implemented the Compact in April 2017 after it was adopted by the state legislature unanimously.



**The Numbers:** The IMLC shows major growth potential. It has taken much less time for states to adopt the IMLC, compared with more gradual rates for other similar compacts.

## WHAT'S COMING:

- More and more providers are beginning to use the Compact as a way to increase their practices — especially those engaged in telehealth.
- The Compact has been introduced during the 2018 legislative session in Georgia, Indiana, Kentucky, Maryland, Michigan, New York, Vermont and the District of Columbia.
- More introductions of the Compact are expected in upcoming state legislative sessions; more than half of the United States and territories are soon expected to be active participants.



“**THE COMPACT WAS CONCEIVED** and built at the grassroots level by state medical boards — that makes all the difference. Public protection, efficiency, and effectiveness have been strengthened by the Compact. The FSMB's advocacy and support has added to that collaborative environment and helped us grow.”

**Kathleen Selzler Lippert, JD**  
Executive Director, Kansas Board of Healing Arts



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FSMB leaders advocated strongly for state-based regulation with legislators in 2017-18.  
Pictured: FSMB Chair Gregory Snyder, MD, right, with U.S. Rep. Drew Ferguson (R-Ga.).



## Antitrust and Occupational Licensing Concerns Continue to Loom for Regulators

Trends and attitudes toward occupational licensing and professional regulation have shifted in recent years, including new efforts to reduce or eliminate licensure and regulations that have long been in place for certain professions. Much of this shift has occurred as a result of the historic U.S. Supreme Court ruling in *North Carolina State Board of Dental Examiners v. Federal Trade Commission (FTC)* in 2015.

Since the decision, more than 20 antitrust lawsuits have been filed against state regulatory boards representing various professions. In the intervening years, the FSMB has taken a leadership role in advocating strongly for protections for state medical boards and the need for strong occupational licensing and oversight. Our work on these issues in 2017-18 advanced on several fronts:

**Professional Licensing Coalition:** The FSMB is a founding member of the Professional Licensing Coalition (PLC), made up of more than a dozen organizations representing state licensing boards and their respective professions. Collectively, the PLC is seeking the introduction of federal legislation that would limit antitrust damages for state licensing boards, in the wake of the Supreme Court decision.

**Treble Damages:** The FSMB continued to work with partner organizations in the PLC to actively support federal legislation that limits treble damages against individual members of state licensing boards in antitrust challenges to board disciplinary actions. Nearly 30 representatives of state licensing board associations and their respective professional societies joined the FSMB for a special meeting in Washington, D.C. in June 2017 to discuss strategy and Congressional outreach. The FSMB continues to have direct conversations with a range of U.S. Senators and Representatives on this issue.

**Federal Trade Commission:** The FSMB continued collaborative outreach to the FTC to address antitrust issues, meeting with FTC representatives for discussions. The Acting Director of the FTC's Office of Policy Planning was interviewed as a special guest on FSMB *Spotlight* and will appear at the FSMB's 2018 Annual Meeting in Charlotte, North Carolina. Past FSMB Chair **Jon V. Thomas, MD**, was a featured panelist at an FTC public roundtable in Washington, D.C., speaking on licensure portability.



In September 2017, the FSMB provided formal input, on behalf of the PLC, to the **U.S. House Judiciary Subcommittee on Regulatory Reform, Commercial and Antitrust Law's** occupational licensing oversight hearing on Capitol Hill. The FSMB maintained that the public is best served when state regulatory boards are free to make decisions on issues of public health, safety, and welfare without heightened subjugation to federal antitrust law and other federal mandates. Sixteen other licensing organizations joined the FSMB as formal signatories to its statement.

**Occupational License Portability:** In July, the FSMB submitted comments in response to an FTC event titled "Streamlining Licensing Across State Lines: Initiatives to Enhance Occupational License Portability." The comments highlighted that the successful development and implementation of the Interstate Medical Licensure Compact serves as a prime example of state innovation and cooperation, and further achieves the goals of the FTC in reducing barriers to entry, enhancing competition, and promoting economic opportunity through interstate mobility and practice — while ensuring the protection of the public.





**Capitol Hill Day:** The FSMB's annual Capitol Hill Day continues to play a central role in educating Congress on the important role that state medical boards play in protecting the public. FSMB Chair Gregory Snyder, MD, led the FSMB's Board of Directors on its annual visit to the U.S. Capitol in early 2018, meeting with members of Congress and their aides. In a busy day, FSMB leaders met with 40 Congressional offices – putting a strong emphasis on issues related to the *North Carolina State Board of Dental Examiners v. Federal Trade Commission* decision. Over the last year, the FSMB formally endorsed six federal legislative proposals pending in Congress, including measures to strengthen Veterans Affairs health care services. To aid in its legislative advocacy efforts, the FSMB implemented a new online legislative tracking system in early 2018 that provides expanded tools for use by state medical boards.

## Tri-Regulator Collaborative: Uniting Advocacy Across Medicine, Pharmacy and Nursing

The FSMB's partnership with the National Council of State Boards of Nursing (NCSBN) and the National Association of Boards of Pharmacy (NABP) – formally known as the Tri-Regulator Collaborative – continued to play a vital strategic role in the FSMB's advocacy over the last year, with several highlights:



**3rd Tri-Regulator Symposium:** Held in Chicago July 25-26, 2017, this third biennial event put a special focus on the nation's opioid crisis. More than 100 state board regulators in medicine, nursing, and pharmacy from across the United States and as far away as Guam and the Northern Mariana Islands heard keynote speeches and participated in discussion sessions – including a “World Café” format that enabled greater engagement of the attendees.

**Combined Advocacy:** Leadership of the Collaborative connected later in 2017 with key personnel at the Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, and the Center for Medicare and Medicaid Services. Among the issues to be targeted for future advocacy by the Collaborative are strategies for evidence-based study of occupational licensing and the need to differentiate health care regulatory agencies from occupational licensing/registration agencies.

**New Position Statements:** The Collaborative released position statements in September on two pressing national health issues. The *Position Statement on Electronic Health Records* calls for improving interoperability and uniformity of use, noting that significant challenges currently exist that are impeding this crucial need. The *Position Statement on Practitioner Wellness* expresses the Collaborative's commitment to identifying and preventing practitioner burnout.



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The Tri-Regulator Collaborative biennial symposium helps align advocacy between regulators of the nation's physicians, physician assistants, nurses and pharmacists.





FSMB leaders continued to engage with international regulators in 2017-18.



### FSMB Helping Strengthen Bonds Between Global Regulatory Agencies

At a time when health policy issues often cross international borders, the FSMB is playing a central role in building strong relationships with global medical regulators by serving as the Secretariat of the International Association of Medical Regulatory Authorities (IAMRA).



In 2017, FSMB leaders participated in the Annual Meeting of the Association of Medical Councils of Africa (AMCOA) in Stellenbosch, South Africa, where they gave presentations to 22 delegations from Africa and met with other stakeholders, including the Health Professions Council of South Africa.

In October, FSMB senior leaders journeyed to London for the 4th International Continued Competence Symposium, co-sponsored by IAMRA and the UK's General Medical Council, joining more than 100 delegates from 19 countries. Dr. Chaudhry spoke, as Chair of IAMRA, including delivering opening remarks and highlighting recent policy development by IAMRA.

### Taking Action: Duty to Report and Opioid Prescribing

The FSMB's Washington-based advocacy team played a leadership role in two important health care issues in 2017 — helping develop recommendations for action:

**Duty to Report:** During a full-day meeting in Washington, D.C., in February 2017, more than 30 representatives of various health-sector stakeholder organizations gathered to exchange ideas and insights on the obligation of individuals and institutions to step forward to share information that impacts public well-being — often referred to as “the duty to report.”

The FSMB later released a comprehensive summary and eight core recommendations from the meeting outlining how diverse organizations could better compile and share information about health care practitioners — including unprofessional conduct and disciplinary issues — to protect the public.

**Opioid Prescribing:** FSMB President and CEO Humayun Chaudhry, DO, MACP, collaborated with other authors in writing a National Academy of Medicine white paper about responsible opioid prescribing that summarizes the many policies and recommendations — including those passed by the FSMB's House of Delegates in 2017 — aimed at helping clinicians respond to the public health crisis created by the nation's opioid epidemic. Titled “First Do No Harm: Marshalling Clinician Leadership to Counter the Opioid Epidemic,” it was released in October 2017. In January 2018, FSMB advocacy staff and elected leaders participated in a national invitational meeting at NAM headquarters to address potential remedies for opioid abuse.

### FSMB Testimony: Addressing VA Health Care Issues Before Congressional Subcommittee

On November 29, 2017, FSMB President and CEO Humayun Chaudhry, DO, MACP, testified before the U.S. House Committee on Veterans' Affairs Subcommittee on Oversight and Investigations, on the issue of “Examining VA's Failure to Address Provider Quality and Safety Concerns.”

In his testimony, Dr. Chaudhry confirmed that the VA does not always alert state boards in a timely fashion about disciplinary issues, urging the U.S. Department of Veterans Affairs to improve its information sharing processes. More than 58,000 licensed physicians practice within the VA system.

Following the testimony, the FSMB had constructive meetings with VA representatives at FSMB headquarters in Washington, D.C., exploring how the FSMB could help facilitate bidirectional reporting between VA medical centers and state medical boards.

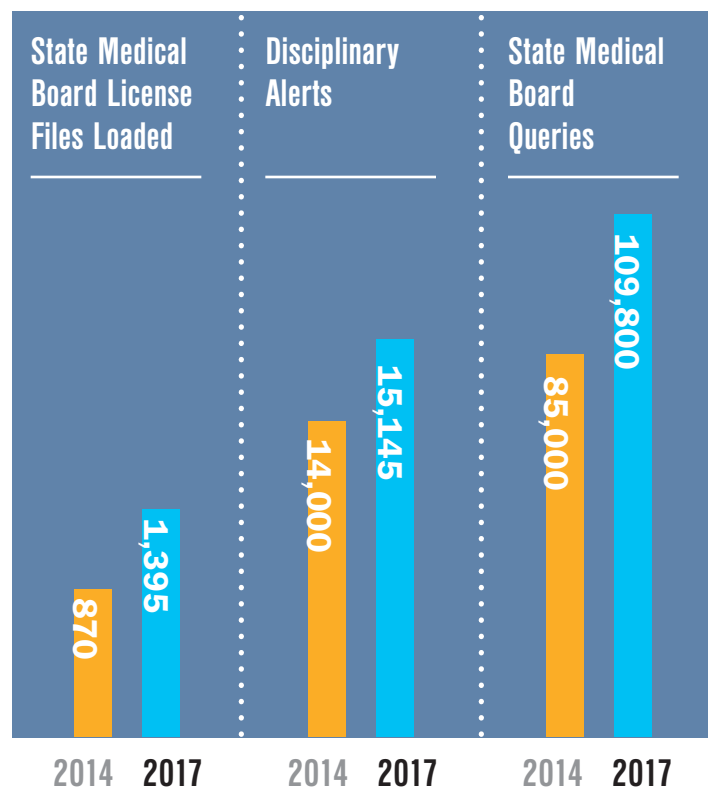
Dr. Chaudhry and FSMB Chief Advocacy Officer Lisa Robin also participated last year in a U.S. House Committee on Veterans' Affairs Subcommittee on Health roundtable discussion that examined the use of telehealth in the VA health care system.



FSMB President and CEO Humayun J. Chaudhry, DO, MACP, delivered Congressional testimony in November.

## Signs of Growth: The Physician Data Center

**Our Progress:** The FSMB's Physician Data Center (PDC) is a central repository of license and discipline information for more than 1 million physicians and physician assistants — making it one of the largest and most comprehensive health-provider databases in the United States. The FSMB's strategic investment in improving its PDC data architecture and operations — initiated several years ago — is yielding notable benefits: Information processing speeds are up significantly, along with overall data storage and processing capacity. One of the greatest public benefits of the FSMB's IT improvements has been its DocInfo service, which offers free information for consumers about their physicians. In 2017, DocInfo volume grew by nearly 30% from the previous year. The FSMB's use of digital signatures through its DocuSign program has reduced paper-related costs by 50%. Capacity for serving state medical board information requests continues to grow — by more than 15% over 2016 — and improvements in the speed and accuracy of data processing are also on the rise.



**The Numbers:** Volume and speed of PDC data processing have significantly improved in recent years, thanks to major infrastructure improvements.

## WHAT'S COMING:

- Customized data interfaces will give state medical boards real-time data integration with the PDC. Projects are underway in Iowa, Maine, Ohio and the Virgin Islands.
- New, faster and more user-friendly services for hospital and commercial credentialing systems are in development.
- Blockchain technology, which secures records using cryptography, will accelerate the transition from paper-based certificates to digital equivalents.



“ **THE IMPROVED PHYSICIAN DATA CENTER** is making a strong and positive impact on our licensing and disciplinary processing capabilities — and that translates into stronger protections for the public in Iowa. ”

**Mark Bowden, MPA, CMBE**  
Executive Director  
Iowa Board of Medicine

## FCVS 3.0: Major Service and Technology Improvement Initiative Yields Strong Benefits

The Federation Credentials Verification Service (FCVS) — which establishes permanent storage of primary-source verified credentials for physicians and physician assistants — made major progress in its multi-year improvement initiative, called “FCVS 3.0.” Launched in 2016, the aim of FCVS 3.0 has been to upgrade technology and overhaul system processes and customer service.

FCVS 3.0 has already measurably improved the service's functionality, customer service capabilities and “throughput” — the time it takes to complete various customer transactions during the FCVS process. More than 225,000 physicians and physician assistants have utilized FCVS to date, and with job mobility on the rise in health care, the demand for credentials verification is likely to be strong. FCVS highlights for the year include:

**Customer Service:** Average cycle times for FCVS credential-processing improved significantly in 2017, dropping to an average of 27 days — the lowest cycle-time achieved to date — and resulting in consecutive monthly satisfaction ratings of 90% or better. Customer support telephone-call volume has dropped by 17%, indicating improved program functionality.

**“University of FCVS” Training:** The FSMB continues to invest in the skills and professional development of FCVS staff through a program it calls “University of FCVS.” In 2017, FCVS team members completed more than 7,500 training hours, including training designed to develop leadership and problem-solving skills, all aimed at providing the best service possible for customers.

**Stakeholder Outreach:** As a part of its long-term strategic plan, the FSMB reached out to a variety of peer organizations in 2017-18 to discuss credentialing verification opportunities — including engagement with the **Joint Commission**, the **National Practitioner Data Bank (NPDB)**, **hospital and commercial credentialing organizations** and others. The FSMB is working with the NPDB and three state medical boards (Indiana, Iowa and Kentucky) on a pilot process to allow boards to select the option of including the NPDB report in their FCVS profile.

**Closed Residency Programs:** The FSMB increased its maintenance of training files for closed residency training programs significantly in 2017-18; it now maintains records for 239 closed programs — an increase of 50 programs since 2016. This includes the records of more than 48,000 physicians.



## Redesigned Website Offers New Features, Improved Navigation

The FSMB completely redesigned its website in early 2018 to deliver a more intuitive and easy-to-navigate experience for its users. In coordination with the website launch, an updated logo was unveiled as part of the ongoing evolution of its brand (see story on page 19).

The new site features an enhanced search function; audience-based navigation; social media integration; a modern, responsive design on all mobile devices; and many other improvements.

The primary goal of the redesign was to deliver a visually appealing site, while improving visitors' ability to easily access the vast library of FSMB content from any device.

The new FSMB.org design was guided by feedback gathered from multiple focus groups, listening sessions and surveys completed by state medical boards — along with input from external organizations and other stakeholders.





## FSMB Research: Leveraging Data to Help Guide Health Care Decision Making

With an increasingly robust data collection and processing capability, the FSMB has amassed a rich source for research about physicians and physician assistants — benefiting decision makers at every level of the health care system.

During 2017-18, FSMB Research Department staff provided data analysis for many member boards, breaking out key statistics to help them better serve their licensee populations.

In addition — and in keeping with the FSMB's new strategic imperative to seek out more collaborative relationships with external organizations — the department took on a number of joint projects. Among the highlights:

**Medical Society of the State of New York:** FSMB staff provided analysis and statistical modeling expertise to the society for its Physician Stress and Burnout Survey. Two scholarly articles about the survey results are being developed for publication.

**National Board of Medical Examiners (NBME):** In collaboration with the NBME, FSMB staff is currently analyzing the relationship between the number of attempts needed to pass Steps 1, 2 and 3 of the United States Medical Licensing Examination (USMLE) and the likelihood of receiving a state medical board action. Preliminary findings indicate a correlation.



# NBME

collaboration with the NBME, FSMB staff is currently analyzing the relationship

**Federation of State Physician Health Programs:** In partnership with FSPHP, the FSMB conducted a survey to gather information regarding the number and nature of physician health program referrals. The FSMB will examine the data to gain insight into the impact of health questions on state licensing board applications.

**American Board of Anesthesiology:** Working with the board, the FSMB completed a study of the effectiveness of initial specialty certification examinations in predicting discipline by state boards.

### FSMB Member Board Survey Highlights Hot Topics

The FSMB conducted its annual survey of state medical boards in 2017, asking them to choose five topics they consider "most important." The top five topics overall and the percentage of boards that chose them were:

- **Resources related to opioid prescribing (74%)**
- **Telemedicine (74%)**
- **Physician stress and burnout (44%)**
- **Medical marijuana (42%)**
- **Interstate Medical Licensure Compact (IMLC) (38%)**

Findings from the survey are used by the FSMB for strategic planning, policy development and advocacy.

## USMLE: Essential Stepping Stone to Medical Licensure for the Nation's Physicians

The FSMB's partnership with the National Board of Medical Examiners in administering the United States Medical Licensing Examination (USMLE) marked its 25th year in 2017 — a long and successful effort to ensure U.S. physicians have the proper skills and knowledge needed to practice.

Each year, the USMLE program administers more than 130,000 examinations, ensuring that the nation's workforce of physicians is continually keeping pace with the demands of a growing patient population. The majority of U.S. physicians licensed today began their careers after participating in this important step toward medical practice.. USMLE highlights in 2017-18 included:

**Communications Initiative:** The FSMB and NBME launched an awareness-building initiative in 2017, designed to better convey information about the USMLE to medical students, residents and other stakeholders. As a part of this effort, a Medical Student and Resident Advisory Panel was formed to foster two-way communication with examinees, and new communications channels were launched — with a strong emphasis on social media. Updates to the USMLE website are also planned.

**Changes to PLAS/SPEX:** The FSMB's Special Purpose Examination (SPEX) and Post-Licensure Assessment System (PLAS) provide tools and testing to ensure licensed physicians are qualified to continue to practice. In an effort to streamline costs and efficiencies associated with these programs — which surveys show are of value to state medical boards — the FSMB opted to subsume the SPEX program within the overall USMLE program starting in 2018.



*The newly formed USMLE Medical Student and Resident Advisory Panel, left, was one of several stakeholder groups that met in 2017 to shape USMLE policy.*



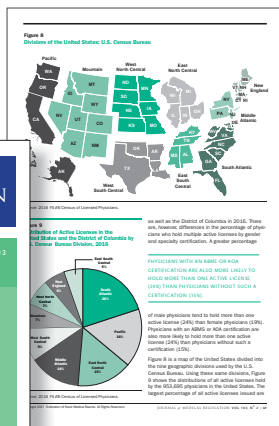
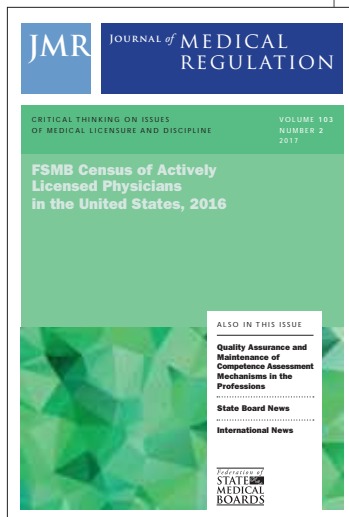
## 2016 Physician Census Identifies Emerging Trends and Workforce Characteristics

The FSMB published its fourth biennial *Census of Actively Licensed Physicians* in the United States in 2017, providing the nation with the most comprehensive compilation of physician demographic information available.

Published in the *Journal of Medical Regulation*, the census provides unbiased, accurate data that helps a wide range of health care organizations, policy makers and legislators make educated decisions about health care. The census plays a significant role in helping better understand the nation's health care workforce needs and can help to identify emerging trends and issues.

Key findings of the latest census include:

- The total population of licensed physicians has increased by 12% since 2010, growing from 850,085 actively licensed physicians to 953,695 in 2016.
- From 2010 to 2016, the actively licensed U.S. physician-to-population ratio increased from 277 physicians per 100,000-population to 295 physicians per 100,000-population.
- The number of actively licensed physicians who are Doctors of Osteopathic Medicine (DOs) increased by 39% between 2010 and 2016, compared with a 10% increase in the number of Medical Doctors (MDs) during the same time period.
- Female physicians now account for more than one-third of all actively licensed physicians. In 2010, 30% were female, rising to 34% in 2016.
- The number of U.S. citizens who graduated from Caribbean medical schools has increased by 95% since 2010. In 2010, there were 11,037 actively licensed physicians who were U.S. citizen Caribbean medical graduates and in 2016 there were 21,519.



<< The FSMB's biennial physician census has become an essential policy forecasting tool. The census was widely distributed in 2017, including to members of the U.S. House of Representatives and Senate.



## Uniform Application: Now Available for Physician Assistants

The Uniform Application for State Licensure (UA), an FSMB service designed to streamline medical licensure, has moved in an exciting new direction by opening access to physician assistants (PAs).



In 2017, the Oklahoma Medical Board became the first state medical board in the nation to accept a version of the UA designed for physician assistants, with more states expected to follow.

The addition of PA capability is an added value for the UA, particularly to those state boards that license PAs as well as MDs and DOs. The UA for PAs was developed in collaboration with the American Academy of Physician Assistants.

The UA also unveiled in 2017 a new Application Programming Interface (API) that allows for more efficient data transactions, technology updates and automation. State boards in Oklahoma and Wyoming have implemented the new interface and several other boards are expected to follow suit in 2018.

Twenty-seven state medical boards are currently using the UA for their physician licensees, and more than 100,000 physicians have successfully submitted their application for licensure utilizing the UA.

## Signs of Growth: CME Accreditation

**Our Progress:** In 2015, after a long process, the FSMB planted the seeds of an important initiative by gaining provisional status from the Accreditation Council for Continuing Medical Education (ACCME) as an accredited CME provider. In 2017, ACCME extended the FSMB's status beyond provisional, providing full accreditation for a four-year period, through 2021. The FSMB's new work as an accredited CME provider means it can offer free CME accreditation as a service to state medical boards as they seek to provide educational programming to their licensees. It also allows the FSMB to pursue its long-term strategic goals of expanded education and increased collaborative engagement by offering this service to other stakeholders as well. The FSMB is currently working with the U.S. Drug Enforcement Administration, the *Journal of Medical Regulation*, and the National Board of Medical Examiners on new CME courses for 2018 (see article on page 15) that will significantly increase the FSMB's profile as a CME provider.



**The Numbers:** In its second full year as an accredited provider of CME, the FSMB expanded its CME projects, working to develop programs with NBME, the Drug Enforcement Administration and the *Journal of Medical Regulation*.

## WHAT'S COMING:

- The FSMB's first journal-based CME will be offered in summer of 2018 in the *Journal of Medical Regulation*.
- Opportunities for free CME development will be promoted as a membership benefit to the FSMB's 70 participating boards.
- Online educational resources will be offered in areas of key interest to medical regulators, including opioid prescribing and physician burnout and wellness.



“ **OUR BOARD BELIEVES** that offering CME to our licensees is a fundamental service that helps promote the safety of medicine and the quality of care provided. The FSMB's new availability as an accrediting body offers additional value to anyone considering establishing CME programming. ”

**David Henderson, JD, CMBE**

Chief Executive Officer, North Carolina Medical Board and member, FSMB Education Committee



## New CME Offerings in Development from FSMB Reflect Diverse Topics and Audiences

Over the last year, the FSMB began the process of developing several new educational programs for accreditation, including:

### **Drug Enforcement Administration**

#### **Practitioner Diversion Awareness**

The FSMB is working with the U.S. Drug Enforcement Administration to develop a series of regional one-day Practitioner Diversion Awareness Conferences to be held throughout the United States in 2018. Designed to help health care practitioners identify and prevent diversion activity, each one-day conference will be open to a diverse range of practitioners and prescribers, including physicians, nurses, pharmacists, dentists and veterinarians. The FSMB will serve as the accredited CME provider for each of the live activities, during which physicians will be eligible for CME credit.

#### **National Board of Medical Examiners Assessment and Evaluation Training**

The FSMB was recently asked by the National Board of Medical Examiners to serve as its CME provider for a live activity it will host May 7-8, 2018, in Philadelphia. Titled “NBME Invitational Conference for Educators (NICE),” the event will be open to

medical educators across the country who are involved in assessment and evaluation at any point along the continuum of medical education. Content presented during this two-day event will closely resemble *NBME U*, an online collection of learning modules relevant to high-quality assessment, which has also been accredited by the FSMB. Topics include developing rating scales and checklists, strategies for organizing question writing and review and test score reliability.

#### **Journal of Medical Regulation CME on Physician Burnout and Wellness**

The FSMB is working with the *Journal of Medical Regulation (JMR)* to host journal-based CME for its readers. Journal-based CME activity will offer credit for peer-reviewed articles that have been certified by the FSMB for *AMA PRA Category 1 Credit™* prior to publication. Learners will be required to read an article and complete a pre-determined set of questions or tasks relating to the content of the material as part of the learning process. Currently in development is a special issue of *JMR* that will include multiple articles on the topic of physician burnout and wellness. Projected publication date for the special issue is summer of 2018.



## ER/LA Opioids Education: Making an Impact on a National Crisis

A large-scale national educational-course series on opioid prescribing launched by the FSMB and several partners in 2014 has yielded impressive results, according to a study published in the *Journal of Medical Regulation* in late 2017.

Titled “**Extended-Release and Long-Acting Opioid Analgesics Risk Evaluation and Mitigation Strategy (REMS): Educating Providers on the FDA’s Approved Risk Management Program,**” the study closely examined the educational series’ impact on physicians who participated in it — including their knowledge of opioid abuse and their clinical decision-making practices related to opioids. The series was offered in collaboration with more than 20 state medical boards throughout the United States.

A total of 4,535 health care providers participated in the series — which included live and web-based opioid education modules — and later completed evaluations of their impact. Study results show that the knowledge levels of participants about issues related to opioids increased by more than 20%, and that more than 80% planned to change their clinical decision-making practices related to opioids as a result of the educational-course content.

Partners in the project included The University of Nebraska Medical Center, the FSMB Foundation, the France Foundation and CECity.



<< Liselotte Dyrbye, MD, of the Mayo Clinic was one of the Annual Meeting's many speakers, participating in a special session that examined the drivers of physician wellness and burnout, a growing national issue.

## Training for Medical Board Leaders Helps Sharpen Skills

The FSMB offered specialized education and training for medical board leaders in 2017 at two hands-on events:

- **New Directors and New Executive Directors Orientation**

Held in Euless, Texas, June 25-26, 2017, the FSMB's annual leadership orientation was well attended. A group of new state medical board executives and FSMB directors gathered to become familiar with the FSMB's structure, activities, and operations; to discuss trending issues; and learn skills to help them be more effective leaders in their roles.

- **Board Attorneys Workshop**

The FSMB held its 11th annual Board Attorneys Workshop on November 8-9, 2017, in San Diego, California. The event drew 70 participants, representing 26 states. Sessions offered during the 2017 workshop ranged from the federal and state legislative impact of the U.S. Supreme Court *North Carolina State Board of Dental Examiners v. FTC* case and prosecuting opioid prescribing cases to skills for cross-examination and the use of social media/electronic media in administrative hearings. The workshop also included a special session on professional ethics.

## 2017 FSMB Annual Meeting in Fort Worth, Texas Draws Global Audience

The FSMB's 2017 Annual Meeting, held April 20-22 in Fort Worth, Texas, offered more than 30 CME-accredited educational sessions designed to help state regulators share best practices and tackle issues on the horizon. With the theme "Planning for the Future: Perspectives in Medical Regulation," the event highlighted topics such as telemedicine, physician wellness and burnout and the ongoing opioid crisis.

Considered to be FSMB's premier educational event, the Annual Meeting is designed specifically for physicians and public representatives of state medical and osteopathic boards and members of their staffs, influential federal and state government representatives, and leaders of national medical organizations.

More than 400 attendees gathered for the meeting, which included individuals who traveled from as far away as Kenya, Pakistan and South Africa, to attend. Additionally, more than 100 participants tuned in to watch the meeting's opening session via webcast — including many from outside the United States.

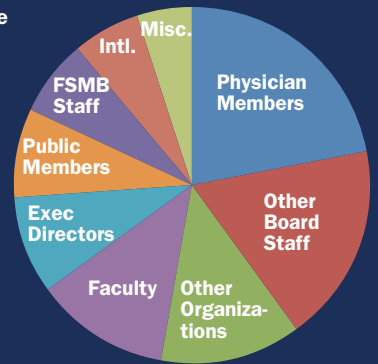
Among the keynote speakers was **James C. Capretta** of the American Enterprise Institute, who enlightened attendees on what we can expect in years to come in national health care policy.

**Gregory Snyder, MD, DABR**, was installed as FSMB Chair and **Patricia A. King, MD, PhD**, was elected Chair-elect during the meeting. **Kenneth B. Simons, MD**, of Wisconsin, and **Jeffrey D. Carter, MD**, of Missouri, both won election to the Board. **Jean L. Rexford** of Connecticut was re-elected to the Board for a second term.

Responding to a follow-up survey after the meeting, 88% of respondents rated the 2017 Annual Meeting either Excellent or Very Good. The 106th Annual Meeting will be held in Charlotte, North Carolina, April 26-28, 2018.

### 2017 Annual Meeting Attendance

Physician Members	22%	98
Other Board Staff	18%	76
Other Organizations	13%	55
Faculty	12%	50
Executive Directors	9%	40
Public Members	8%	35
FSMB Staff	7%	31
International	6%	25
Misc.	5%	22



More than 400 attendees gathered for the 2017 Annual Meeting, along with more than 100 who tuned in remotely to watch via webcast.





## Online Education: New Modules Provide Content for Medical Students and Residents

As a part of its commitment to raise awareness of the role of state medical boards in the health care system, the FSMB has launched two new educational modules for medical students and residents to help them learn about licensure and discipline before they begin their careers in practice.

Titled “**Understanding and Navigating the Medical Licensing Process**” and “**The Medical Disciplinary Process**,” the new modules were developed by the FSMB Workgroup on Education for Medical Regulation and released in 2017.

Research from the Association of American Medical Colleges shows that nearly two-thirds of medical students completing graduate questionnaires categorized their knowledge of medical licensing and regulation as “inadequate.” The new modules — the second and third to be developed by the FSMB workgroup — address this educational gap.

Additional modules are in development, which will address a variety of medical regulatory topics, including why physicians get into trouble with medical boards and how to understand issues of physician health and impairment.

Both of the new educational modules are available at [www.fsmb.org](http://www.fsmb.org).

## FSMB Roundtable Series Offers Monthly Education for Boards

The FSMB hosted eight Roundtable conference-call presentations over the last year, offering medical regulators the opportunity to phone in and participate in updates and discussions of key topics and FSMB initiatives. Among the topics covered in 2017-18 were the Interstate Medical Licensure Compact, the duty to report and the sharing of information, e-Licensing systems, interprofessional continuing education and the impact of President Trump's executive orders on immigration on U.S. graduate medical education and health care.

## Actions of the FSMB House of Delegates: 2017

During its 2017 Annual Meeting in Fort Worth, Texas, the FSMB adopted a number of policy statements and actions of significance:

**Opioids and the Treatment of Chronic Pain:** The FSMB adopted updated “Guidelines for the Chronic Use of Opioid Analgesics” — its latest policy aimed at helping address the nation's opioid epidemic. The FSMB engaged with experts in pain medicine and addiction, government officials and other thought leaders for more than a year and a half, conducting a thorough review and analysis of FSMB's existing policy and other state and federal guidance documents on the prescribing of opioids in the treatment of pain. The workgroup, led by former FSMB Chair **J. Daniel Gifford, MD, FACP**, identified its own recommendations as well as those included in recent advisories released by the FDA and the CDC.

**Mandatory Use of Prescription Drug Monitoring Programs (PDMPs):** The House adopted a resolution calling for the FSMB to establish a task force to study PDMP use in the United States and evaluate whether mandatory PDMP use positively impacts patient outcomes and prescribing practices. The task force, led by **Anna Z. Hayden, DO**, of the FSMB Board of Directors, is evaluating the feasibility of incorporating the PDMP into an electronic medical record system. Its report is expected in 2018 (see more about the FSMB's policy-making activities in 2017-18 on pages 4-5.)

**Regulatory Strategies for Achieving Greater Cooperation and Collaboration Among Health Professional Boards:** The FSMB's Workgroup on Team-Based Regulation, chaired by **Ralph Loomis, MD**, identified best state-based practices and recommended regulatory strategies for achieving greater cooperation and collaboration among health professional boards in carrying out their shared responsibility to protect the public. The House of Delegates adopted the Workgroup's recommended guidelines, which highlight health care models that utilize interdisciplinary collaboration and team-based approaches to patient care, along with characteristics of high-functioning health care teams.

## FSMB Author Highlights

Each year, FSMB staff and board members help advance knowledge and understanding of medical regulation through authorship in journals and other publications. A sampling of publishing over the last year includes:

MM Cuddy, A Young, A Gelman, DB Swanson, DA Johnson, GF Dillon BE Clauser. 2017. Exploring the Relationships Between USMLE Performance and Disciplinary Action in Practice: A Validity Study of Score Inferences from a Licensure Examination. *Academic Medicine* 92(12): 1780-1785.

Y Zhou, H Sun, DJ Culley, A Young, AE Harman, DO Warner. 2017. Effectiveness of Written and Oral Specialty Certification Examinations to Predict Actions against the Medical Licenses of Anesthesiologists. *Anesthesiology* 126(6): 1171-1179.

A Young, HJ Chaudhry, X Pei, K Arnhart, M Dugan, GB Snyder. 2017. A Census of Actively Licensed Physicians in the United States, 2016. *Journal of Medical Regulation* 103(2): 7-21.

K Arnhart, X Pei, A Young. 2017. The Rise of Female International Medical Graduates and their Contribution to Physician Supply in the United States. *Journal of Medical Regulation* 103(1): 5-11.

SM Adams, C Blanco, HJ Chaudhry, et al. 2017. First, Do No Harm: Marshaling Clinician Leadership to Counter the Opioid Epidemic. *National Academy of Medicine*.

M Staz, H Chaudhry, A Hengerer. 2017. Regulatory Action to Reduce Burnout and Barriers to Treatment-Seeking Among Providers. *International Journal for Quality in Health Care* 29(1).

## Signs of Growth: Journal of Medical Regulation

**Our Progress:** The *Journal of Medical Regulation (JMR)*, which is distributed to all medical regulators in the United States as well as to an audience of international readers, remains one of the FSMB's most important educational resources for discussion of trending socio-legal and regulatory issues. It also serves as a communications tool for raising awareness more broadly about the work of the medical regulatory community. In 2014 the FSMB began a multi-year project to update and modernize *JMR*'s editorial and administrative functions, widen its publishing base and grow its visibility and impact. To date, inquiries and submissions from authors have steadily increased, including a marked jump in interest and participation from the international community. *JMR*, led by Editor-in-Chief Heidi M. Koenig, MD, has revamped its peer-review process — including adding new members to its editorial review committee — embarked upon single-topic special editions, and updated its archive of online issues. *JMR* content has been cited in journals ranging from *JAMA* to the *New England Journal of Medicine* and by academic centers, such as George Washington University's Health Workforce Institute.



**The Numbers:** The volume of *JMR* content submissions and author inquiries has steadily increased in recent years, advanced by a new strategic plan. Pictured: The FSMB Editorial Committee, which guides *JMR*'s peer-review process.

## WHAT'S COMING:

- *JMR*'s first-ever Continuing Medical Education (CME) issue, on physician wellness and burnout, will publish during the summer of 2018. Readers will be able to earn CME credit.
- A new, more robust *JMR* website will launch in 2018, with improved searchability of articles and other online resources for readers.
- Expanded scholarly content from international authors will continue in 2018-19, reflecting current trends in interaction and collaboration among global medical regulators.



“ IN MY FIVE YEARS AS A MEMBER of the *JMR* Editorial Committee, I have come to appreciate just how important it is to support and highlight the work of scholars who are asking probing questions and exploring new trends in medical regulation. Our profession can only be effective if we are constantly seeking evidence-based data that helps us better protect the public. ”

**Eleanor Greene, MD**  
North Carolina Medical Board;  
FSMB Editorial Committee member

## FSMB Launches New Logo and Brand Identity

As a part of its launch of a redesigned website in early 2018, the FSMB introduced a new, modernized logo and visual identity. FSMB Communications staff played a key role in developing and coordinating the brand's new look and feel.

A shield was chosen as an element in the new logo to signify the mission of public protection and the letters "mb" were placed inside the shield to convey the idea that state medical boards play a central role in that mission. The forward-facing direction of the shield depicts the FSMB's vision to help its member boards shape the future of medical regulation.

Over the course of 2018, the FSMB's various communications platforms will be updated to reflect the new identity.

## Video Playing an Increased Role in Communications

As the FSMB continues to evolve its digital capabilities, online video is playing an increasingly important role as a communications tool. Highlights over the past year included:



**Annual Meeting Promotional Video:** In an effort to raise visibility of the FSMB Annual Meeting, a video crew captured activities at the 2017 meeting, in Fort Worth, Texas — including interviews with FSMB leaders and members of various state medical boards.

**FSMB Spotlight:** Now in its second full year, the FSMB's *Spotlight* video series continues to examine regulatory trends and issues via interviews with health care leaders. Among the interviewees in 2017-18 were **Gregory B. Snyder, MD, DABR**, FSMB Chair; **Victor Dzau, MD**, President of the National Academy of Medicine; **Tara Koslov, JD**, Acting Director of the Federal Trade Commission Office of the Policy Planning; and **Claudette Dalton, MD**, FSMB Ethics and Professionalism Committee Chair and Board member.

## Busy year for FSMB Media Team

FSMB Communications staff fielded many media inquiries during 2017-18, including interactions with *USA Today*, *Bloomberg Health*, *Consumer Reports*, *Forbes*, *Associated Press*, *CNN*, *Politico*, *Philadelphia Inquirer*, *Wall Street Journal*, *NPR*, and the *Chicago Tribune*. FSMB senior staff and elected representatives contributed to several articles and papers for publication in the *Journal of Medical Regulation*, the *Journal of the American Medical Association (JAMA)* and others.

## Federation eNews Anchors Communications

The FSMB's twice-weekly email newsletter, *FSMB eNews*, serves as a key channel for communications with Federation members and other stakeholders. Distributed to more than 5,500 individuals in the medical regulatory community, government and affiliated organizations, it provides helpful information about FSMB events and initiatives, state medical board news and relevant health care news. Reader open- and click-through rates continue to surpass industry standards.



**Communicating face-to-face:** The FSMB's State Medical Boards Liaison Program served as a channel for state medical board support and bi-directional communications over the last year. These meetings and conversations are an important tool in building a strong, well-connected Federation.

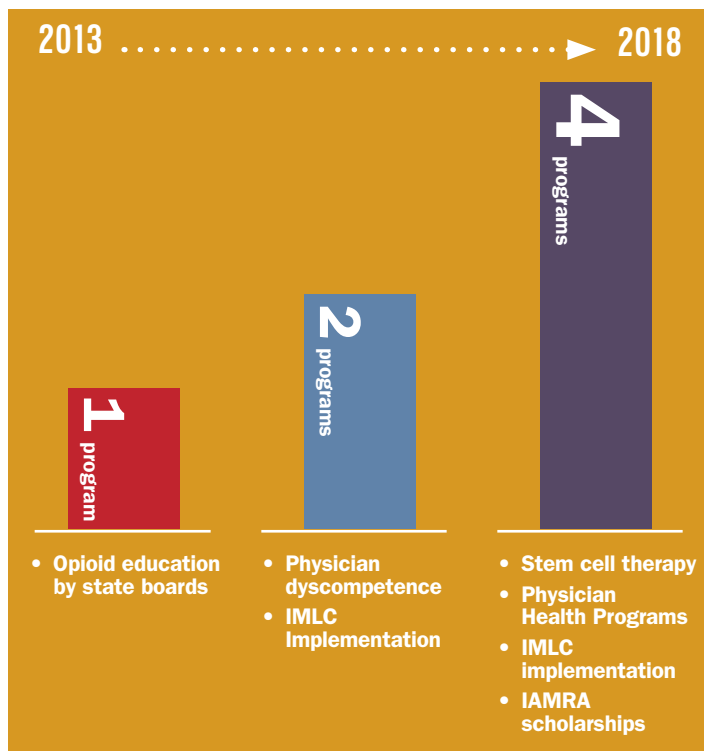
During 2017-18 FSMB teams visited many of the Federation's most geographically distant boards — including Alaska, Guam and Northern Mariana Islands. Other states visited included Arizona, Colorado, Georgia, Idaho, Kansas, Kentucky, Louisiana, Michigan, Missouri, Nevada, New Jersey, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island and Virginia.

**Pictured: FSMB leaders joined members of the Idaho Board of Medicine for information exchange in 2017.**



## Signs of Growth: Foundation Grant Programs

**Our Progress:** The mission of the FSMB Foundation is to support and promote research and education initiatives that strengthen the safety and quality of health care through effective medical regulation. In recent years, the Foundation has supported projects with major grants to advance efforts such as the Interstate Medical Licensure Compact and to address the U.S. opioid prescribing epidemic. More recently, it has widened its grantmaking, including launching a program that will make it possible to support the work of a more diverse range of research and educational projects through “mini-grants” of between \$3,000 and \$5,000. These smaller grants will increase the volume of research and educational projects supported and broaden the Foundation’s impact on emerging trends and issues in medical regulation — all with the goal of achieving safer, higher quality health care for patients.



**The Numbers:** The volume of FSMB Foundation grantmaking is on the rise. A new "mini-grant" program will allow it to further increase the number and diversity of projects funded.

## WHAT'S COMING:

- The Foundation will launch a promotional effort to encourage regulatory research intended for publication in scholarly journals.
- Grants supporting IAMRA, physician health programs and research on professional issues in stem-cell therapy will be awarded in 2018.
- The Foundation will support the work of the National Academy of Medicine’s Action Collaborative on Physician Wellness and Resilience.



“ **PHYSICIAN HEALTH PROGRAMS** are working to improve the health and wellness of the nation’s physicians and ultimately enhance the safety of patients. The FSMB Foundation’s support will make a tangible difference in helping us achieve these goals.”

**Linda R. Bresnahan, MS**  
Executive Director  
Federation of State Physician Health Programs

## Strategic Plan and Updated Mission Offers New Vision for the FSMB Foundation's Future

With an eye toward wider impact and long-term sustainability, the FSMB Foundation updated its strategic plan and vision for the future in 2017. The Foundation's new plan puts a strong emphasis on partnership, collaboration and organizational effectiveness – in close alignment with the FSMB's overall strategic initiatives undertaken in recent years.

The plan's five key goals are:

- **Sustainability:** Strengthen the Foundation's long-term viability and effectiveness by implementing funding and programmatic activities that are sustainable.
- **Collaboration and Partnership:** Develop collaborative relationships and partnerships with external organizations that enhance the Foundation's impact and broaden its reach.
- **Organizational Effectiveness:** Implement governance and administrative structures that are fiscally responsible, transparent and adaptable.
- **Research:** Fund and support original and existing research initiatives that improve the safety of patients and the quality of health care through effective medical regulation.
- **Education:** Fund and support original and existing education initiatives that improve the safety of patients and the quality of health care through effective medical regulation.



Foundation leaders gathered for an initial strategic planning summit in Washington, DC, in September 2017 and finalized details over the next several months.

"We are very excited about the new plan and our efforts to create a new, long-term vision for the Foundation," said FSMB Foundation President Janelle Rhyne, MD. "We have already begun widening our impact with a new grant-making process and there is much more on the horizon for 2018 and 2019."



### Cathy Trower: The Path to Great Governance and Leadership

The Fifth Annual FSMB Foundation Luncheon, held April 21, 2017 during the FSMB's Annual Meeting, featured strategic leadership expert **Cathy Trower, PhD**, speaking on "Great Governance in Complex Times."

Dr. Trower discussed leadership skills in governance and engaged with state medical board leaders in discussion during the presentation. The annual luncheon has raised thousands of dollars to support the Foundation since it debuted in 2013.

### Support for License Portability Continues in 2017

The Foundation helped advance license portability in 2017 by distributing the last of several grants designed to help promote the new **Interstate Medical Licensure Compact**.

A total of \$49,000 has been provided to six state medical boards and the Interstate Medical Licensure Compact



Commission via the grants, which were established in 2016. Funding supported a range of activities — from education of stakeholders interested in joining the Compact to staff training. The FSMB Foundation will continue to provide support to help advance the IMLC in 2018.



## The Federation of State Medical Boards: Partners in Protecting the Public

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Alabama Board of Medical Examiners	New Hampshire Board of Medicine
Alaska State Medical Board	New Jersey State Board of Medical Examiners*
Arizona Medical Board	New Mexico Medical Board
Arizona Board of Osteopathic Examiners in Medicine and Surgery	New Mexico Board of Osteopathic Medical Examiners
Arkansas State Medical Board*	New York State Board for Medicine*
Medical Board of California	New York State Office of Professional Medical Conduct
Osteopathic Medical Board of California	North Carolina Medical Board
Colorado Medical Board	North Dakota Board of Medicine
Connecticut Medical Examining Board	Commonwealth of the Northern Mariana Islands Health Care Professions Licensing Board
Delaware Board of Medical Licensure & Discipline	State Medical Board of Ohio*
District of Columbia Board of Medicine	Oklahoma Board of Medical Licensure and Supervision*
Florida Board of Medicine	Oklahoma State Board of Osteopathic Examiners
Florida Board of Osteopathic Medicine	Oregon Medical Board*
Georgia Composite Medical Board	Pennsylvania State Board of Medicine*
Guam Board of Medical Examiners	Pennsylvania State Board of Osteopathic Medicine
Hawaii Medical Board	Puerto Rico Board of Medical Licensure and Discipline
Idaho Board of Medicine	Rhode Island Board of Medical Licensure and Discipline*
Illinois Department of Financial and Professional Regulation: Division of Professional Regulation*	South Carolina Board of Medical Examiners*
Medical Licensing Board of Indiana	South Dakota Board of Medical and Osteopathic Examiners
Iowa Board of Medicine	Tennessee Board of Medical Examiners
Kansas State Board of Healing Arts	Tennessee Board of Osteopathic Examination
Kentucky Board of Medical Licensure	Texas Medical Board
Louisiana State Board of Medical Examiners*	Utah Physicians and Surgeons Licensing Board*
Maine Board of Licensure in Medicine	Utah Osteopathic Physicians and Surgeons Licensing Board
Maine Board of Osteopathic Licensure	Vermont Board of Medical Practice*
Maryland Board of Physicians*	Vermont Board of Osteopathic Physicians and Surgeons
Massachusetts Board of Registration in Medicine*	Virgin Islands Board of Medical Examiners
Michigan Board of Medicine*	Virginia Board of Medicine*
Michigan Board of Osteopathic Medicine and Surgery	Washington Medical Quality Assurance Commission
Minnesota Board of Medical Practice*	Washington Board of Osteopathic Medicine and Surgery
Mississippi State Board of Medical Licensure	West Virginia Board of Medicine
Missouri Board of Registration for the Healing Arts	West Virginia Board of Osteopathic Medicine
Montana Board of Medical Examiners*	Wisconsin Medical Examining Board*
Nebraska Board of Medicine and Surgery	Wyoming Board of Medicine
Nevada State Board of Medical Examiners	
Nevada State Board of Osteopathic Medicine	

\*Original 1912 charter member board of the FSMB



The FSMB 2017-18 Board of Directors

**The Federation of State Medical Boards** represents a community of dedicated public servants, spread throughout the United States. Their commitment to protecting the public and ensuring the highest standards of medical quality is the key to the successful operation of the nation's medical regulatory system. In this section of our annual report, we acknowledge the work of the many individuals who make up our committees, councils and boards. We thank them for their important contributions.

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Minnesota

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Treasurer  
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and Chief Executive Officer

**Arthur S. Hengerer, MD, FACS**  
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**Jerry R. Balentine, DO**  
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**Barbara Barzansky, PhD, MHPE**  
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**Sandra Coletta**  
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Illinois (Deputy Medical Coordinator)

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**Douglas Oliver, MSW**  
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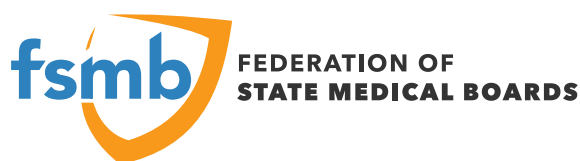
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The Federation of State Medical Boards represents the 70 state medical and osteopathic regulatory boards — commonly referred to as state medical boards — within the United States, its territories and the District of Columbia. It supports its member boards as they fulfill their mandate of protecting the public's health, safety and welfare through the proper licensing, disciplining, and regulation of physicians and, in most jurisdictions, other health care professionals.

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## VISION

The FSMB is an innovative leader, helping state medical boards shape the future of medical regulation by protecting the public and promoting quality health care.

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## MISSION

The FSMB serves as the voice for state medical boards, supporting them through education, assessment, research and advocacy while providing services and initiatives that promote patient safety, quality health care and regulatory best practices.

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## STRATEGIC GOALS

**State Medical Board Support:** Serve state medical boards by promoting best practices and providing policies, advocacy, and other resources that add to their effectiveness.

**Advocacy and Policy Leadership:** Strengthen the viability of state-based medical regulation in a changing, globally-connected health care environment.

**Collaboration:** Strengthen participation and engagement among state medical boards and expand collaborative relationships with national and international organizations.

**Education:** Provide educational tools and resources that enhance the quality of medical regulation and raise public awareness of the vital role of state medical boards.

**Organizational Strength and Excellence:** Enhance the FSMB's organizational vitality and adaptability in an environment of change and strengthen its financial resources in support of its mission.

**Data and Research Services:** Expand the FSMB's data-sharing and research capabilities while providing valuable information to state medical boards, the public and other stakeholders.



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**PROTECTING THE PUBLIC**



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