Report of Reference Committee A

The Reference Committee A met on Friday, April 27, 2018, at 8:00 a.m. in Carolina Ballroom C of the Sheraton-Le Meridian Complex in Charlotte, North Carolina and considered the following items:

1. Report of the Bylaws Committee

The Bylaws Committee, chaired by Jerry G. Landau, JD, met on September 27-28, 2017 in Washington, D.C. and continued its deliberations and discussion on January 9 and February 21, 2018 to review the current Bylaws, proposed amendments submitted by member boards and make recommendations for any necessary changes. In keeping with its charge, the Committee also discussed the FSMB Articles of Incorporation as they relate to the Bylaws. Members of the Committee include: Charles A. Castle, MD; Erich W. Garland, MD; Eric R. Groce, DO; W. Reeves Johnson, Jr., MD; and Ian Marquand. Ex officio members include FSMB Chair Gregory B. Snyder, MD; FSMB Chair-elect Patricia A. King, MD, PhD; and FSMB President-CEO Humayun J. Chaudhry, DO.

The House of Delegates is asked to consider twenty-six (26) proposed amendments to the Bylaws contained in four separate proposals.

Bylaws Proposal #1
Proposed Amendments #1-7 are contained in Bylaws Proposal #1.

At its July 2017 meeting, the FSMB Board of Directors approved a resolution urging the Bylaws Committee to explore changes to the Bylaws that would enhance the role of state medical board executive directors in FSMB governance. The Bylaws Committee, after extensive discussion and review, determined that with some modifications to the current bylaws, the knowledge, skill and experience of state board executive staff could be a potential to benefit the organization. This proposal creates a new category of Fellow, a “Staff Fellow,” which would allow for both appropriate recognition of the significant contribution that executive directors provide to medical regulation as well as allow the organization to more fully benefit from this expertise on our various committees, workgroups and task forces. This proposal also increases the number of the Board of Directors Executive Committee, allows for one Staff Fellow to be elected to the Executive Committee, and makes other corresponding changes throughout the Bylaws.

PROPOSED AMENDMENT #1
Article II. Classes of Membership, Election and Membership Rights
Section B. Fellows

There shall be two categories of Fellow of the FSMB:

1. Board Member Fellow. A Board Member Fellow is an individual member who as a result of appointment or confirmation is designated to be a member of a Member Medical Board. A Board Member Fellow shall be a Fellow of the FSMB during the member’s
period of service on a Member Medical Board, and for a period of 36 months thereafter,

and

2. Staff Fellow. A Staff Fellow is an individual hired or appointed and who is responsible for
the day-to-day supervision and performance of the administrative duties and functions for
which a medical board is responsible. Each member board may denote only one individual to
serve as a Staff Fellow of the FSMB. No individual shall continue as a Staff Fellow upon
termination of employment by or service to the Member Medical Board.

PROPOSED AMENDMENT #2
Article II. Classes of Membership, Election and Membership Rights
Section C. Honorary Fellows

Thirty-six months after completion of service on a Member Medical Board, a Board Member
Fellow as defined in section B, paragraph 1 shall become an Honorary Fellow of the FSMB
thirty-six months after completion of service on a Member Medical Board. A Staff Fellow as
defined in Section B, paragraph 2 shall become an Honorary Fellow of the FSMB upon
termination of employment by or service to the Member Medical Board. An Honorary Fellow
of the FSMB may be appointed by the Chair to serve as a member of any committee
or in any other appointive capacity.

PROPOSED AMENDMENT #3
Article II. Classes of Membership, Election and Membership Rights
Section D. Associate Members

A Member Medical Board may designate one or more employees or staff members, other
than an individual designated as a Staff Fellow, to be an Associate Member of the FSMB.
No Associate Member individual shall continue in that capacity as an Associate Member upon
termination of employment by or service to the Member Medical Board.

PROPOSED AMENDMENT #4
Article III. Officers: Election and Duties
Section A. Officers of the FSMB

1. Officers. The officers of the FSMB shall be that of Chair, Chair-elect, Treasurer and
Secretary.
2. Only an individual who is a Fellow as defined in Article II, Section B, Paragraph 1 at
the time of the individual’s election or appointment shall be eligible for election or
appointment as an Officer of the FSMB, except for the position of Secretary.
3. The position of Secretary shall be an ex-officio office, without vote, and the President of
the FSMB shall serve as Secretary.

PROPOSED AMENDMENT #5
Article IV. Board of Directors
Section A. Membership and Terms

1. Membership: The Board of Directors shall be composed of the Officers, the Immediate
Past Chair, nine Directors-at-Large and two Associate Members Staff Fellows. At least
two members of the Board, who are not Associate Members Staff Fellows, shall be non-physicians, at least one of whom shall be a public/consumer member.

2. Nomination of Associate Members Staff Fellows: Nominations for Associate Member Staff Fellow positions shall be accepted from Member Boards, the Board of Directors and the Administrators in Medicine (AIM). Associate Members Staff Fellows shall be appointed by the Board of Directors in staggered terms in accordance with policies and procedures established by the Board of Directors.

3. Terms: Directors-at-Large shall each serve for a term of three years and shall be eligible to be reelected to one additional term. Staff Fellows shall serve for a term of two years and shall be eligible to be reappointed to one additional term. A partial term totaling one-and-a-half years or more shall count as a full term. Associate Members shall each serve for a term of two years. Associate Members shall not be eligible to serve consecutive terms.

**PROPOSED AMENDMENT #6**

Article IV. Board of Directors

Section F. Vacancies

1. Directors-at-Large: In the event of a vacancy in the membership of the Directors-at-Large, the Board of Directors may appoint a Fellow who meets the qualifications for the position to serve until the next Annual Meeting of the House of Delegates, at which time an individual shall be nominated and, if elected, shall serve for the remainder of the unexpired term. In the event a Director-at-Large is elected to the office of Treasurer or Chair-elect, that vacancy shall be filled by an election at the same Annual Meeting of the House of Delegates.

2. Associate Members Staff Fellows: In the event of a vacancy of an Associate Member’s Staff Fellow, the Board of Directors may appoint a substitute to complete the Associate Member’s Staff Fellow’s term in accordance with the policies established by the Board of Directors.

**PROPOSED AMENDMENT #7**

Article IV. Board of Directors

Section G. Executive Committee of the Board

1. Membership: The Board of Directors shall establish an Executive Committee of the Board, which shall consist of the Chair as Chair, Chair-elect, Treasurer, Immediate Past Chair and two Directors-at-Large. The Directors-at-Large shall be elected for a one-year term by majority vote of the Directors-at-Large and the Associate Members of Staff Fellows serving on the Board of Directors at the first regular meeting of the Board following the annual meeting of the House of Delegates. In the event of a vacancy in a Director-at-Large position, the Directors-at-Large and the Associate Members of Staff Fellows serving on the Board, by majority vote, shall choose another Director-at-Large to serve the remainder of the one-year term. A Staff Fellow may serve in one of the Director-at-Large positions. No more than one Staff Fellow may serve on the Executive Committee at any one time. In the event of vacancy in the position of Immediate Past Chair, this position shall remain vacant until the next Annual Meeting of the House of Delegates.
The Chair of the 2018 Bylaws Committee testified in favor of Proposed Amendments 1-7 as contained in Bylaws Proposal #1.

Two representatives from the FSMB Board of Directors, including its Chair, testified in favor of Proposal #1 consistent with the testimony of the Bylaws Committee. The Chair of the FSMB Board of Directors emphasized that the inclusion of experienced board executives in FSMB governance has been an area of discussion and concern among the state medical boards for decades, exemplified by a statement made by the Oregon Board of Medicine’s Executive Director in 1978 that was read into the record.

A representative of the Administrators in Medicine (AIM) also testified in support of Proposal #1.

A representative from the Pennsylvania State Board of Medicine testified in support of future consideration of modifications that would provide for greater inclusivity of other state medical board staff that may have the most optimal institutional knowledge and political savvy.

The Reference Committee heard no opposing testimony.

The Reference Committee carefully considered the testimony it received and recommends that Proposed Bylaws Amendments 1-7 as contained in Bylaws Proposal #1 be adopted.

**RECOMMENDATION:**

The Reference Committee recommends that the House of Delegates ADOPT Proposed Bylaws Amendments 1-7 as contained in Bylaws Proposal #1 of the Report of the Bylaws Committee.

Bylaws Proposal #2
Proposed Amendments 8-24 are contained in Bylaws Proposal #2.

Proposal #2 modifies the bylaws to align governance with current practice and clarifies that the FSMB Immediate Past Chair is to be considered an Officer of the corporation. This proposal also includes amendments that are editorial improvements.

**PROPOSED AMENDMENT #8**

**Article III. Officers: Election and Duties**

Section A. Officers of the FSMB

1. **OFFICERS. The officers of the FSMB shall be that of Chair, Chair-elect, Immediate Past Chair, Treasurer and Secretary.**

**PROPOSED AMENDMENT #9**

**Article III. Officers: Election and Duties**

Section B. Election of Officers
1. The Chair-elect shall ascend to the position of Chair at the Annual Meeting following the
meeting in which the Chair-elect was elected.

2. The Chair-elect shall be elected at each Annual Meeting of the House of Delegates.

3. **The Immediate Past Chair assumes that position upon the Chair-elect ascending to
the position of Chair.**

4. The Treasurer shall be elected every third year at the Annual Meeting of the House of
Delegates.

5. Officers shall be elected by a majority of the members of the House of Delegates present
and voting.

6. In any election, should no candidate receive a majority of the votes cast, a runoff election
shall be held between the two candidates who receive the most votes for that office on the
first ballot. Up to two additional runoff elections shall be held.

7. Prior to each election, the presiding officer shall cast a sealed vote that shall be counted
only to resolve a tie that cannot be decided by the process set forth in this section.

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**PROPOSED AMENDMENT #10**

**Article III. Officers: Election and Duties**

**Section C. Duties of Officers**

3. **The duties of the Immediate Past Chair shall be as follows:**
   a. Assist the Chair in the transition from Chair-elect to Chair;
   b. Serve as chair of the Nominating Committee; and
   c. Perform such other duties and responsibilities as the Chair shall determine.

4. The duties of the Treasurer shall be as follows:
   a. Perform the duties customary to that office;
   b. Perform such other duties as the Bylaws and custom and parliamentary usage may
      require or as the Board of Directors shall deem appropriate;
   c. Serve as an ex officio member of the Audit Committee; and
   d. Serve as chair of the Finance Committee.

5. The duties of the Secretary shall be as follows:
   a. Administer the affairs of the FSMB; and
   b. Such duties and responsibilities as the FSMB and the Board of Directors shall
determine.

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**PROPOSED AMENDMENT #11**

**Article III. Officers: Election and Duties**

**Section D. Terms of Office and Succession**

1. The Chair and Chair-elect shall serve for single terms of one year or until their successors
assume office.

2. **The Immediate Past Chair shall serve until a successor to the current Chair assumes
office.**
231 23. The Treasurer shall serve for a single term of three years or until the Treasurer’s successor
232 assumes the office.
233 34. Officers shall assume office upon final adjournment of the Annual Meeting of the House
234 of Delegates at which they were elected.
235 45. The term of the Secretary is co-terminus with that of the President.

PROPOSED AMENDMENT #12
Article III. Officers: Election and Duties
Section E. Vacancies

3. In the event of a vacancy in the office of Immediate Past Chair, the office shall remain
open until a new Chair assumes the office.

34. In the event of a vacancy in the office of the Treasurer, the Board of Directors shall elect
one of the Directors-at-Large to serve as Treasurer, with one vote on the Board of Directors
and one vote on the Executive Committee, until the next year’s Annual Meeting of the
House of Delegates, at which time a Treasurer shall be elected.

PROPOSED AMENDMENT #13
Article IV. Board of Directors
Section A. Membership and Terms

1. MEMBERSHIP: The Board of Directors shall be composed of the Officers, the Immediate
Past-Chair, nine Directors-at-Large and two Associate Members. At least two members
of the Board, who are not Associate Members, shall be non-physicians, at least one of
whom shall be a public/consumer member.

PROPOSED AMENDMENT #14
Article IV. Board of Directors
Section E. Removal from Office

1. REMOVAL: Any officer or member of the Board of Directors may be removed for any cause
deemed sufficient by an affirmative vote of two-thirds of the total members of the Board of
Directors entitled to vote and who are not subject to removal from office.

2. PROCEDURE: The procedure for removal shall be as follows:
   a. The Board shall file with the Secretary of the Board and deliver a written statement of
the cause for removal to the officer or board member in sufficient detail as to state the
grounds for the removal. Delivery to the officer or board member shall be by certified
mail, return receipt requested, to the last address known to the Board and is effective
upon mailing.
   b. The officer or board member shall deliver a sworn written response to the Board, no
later than thirty calendar days after the written statement of the cause for removal is
filed with the Secretary of the Board delivered to the officer or board member in
question. Delivery to the Board shall be by certified mail, return receipt requested,
directed to the Secretary of the Board at the FSMB corporate office. **Delivery is effective upon mailing.**

c. At the next Board meeting **following the date the response is due**, the Board shall determine whether or not to proceed with removal. Notice of the Board’s action shall be delivered to the officer or **Board member** by certified mail, return receipt requested. If the officer or board member **did does** not file a written response the Board shall proceed with a determination. **Delivery is effective upon mailing.**

d. If the Board votes to proceed with removal of the officer or **Board member**, at a Board meeting **held no less than thirty days after delivery of the notice**, the **Board member** shall be afforded the opportunity to address the Board on the merits of the allegations and produce any relevant information to the Board after which the Board shall make a determination. **The Board meeting at which the officer or board member has the opportunity to address the Board shall be held no less than thirty days after delivery of the notice of removal.**

3. **APPEAL:** Any officer or member of the Board of Directors removed by the Board of Directors may appeal to the House of Delegates at its next business meeting. The officer or member may be reinstated by a two-thirds vote of the House of Delegates.

4. **DELIVERY:** For the purposes of this section, “Delivery” **is effective upon mailing.**

**PROPOSED AMENDMENT #15**

**Article II. Classes of Membership, Election and Membership Rights**

Section B. Fellows

An individual member who as a result of appointment or confirmation is designated to be a member of a Member Medical Board shall be a Fellow of the FSMB during the member’s period of service on a Member Medical Board, and for a period of **36 thirty-six** months thereafter.

**PROPOSED AMENDMENT #16**

**Article IV. Board of Directors**

Section B. Nominations

2. The Nominating Committee shall mail its roster of candidates to Member Boards not fewer than **60 sixty** days prior to the Annual Meeting of the House of Delegates.

**PROPOSED AMENDMENT #17**

**Article IV. Board of Directors**

Section D. Duties of the Board of Directors

2. The Board of Directors shall carry out the mandates of the FSMB as established by the House of Delegates, and it shall have full and complete **power and authority** to perform all acts and to transact all business for and on behalf of the FSMB.
PROPOSED AMENDMENT #18

Article IV. Board of Directors
Section F. Vacancies

1. DIRECTORS-AT-LARGE: In the event of a vacancy in the membership of the Directors-at-Large, the Board of Directors may appoint a Fellow who meets the qualifications for the position to serve until the next Annual Meeting of the House of Delegates, at which time an individual a Fellow shall be nominated and, if elected, and shall serve for the remainder of the unexpired term. In the event a Director-at-Large is elected to the office of Treasurer or Chair-elect, that vacancy shall be filled by an election at the same Annual Meeting of the House of Delegates.

PROPOSED AMENDMENT #19

Article IV. Board of Directors
Section G. Executive Committee of the Board

1. MEMBERSHIP: The Board of Directors shall establish an Executive Committee of the Board, which shall consist of the Chair as Chair, Chair-elect, Treasurer, Immediate Past Chair and two three Directors-at-Large. The Directors-at-Large shall be elected for a one-year term by majority vote of the Directors-at-Large and the Associate Members of the Board of Directors at the first regular meeting of the Board following the Annual Meeting of the House of Delegates. In the event of a vacancy in a Director-at-Large position, the Directors-at-Large and the Associate Members of the Board, by majority vote, shall choose another Director-at-Large to serve the remainder of the one-year term. In the event of vacancy in the position of Immediate Past Chair, this position shall remain vacant until the next Annual Meeting of the House of Delegates.

PROPOSED AMENDMENT #20

Article V. Nomination by Petition for Board of Directors and Nominating Committee
Section A. Submission of a Petition

3. The deadline to submit petitions to the Administrative Staff is 21 twenty-one days prior to the Annual Meeting.

PROPOSED AMENDMENT #21

Article V. Nomination by Petition for Board of Directors and Nominating Committee
Section B. Validation and Placement on Ballot

3. The names of those seeking to run by petition whose petitions are deemed valid shall be distributed to the Voting Delegates not fewer than 14 fourteen days prior to the Annual Meeting.
PROPOSED AMENDMENT #22
Article VII. Meetings
Section A. Annual Meeting of the House of Delegates

The annual meeting of the House of Delegates of the FSMB, which shall be called the House of Delegates, shall be held at such time and place as may be fixed by the Board of Directors. Written notice of the time and place of the meeting shall be given to all Member Medical Boards by mail not fewer than 90 ninety days prior to the date of the meeting. Notice is effective upon mailing.

PROPOSED AMENDMENT #23
Article VII. Meetings
Section B. Special Meetings of the House of Delegates

Special meetings of the House of Delegates may be called at any time by the Chair, on the written request of ten Member Medical Boards or by action of the Board of Directors. Written notice of the time and place of such meetings shall be given to all Member Medical Boards by mail not fewer than 30 thirty days prior to the date of the meeting. Notice is effective upon mailing.

PROPOSED AMENDMENT #24
Article XIV. Adoption and Amendment of Bylaws, Effective Date
Section A. Amendment

These Bylaws may be amended at any annual meeting of the House of Delegates by two-thirds of those present and voting. Bylaws changes may be proposed only by the Board of Directors, Member Medical Boards or the Bylaws Committee and its members. All such proposals must be submitted in writing to the Bylaws Committee, in care of the Secretary of the FSMB. The Bylaws Committee shall inform the Member Medical Boards of its meeting dates not fewer than 60 sixty days in advance of the meeting. The recommendations of the Bylaws Committee and the full texts of all proposed amendments recommended to the Committee shall be sent to each Member Medical Board not fewer than 60 sixty days prior to the Annual Meeting of the House of Delegates at which they are to be considered.

The Chair of the 2018 Bylaws Committee testified in favor of Proposed Amendments 8-24 as contained in Bylaws Proposal #2.

The Reference Committee heard no opposing testimony.

The Reference Committee carefully considered the testimony it received and recommends Proposed Bylaws Amendments 8-24 as contained in Bylaws Proposal #2 be adopted.

RECOMMENDATION:
The Reference Committee recommends that the House of Delegates ADOPT Proposed Bylaws Amendments 8-24 as contained in Bylaws Proposal #2 of the Report of the Bylaws Committee.

Bylaws Proposal #3
Proposed Amendment 25 is contained in Bylaws Proposal #3.

Proposal #3 modifies the composition of the Editorial Committee to provide greater flexibility and opportunities for non-Fellows to serve on the Editorial Committee. The change would allow the FSMB Chair an opportunity to appoint an Associate Member to the Editorial Committee.

PROPOSED AMENDMENT #25

Article VIII. Standing and Special Committees
Section D. Editorial Committee

1. An Editorial Committee, not to exceed twelve Fellows and three non-member subject matter experts non-Fellows, at least two of whom shall be subject matter experts, shall advise the Editor-in-Chief on editorial policy for the FSMB’s official publication, and shall serve as the editorial board of that publication and otherwise assist the Editor-in-Chief in the performance of duties as appropriate and necessary. No officer or member of the Board of Directors shall serve on this Committee.

The Chair of the 2018 Bylaws Committee testified in favor of Proposed Amendment 25 as contained in Bylaws Proposal #3.

The Reference Committee heard no opposing testimony.

The Reference Committee carefully considered the testimony it received and recommends Proposed Bylaws Amendment 25 as contained in Bylaws Proposal #3 be adopted.

RECOMMENDATION:

The Reference Committee recommends that the House of Delegates ADOPT Proposed Bylaws Amendment 25 as contained in Bylaws Proposal #3 of the Report of the Bylaws Committee.

Bylaws Proposal #4
Proposed Amendment 26 is contained in Bylaws Proposal #4.

Proposal #4 reflects consideration of the proposal received from the Tennessee Board of Medical Examiners that encouraged the Bylaws Committee to clarify the definition of public member. The Bylaws Committee opined that while it is true that the Tennessee Board’s proposed change to the Bylaws would still provide an opportunity for non-physicians (who are not public/consumer members because of their nexus to healthcare) to be elected to the Board, they would not have the added benefit of being considered independently of physicians, which might discourage a non-physician, such as a physician assistant, from running for election because of a perception that
voting delegates would likely favor the physicians. Given the importance of this issue and existing variations between FSMB policy and state law and practice regarding appointment criteria for medical and osteopathic boards, the Bylaws Committee agreed that additional discussion is needed and recommends that this proposal be tabled for further study.

PROPOSED AMENDMENT #26

Article IV. Board of Directors
Section A. Membership and Terms

1. MEMBERSHIP: The Board of Directors shall be composed of the Officers, the Immediate Past Chair, nine Directors-at-Large and two Associate Members. At least two members of the Board, who are not Associate Members, shall be non-physicians, at least one of whom shall be a public/consumer member.

The Chair of the 2018 Bylaws Committee testified in favor of tabling for further study Proposed Amendment 26 as contained in Bylaws Proposal #4.

A representative of the Tennessee Board of Medical Examiners testified in favor of tabling further study Proposed Amendment 26, consistent with the recommendation of the Bylaws Committee.

The Reference Committee heard no opposing testimony.

The Reference Committee carefully considered the testimony it received and recommends Proposed Bylaws Amendment 26 as contained in Bylaws Proposal #4 be tabled for further study.

RECOMMENDATION:

The Reference Committee recommends that the House of Delegates TABLE FOR FURTHER STUDY Proposed Bylaws Amendment 26 as contained in Bylaws Proposal #4 of the Report of the Bylaws Committee.

2. Resolution 18-3: Permitting Out-of-State Practitioners to Provide Continuity of Care in Limited Situations

Resolution 18-3, offered by the Washington Medical Commission (WMC), reads as follows:

Resolved, that the Federation of State Medical Boards (FSMB) will encourage state medical boards to interpret their licensing laws, or work to change their licensing laws if necessary, to permit physicians duly licensed in another jurisdiction to provide infrequent and episodic continuity of care by providing follow-up care to established patients or a peer-to-peer consultation without the need to obtain a license in the state in which the patient is located at the time of the interaction.

A representative of the North Carolina Medical Board read written testimony on behalf of the WMC. The resolution was originally submitted for consideration by the FSMB after the WMC’s recent adoption of guidelines for the appropriate use of telemedicine. However, after further
consideration the by WMC, the board supports modification of its proposal and recommend that the Reference Committee refer Resolution 18-3 to the FSMB Board of Directors for further study and report back in 2019.

A representative of the Pennsylvania State Board of Medicine testified in support of referring Resolution 18-3 to the FSMB Board of Directors for further study.

A former member of the Minnesota Board of Medical Practice testified in a personal capacity, highlighted that as the owner of a telemedicine company the issues raised in this resolution are important to the delivery of healthcare via telemedicine. The individual was supportive of the referral for study and future development of model language to address continuity of care in the border states.

The Reference Committee heard testimony from a representative of the FSMB Board of Directors in opposition to Resolution 18-3, as originally submitted, who reported that the FSMB’s *Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine* clearly states that a physician must be licensed by, or under the jurisdiction of, the medical board of the state where the patient is located. Additionally, he noted that the *Tri-Regulator Collaborative Position Statement on Practice Location for Consumer Protection* states that in a consumer protection model, health care practice occurs where the recipient of health care services is located. Consequently, due to the resolution’s conflict with current FSMB policy, the FSMB Board of Directors recommended that Resolution 18-3, as originally submitted, not be adopted by the House of Delegates.

The Reference Committee carefully considered the testimony it received and recommends that Resolution 18-3 be referred to the FSMB Board of Directors for further study.

**RECOMMENDATION:**

The Reference Committee recommends that the House of Delegates REFER FOR FURTHER STUDY TO THE FSMB BOARD OF DIRECTORS Resolution 18-3: Permitting Out-of-State Practitioners to Provide Continuity of Care in Limited Situations

3. **BRD RPT 18-4: Guidelines for the Structure and Function of a State Medical and Osteopathic Board**

Since 1988, the FSMB’s *Guide to the Essentials of a Modern Medical Practice Act* and *Elements of a State Medical and Osteopathic Board* have functioned as companion documents to provide state medical boards a useful blueprint for their structure and functions as stated in their medical practice act. These policies have served as a highly effective stimulus to medical boards and state legislatures for periodic review and revision of their statutes. The policies are revised every three years. The Advisory Council of Board Executives is charged with updating the policies to ensure currency and recommending the revisions to the Board of Directors. The 2017 Advisory Council includes Kimberly Kirchmeyer, Micah T. Matthews, MPA, Maegan Martin, JD, Frank B. Meyers, JD, Kathleen Selzler Lippert, JD, Kevin D. Bohnenblust, JD, Mark E. Bowden, MPA, Kathleen Haley, JD, and Ian Marquand.
The Advisory Council of Board Executives met on August 17, 2017. As a result of in person discussions and feedback from member state boards, the Council agreed to condense the Elements and Essentials into one document, Guidelines for the Structure and Function of a State Medical and Osteopathic Board. The Council determined that a singular guidance document on state medical board structure would reduce redundancies inherent in the original two documents and allow for a more dynamic and user-friendly resource for member state boards.

Guidelines for the Structure and Function of a State Medical and Osteopathic Board incorporates the contents of prior Elements and Essentials, containing the principles of state medical board responsibility, duty, empowerment, and accountability that the initial documents outlined, as well as detailing the essential components for the structure and function of a state medical board. This guidance document reflects not only relevant characteristics of effective modern medical boards, but also several innovative concepts not yet widely implemented. Though presented for consideration as an integrated whole, the guidelines offer significant approaches to a variety of issues that concern many boards, including: funding and budgeting, confidentiality, board authority, personnel and staffing, administration, emergency powers, training of board members, immunity and indemnity, standards of evidence, and the public’s right to know.

Recognizing the differences among jurisdictions, this document is designed with the flexibility to accommodate as many of those differences as possible, while maintaining the integrity of the overall concept. Some sections empower boards to adopt alternatives of their choice, provided they are in accord with other state statutes, while other sections are phrased loosely to allow boards necessary discretionary authority. These guidelines may thus be seen not as one proposal but as various proposals.

A draft of the Guidelines for the Structure and Function of a State Medical and Osteopathic Board was distributed to FSMB member boards and other key stakeholder organizations in December 2017 with comments due January 31, 2018. There were no suggestions for modification received. No comments were received.

The Reference Committee heard testimony from a representative of the FSMB Board of Directors in support of Board Report 18-4.

The Reference Committee heard no opposing testimony.

The Reference Committee carefully considered the testimony it received and recommends that the model guidelines contained in Board Report 18-4 be adopted by the House of Delegates.

**RECOMMENDATION:**

The Reference Committee recommends that the House of Delegates ADOPT Guidelines for the Structure and Function of a State Medical and Osteopathic Board, as contained in Board Report 18-4, superseding A Guide to the Essentials of a Modern Medical Practice Act (HOD 2015) and Elements of a State Medical and Osteopathic Board (HOD 2015).

In April 2017, the Federation of State Medical Boards House of Delegates referred Resolution 17-2, Advocacy for Professional Licensure of Emergency Medical Service (EMS) Providers, to the Board of Directors for study.

The Board of Directors considered the Resolution and tasked the Advisory Council of Board Executives to evaluate the regulatory oversight of paramedics and make a recommendation as to the position of the FSMB. The Board noted that the Advisory Council of Board Executives would be reviewing and recommending revisions to the *Essentials of a State Medical and Osteopathic Medical Practice Act* and the *Elements of a State Medical and Osteopathic Board* and would therefore be well positioned to study this issue and draft model statutory language, if the resolution was to be recommended for adoption.

In its study of the issue, the Advisory Council of Board Executives determined a policy change regarding the licensure and regulation of EMS personnel is not recommended at this time, and furthermore that the FSMB policy *Regulatory Strategies for Achieving Greater Cooperation and Collaboration Among Health Professional Boards* (HOD 2017) applies and is a more feasible approach to Resolution 17-2. The FSMB Board of Directors concurred with the Advisory Council and therefore submits this report for information only and does not offer specific recommendations.

The Reference Committee heard no testimony on Board Report 18-5 and received Board Report 18-5 as written.

**RECOMMENDATION:**

No action required; report is for Information Only

5. **Resolution 18-4: Interprofessional Continuing Education (IPCE)**

Resolution 18-4, offered by the FSMB Board of Directors, reads as follows:

> Resolved, that the Federation of State Medical Boards supports and recognizes Interprofessional Continuing Education for physicians that is identified by IPCE credit and is accredited by the Joint Accreditation system launched by the Accreditation Council for Continuing Medical Education, the Accreditation Council for Pharmacy Education and the American Nurses Credentialing Center, as an additional means of satisfying continuing medical education requirements for medical license renewal.

The Reference Committee heard testimony from a representative of the FSMB Board of Directors in support of Resolution 18-4 noting that insufficient communication and coordination of care between physicians and other health care providers is a critical component of health care delivery and improvement. As state medical and osteopathic boards require continuing medical education for license renewal as a means of assuring the public that licensed physicians are maintaining their
competence, there is value in assuring that continuing medical education includes interprofessional education and team-based care among physicians, nurses, and pharmacists.

Written testimony was received from the Accreditation Council for Continuing Medical Education (ACCME) and the ACCME’s accrediting colleagues, in support of Resolution 18-4, noting that education that allows teams to learn together in the practice setting is essential.

The Reference Committee heard no opposing testimony.

The Reference Committee carefully considered the testimony it received and recommends that Resolution 18-4 be adopted.

RECOMMENDATION:

The Reference Committee A recommends that the House of Delegates ADOPT Resolution 18-4: Interprofessional Continuing Education (IPCE)

Respectfully submitted,

Sherif Z. Zaafran, MD
FSMB Reference Committee A, Chair

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