



**AAOE
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Mary Jo
Capodice, DO
Vice President

J. Michael
Wieting, DO
*Secretary-
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Anna Z.
Hayden, DO
*Immediate
Past President*

ANNUAL MEETING

Chicago Marriott Magnificent Mile ▪ Addison Room – 4th Floor
July 19, 2018 ▪ 5:00 – 7:00 PM

BUSINESS MEETING AGENDA

Barbara Walker, DO, President, Presiding

TIME	TOPIC/SPEAKER	TAB
5:00	Call to Order/Approval of Agenda	
	Approval of April 27, 2018 Minutes – Action Item	1
5:05	AOA Update Mark A. Baker, DO – President, AOA	
5:10	Federation of State Medical Boards (FSMB) Update Humayun J. Chaudhry, DO, MS, MACP, MACOI – President & CEO, FSMB	
5:20	National Board of Osteopathic Medical Examiners (NBOME) Update John R. Gimpel, DO, Med – President & CEO, NBOME Dana C. Shaffer, DO – Board Chair, NBOME Sandra Waters, MEM – Vice President for Collaborative Assessment, NBOME	
5:35	State Legislative Update Raine Richards, JD, Director – AOA State Government Affairs	2
5:45	Policy Development Discussion – H359-A/2018 Preventing Physician Burnout – Safe Haven Protection for Physicians Scott A. Steingard, DO – Chair-elect, FSMB; Member, FSMB Workgroup on Physician Wellness and Burnout	3
6:10	Report on the Special Legislative Commission to Examine the Advisability of Rhode Island Joining the Interstate Medical Licensure Compact James Griffin, DO – Appointed Member	
6:20	AAOE Nominating Committee and Elections	
6:30	Osteopathic Medical Regulation/Licensure Roundtable	
6:50	Announcements/Future Meeting Dates AAOE Summit – January 2019 – AOA LEAD Meeting Hilton Lake Las Vegas, NV AAOE Business Meeting – April 2019 – FSMB Meeting Fort Worth, TX	

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**BUSINESS MEETING
CHICAGO MARRIOTT MAGNIFICENT MILE ■ CHICAGO, IL
July 19, 2018**

List of Attendees

James Andriole, DO - Past President, AAOE
Mark Baker, DO – AOA President
Mary Jo Capodice, DO – Vice President, AAOE; Wisconsin Medical Examining Board
Humayun Chaudhry, DO – President & CEO, Federation of State Medical Boards
J. Michael Finley, DO – Senior Vice President for Assessment, National Board of Osteopathic Medical Examiners
Katherine Fisher, DO, Oregon Medical Board
Jone Geimer-Flanders, DO – Hawaii Medical Board
John Gimpel, DO, President & CEO, National Board of Osteopathic Medical Examiners
James Griffin, DO – Rhode Island Board of Medical Licensure and Discipline
Anna Hayden, DO – Immediate Past President, AAOE; Florida Board of Osteopathic Medicine
Veryl Hodges, DO – Arkansas State Medical Board
Ronald Januchowski DO, South Carolina Board of Medical Examiners
Kim Kuman – Executive Assistant, AOA State Government Affairs
Lynn Mark, DO - New York State Board for Medicine
Ernest Miller, DO – West Virginia Board of Osteopathic Medicine
Karen O'Mara, DO - Illinois Medical Disciplinary Board
Raine Richards, JD - Director, AOA State Government Affairs
Sandra Schwemmer, DO – Florida Board of Osteopathic Medicine
Dana C. Shaffer, DO – Past President, AAOE
Scott Steingard, DO, Arizona Board of Osteopathic Examiners in Medicine in Surgery
Barbara Walker, DO President, AAOE; North Carolina Medical Board
Sandra Waters, MEM – Vice President, Collaborative Initiatives, National Board of Osteopathic Medical Examiners
J. Michael Wieting, DO – Secretary-Treasurer, AAOE, Tennessee Board of Osteopathic Examination
Joseph A. Zammuto, DO – President, Osteopathic Medical Board California
Jan Zieren, DO, Tennessee Board of Osteopathic Examination

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BUSINESS MEETING MINUTES

Friday, April 27, 2018

Sheraton – Le Meridien Hotel - Governor's Ballroom 1-3 - Charlotte, NC

6:00 AM – 8:00 AM

Fellows Present:

Jimmy Adams, DO – West Virginia Board of Osteopathic Medicine
Mary Jo Capodice, DO, Vice President, AAOE; Wisconsin Medical Examining Board
Thomas Carver, DO - North Dakota Board of Medicine
Douglas Cunningham, DO – Arizona Board of Osteopathic Examiners in Medicine in Surgery
James DiRenna, DO – Missouri Board of Registration for the Healing Arts
Robin Durrett, DO - Kansas State Board of Healing Arts
Jone Flanders, DO - Hawaii Medical Board
Randel Gibson, DO - Kentucky Board of Medical Licensure
Anna Hayden, DO - Immediate Past President, AAOE; Florida Board of Osteopathic Medicine
Gary Hill, DO – Alabama Board of Medical Examiners
Kathleen Kudray, DO – Michigan Board of Osteopathic Medicine and Surgery
Burton Mark, DO – Pennsylvania Board of Osteopathic Medicine
Ernest Miller, DO – West Virginia Board of Osteopathic Medicine
Dana Shaffer, DO - Past President, AAOE; Board Chair, NBOME; Kentucky Board of Medical Licensure
Nicholas Parise, DO - Illinois Licensing Board
Donald Polk, DO - Tennessee Board of Osteopathic Examiners
Joel Rose, DO – Florida Board of Osteopathic Medicine
Sandra Schwemmer, DO - Florida Board of Osteopathic Medicine
Anita Steinbergh, DO - State Medical Board of Ohio
Scott Steingard, DO, Arizona Osteopathic Board of Examiners
Scott Thomas, DO – Maine Board of Osteopathic Licensure
Barbara E. Walker, DO - President, AAOE; North Carolina Medical Board
J. Michael Wieting, DO - Secretary-Treasurer, AAOE; Tennessee Board of Osteopathic Examiners

Fellows Participation via Phone:

James Andriole, DO – Past President, AAOE; Florida Board of Osteopathic Medicine
James Griffin, DO – Rhode Island Board of Medical Licensure and Discipline

Non-Members/Observers Present:

Mohammed Arsiwala, MD – Michigan Board of Medicine
Humayun J. Chaudhry, DO, President & CEO, Federation of State Medical Boards (FSMB)
David Garza, DO, MS.MedL – Vice Chair, AOA Bureau of State Government Affairs
John Gimpel, DO, President & CEO, National Board of Medical Examiners (NBOME)
David Henderson, JD – CEO, North Carolina Medical Board
Jerry Landau, JD – Arizona Osteopathic Board of Examiners
Savannah Okoronkwo – Consumer Assistant/Complaints, Maine Board of Licensure in Medicine

Shawn Parker, JD – North Carolina Medical Board
Mikal Smoker, PA-C – New Mexico Board of Osteopathic Medicine
Gregory Snyder, MD – Board of Directors, Federation of State Medical Boards
Sarvam TerKonda, MD – Florida Board of Medicine
Sandra Waters, MEM – Vice President, Collaborative Initiatives, National Board of Osteopathic Medical Examiners

AOA Leaders/Staff:

Raine Richards, JD, Director, State Government Affairs

- I. Meeting called to order at 6:02 AM by Barbara Walker, DO, President, presiding.
- II. Dr. Walker provided the candidates for 2018-2019 FSMB leadership positions with the opportunity to speak to AAOE to outline their qualifications, FSMB experience, and priorities for the organization (3 minutes per individual).
 - a. Mohammed Arsiwala, MD (MI)
 - b. Sarvam TerKonda, MD (FL)
 - c. Shawn Parker, JD (NC)
 - d. Anita Steinbergh, DO (OH)
 - e. Anna Hayden, DO (FL)
- III. Dr. Walker introduced Humayun J. Chaudhry, DO, President & CEO, FSMB, to provide an FSMB update on the following topics:
 - a. Recognized AAOE members' contributions to FSMB
 - b. Encouraged attendance at FSMB Foundation lunch
 - c. AACOM's new Task Force on Ethics and Professionalism
 - d. Sharing agreement between FSMB and AACOM which allows COMs to verify the credentials and licensing/disciplinary information of current and prospective COM faculty. Currently working to get MD schools on board.
 - e. FSMB will hold a symposium on artificial intelligence and may establish a workgroup or create a white paper; FSMB is considering updating its current policy on boundaries for physicians and the use of social media; FSMB guidelines are aimed at practitioners as well as state licensing boards; state licensing boards vary in how they categorize disciplinary actions (i.e. "professionalism, "miscellaneous," etc.), and there is a need for standardization so that the information can be found as easily as categorizing practitioners by age, etc.
 - f. IAMRA meeting in October in Dubai (Dr. Hayden will represent AAOE).
- IV. Dr. Walker introduced NBOME's Dana Shaffer, DO, Board Chair and John Gimpel, DO, President & CEO to provide an NBOME update on the following:
 - i. Dr. Shaffer outlined NBOME products and services, including the COMLEX-USA licensing exam, and noted that Donald Polk, DO represents AAOE on the NBOME board. He also recognized Geraldine O'Shea, DO, James

Andriole, DO, Ronald Burns, DO and J. Michael Wieting, DO for their contributions to NBOME activities.

- ii. Dr. Gimpel thanked Barbara Walker, DO, and J. Michael Wieting, DO, for their participation on the COMLEX-USA Level 1 standard setting panel and invited attendees to participate on the Level 3 standard setting panel this summer. He also provided a look at upcoming changes to NBOME services and the addition of “professional good standing” to the academic good standing attestation requirement for program directors as a prerequisite to a resident physician sitting for COMLEX Level 3.

- V. Dr. Walker introduced David Garza, DO, Vice Chair, AOA’s Bureau on State Government Affairs, to provide an update on the following:
 - a. Scope of practice expansion efforts in multiple states
 - b. Physician workforce issues
 - c. AOA legislative and regulatory advocacy activity
 - d. Proposals to support licensure of physicians who have not undertaken or completed postgraduate training (Assistant/Associate Physicians)
 - e. Tennessee’s (defeated) proposal to allow physician assistants who complete a newly created Doctor of Medical Science degree program to provide primary care services without physician involvement
 - f. Buprenorphine milligram morphine equivalents (MMEs) have been erroneously included in some states’ Prescription Drug Monitoring Program (PDMP) opioid dosage threshold calculations intended for opioids prescribed for the treatment of pain, leading to sanctions against physicians who prescribe buprenorphine as part of medication-assisted treatment (MAT) to treat opioid use disorder.

Dr. Chaudhry mentioned that Louisiana is considering a bill to take away the licensing board’s ability to issue a “summary suspension” of a license and prohibit investigators from discussing cases with the licensing board without the physician at issue present.

Dr. Arsiwala commented that the Michigan Board of Medicine was considering a 50 MME daily threshold for buprenorphine used in MAT but addictionologists are recommending higher.

- VI. Dr. Walker thanked guests for their participation and contributions, and announced the start of the Business Meeting (AAOE Fellows only) portion of the meeting. She then presented the proposed agenda. Anna Hayden, DO made a motion to adopt the agenda; seconded by Gary Hill, DO. The motion unanimously adopted.
- VII. Dr. Walker presented the draft minutes from the January 27, 2018 AAOE meeting for approval. She asked for a motion to approve the draft minutes. Dr. Hayden made a motion to approve the draft minutes; seconded by Dr. Hill and approved unanimously.
- VIII. Dr. Walker opened the discussion on the business of FSMB’s Annual Meeting agenda and resolutions. Dr. Hayden lead the review on selected proposed/amendments including:
 - a. Two categories of Fellow of the FSMB (Board Members and Staff) and their terms and available offices

- b. Duties of Immediate Past Chair
- c. Guidelines for structure and function of state licensing boards – to supersede prior guidelines
- d. Interprofessional continuing education (IPCE)
- e. Study of Regenerative and Stem Cell Therapy Practices
- f. PDMPs
- g. Acute Opioid Prescribing Workgroup and Guidelines
- h. USMLE Testing Time Limits
- i. Physician Wellness and Burnout
- j. Artificial Intelligence

The Fellows discussed the 2018-2019 candidates for FSMB leadership positions (AAOE Fellows who were candidates stepped out of the meeting for this portion).

- IX. Dr. Walker asked Dr. Wieting to provide an AAOE budget update. The Dr. Wieting presented a report on the Fiscal Year 2018 Annual AAOE Finances (as of 4/18/2018).
- X. Dr. Walker led a roundtable open discussion on the issues state licensing board members are seeing and current trends on the following issues:
 - a. North Carolina – ongoing issues with the outcome of the Dental Board case
 - b. Florida - Federal Trade Commission is looking at board decisions in various states; some states want more regulatory authority over licensing boards
 - c. Discussion of importance of indemnity insurance for state licensing board members to insure against personal liability for board actions
 - d. Discussion of scope of practice expansion attempts by Nurse Practitioners and Physician Assistants
 - e. Maine – concerned about a possible proposal to combine the medical and osteopathic medical boards and how to defend against it. Florida also had the “superboard” issue come up. Dr. Steinbergh noted that if a state board is running in the red it is hard to defend against a merger; however, Maine is able to cover all of its own operating costs through licensing fees and penalties.
 - f. North Carolina – would like to see a designated DO seat on the medical board; Ohio commented that they have always had 1 DO seat (out of 8) by statute and the osteopathic perspective is valued.
 - g. State board policies on the use of telemedicine were discussed.
- XI. Dr. Walker reminded the fellows that the next meeting will be the AAOE Business Meeting (during AOA’s Annual Meeting - House of Delegates) on July 19, 2018 in Chicago, IL.
- XII. There being no further business, she asked for a motion to adjourn. Ernest Miller, DO made a motion to adjourn, seconded by Kathleen Kudray, DO. Dr. Walker adjourned the meeting at 8:25 AM.



AMERICAN OSTEOPATHIC ASSOCIATION

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AOA BUREAU OF STATE GOVERNMENT AFFAIRS REPORT

Raine Richards, JD
Director, State Government Affairs

Kim Kuman
Executive Assistant

The Bureau of State Government Affairs (BSGA) is responsible for monitoring and responding to new health policy developments as they arise at the state level. As part of this activity, the AOA works closely with state and specialty osteopathic affiliates to promote the policies and positions of the osteopathic medical profession. This year, the AOA has participated in a number of activities related to scope of practice, osteopathic equivalency, insurance regulations and prescription drug abuse, misuse and diversion.

This report highlights a number of important victories as well as ongoing efforts to support the osteopathic medical profession at the state level. During the 2018 legislative session, SGA sent letters on 49 issues in 20 different states and was successful in 71% of the issues on which it commented. This number may change as 5 measures remain under consideration.

Some key state-level victories came in Tennessee, where legislation that would have created a new “Doctor of Medical Science” licensure type and scope of practice for physician assistants (PAs) died, as did legislation in New Hampshire that would have created a new “Assistant Physician” (AP) licensure type and scope of practice for physicians who did not match into a residency program.

Emerging Issues

In addition to its role in advocating for the osteopathic medical profession, the BSGA is also charged with examining trends and developing policies where gaps exist. In response to the creation of a new licensure type (AP) for physicians who did not match into a residency program by some states, as well as increased movement towards independent practice by a variety of non-physician clinicians, the BSGA submitted a new policy as well as updates to an existing policy for consideration by the 2018 House of Delegates.

New policy H363-A/2018 SPECIAL LICENSING PATHWAYS FOR PHYSICIANS opposes the creation of special licensing pathways for physicians who are not currently enrolled in an accredited residency program, or who have not completed at least one year of such a program.

The updates to policy H613-A/15 NON-PHYSICIAN CLINICIANS strengthen our opposition to inappropriate scope of practice expansion attempts by non-physicians by clarifying that the practice of medicine should be reserved for fully trained and licensed physicians. The updated policy further supports uniform licensure pathways for all health care providers based upon scope of practice.

The aforementioned policies will assist in our ongoing efforts to oppose the creation of new licensure types and the expansion of scopes of practice for existing non-physician clinician groups. This year, we were successful in defeating legislation which would have created a new licensure type – the “Doctor of Medical Science” – for PAs in Tennessee this year (more information below), but we continue to battle the spread of AP licensure to new states. Legislation to enact variations of the AP license were introduced in Hawaii, Mississippi, New Hampshire and Oklahoma in 2018, and legislation to delete the restriction that APs may only practice primary care was introduced in Missouri.

In addition to the new DMS and AP licensure types, we recently became aware of the existence of the “US Council on Osteopathic Manual Practice Education” (COMPE), which [claims](#) to accredit “osteopathy schools” whose graduates are allowed to practice European style manual osteopathy as “Certified Osteopathic Manual Practitioners” in the United States. Three schools currently claim COMPE accreditation: the [National Academy of Osteopathy](#) in Toronto, Canada, the [National University of Medical Sciences](#) in Madrid, Spain and the [National University of Medical Sciences](#) in Naples, Florida. According to advertising materials, alumni are eligible to sit for board exams administered by the “[American Osteopathic Manual Practice Examining Board](#)” (AOMPEB) and apply for membership to the “American Association of Osteopathic Manual Practitioners” (AAOMP) upon passage. The AOMPEB [website](#) directs individuals interested in learning more about COMPE to [www.ucompe.org](#), which appears to be invalid.

The AOA Legal Department learned of the aforementioned organizations via a Facebook post dated April 30, 2018 by a Canadian chiropractor, which appears to have originated in Nevada. The individual is not licensed by the Nevada State Board of Osteopathic Medicine, and neither the AOMPEB nor the AAOMP is authorized to issue any educational degree or certificate by the Nevada Commission on Postsecondary Education (NCPE) or the U.S. Department of Education. Last month, the Legal Department sent a letter to the Nevada State Board of Osteopathic Medicine, the Nevada Attorney General Bureau of Consumer Protection, and the NCPE urging them to address the misleading and potentially harmful claims and activities of this individual. The Federation of State Medical Boards has also been advised of this issue.

Scope of Practice Partnership

The AOA continues its partnership with the American Medical Association and state and specialty societies as a steering committee member in the Scope of Practice Partnership (SOPP). The SOPP was formed in 2007 to challenge inappropriate scope of practice expansions, such as those that are not commensurate with a non-physician provider group’s education and training.

Last year, the SOPP approved grants in Maine, New Jersey and Virginia. New Jersey and Virginia used the funds for strategic communications and lobbying campaigns related to nurse scope of practice issues. Maine’s grant funded a Scope of Practice Caucus to improve engagement among physicians in scope issues.

2018 State Level Advocacy

Forty-six states were in legislative session this year, with 16 states convened in regular session currently. The BSGA is monitoring and responding to proposed legislation and regulations across the country on topics important to osteopathic medicine.

Scope of Practice

Scope of practice continues to be a popular issue in state legislatures in 2017, and the AOA has responded to inappropriate scope legislation for DMS degree holders, APs, APRNs, optometrists, midwives, naturopaths, physical therapists and athletic trainers (ATs).

In Tennessee, the AOA worked with the Tennessee Osteopathic Medical Association (TOMA) to oppose companion bills that would have created a special licensing pathway to allow PAs who complete a newly created DMS degree program to provide primary care services under limited physician supervision. The stated purpose of the bills was to address primary care workforce shortages; however, the bills did not require DMS degree holders to provide care in rural areas or to underserved populations. The legislation also omitted many details regarding scope of practice and controlled substance prescribing authority, and did not define the required “collaboration” between these practitioners and the “patient care team.” TOMA was active in attending hearings and collaborating with other opponents on the ground, and ultimately the school backing the bill issued a statement that it would no longer pursue the legislation.

In New Hampshire, the AOA and the New Hampshire Osteopathic Association opposed a bill which would have created AP licensure in the state. In addition to allowing unmatched medical school graduates to provide care under limited supervision by a fully trained and licensed physician, after five years of practice without any disciplinary actions on record, the bill would have allowed these individuals to pass an as-yet-undeveloped exam and obtain full physician licensure without any residency training. The bill was eventually amended to remove all references to AP licensure. Similar legislation in Hawaii, Mississippi and Oklahoma died.

The AOA also worked with the Hawaii Association of Osteopathic Physicians and Surgeons to defeat bills which would have expanded the scope of practice for naturopaths to allow them to prescribe testosterone, and authorized independent practice by direct-entry midwives.

Osteopathic Equivalency and Distinctiveness

Protecting the equivalency and distinctiveness of the osteopathic profession is a top priority for the BSGA. Often, legislators introduce legislation that impacts the practice of medicine, but excludes osteopathic education, training and certification. This year, the AOA worked to promote recognition of the value and equivalency of osteopathic medicine in Alabama, Alaska and Florida.

In Alabama, the AOA and the Alabama Osteopathic Medical Association requested an amendment to a bill to allow students enrolled in an osteopathic medical college in the state to take advantage of scholarships established by the bill to attract students to practice family medicine in an underserved area. The bill ultimately died.

The AOA worked with the Alaska Osteopathic Medical Association to request updated osteopathic terminology throughout the state's Medical Practice Act and related regulations. Currently, Alaska's statutes and regulations refer to MD "physicians" separately from DO "osteopaths," and refer to osteopathic medicine as "osteopathy." Although the bill died, we received feedback from the bill's sponsor to assist us in making a successful request during the 2019 legislative session.

The AOA worked with the Florida Osteopathic Medical Association to request amendments to two bills to provide recognition for AOA board certification for osteopathic obstetricians and osteopathic anesthesiologists. As originally written, the bills only recognized board certifications issued by the American Board of Medical Specialties. Both bills eventually died.

Insurance Regulations

In 2015, the National Association of Insurance Commissioners released its updated Health Benefit Plan Network Access and Adequacy Model Act (Model Act), which established standards for the creation and maintenance of insurance networks in order to assure the adequacy, accessibility and transparency of network plans for patients. Since then, numerous states have introduced variations of the Model Act, some of which favor patients and insurers at the expense of providers. These bills restrict providers' ability to set their own rates and receive appropriate payment which could ultimately lead to decreased access to care.

This year, we successfully partnered with state affiliates in Alaska, New Jersey and Rhode Island to defeat bills that would have forced out-of-network physicians to accept in-network rates that they never agreed to for certain services, established binding arbitration processes and allowed the arbiter to take into account numerous factors including the insurer's in-network rates when determining fair payment for an out-of-network physician (we believe that payment should be the "usual and customary" rate).

Prescription Drug Abuse, Misuse and Diversion

The AOA is very concerned about our nation's prescription drug abuse epidemic, and we support a multi-pronged, evidence-based approach to this issue that balances concerns regarding misuse and diversion against the rights of patients with legitimate pain care needs to access timely, high-quality care.

The AOA and the Mississippi Osteopathic Medical Association provided comments on the State Board of Medical Licensure's Proposed Changes to the Rules Pertaining to Prescribing, Administering and Dispensing of Medication expressing concerns regarding the increased frequency of Prescription Drug Monitoring Program (PDMP) query requirements, the inclusion of additional physician practices in the definition of a "pain management practice" which is subject to more stringent regulations, the establishment of arbitrary dosage limitations and additional Continuing Medical Education for physicians practicing pain management. The AOA provided similar comments on the Federation of State Medical Boards' Draft Report of the Workgroup on PDMPs.

In addition, the AOA and state affiliates in Louisiana and Massachusetts sent letters of opposition to bills that require all drugs (LA) or all controlled substances (MA) to be electronically prescribed. We support electronic prescribing on a voluntary basis, but we are concerned that a blanket requirement could create unnecessary administrative barriers and prevent patients from receiving timely, appropriate care. Louisiana's bill died but Massachusetts' is still under consideration.

SUBJECT: PREVENTING PHYSICIAN BURNOUT – SAFE HAVEN
PROTECTION FOR PHYSICIANS

SUBMITTED BY: Missouri Association of Osteopathic Physicians and Surgeons

REFERRED TO: Committee on Professional Affairs

1 WHEREAS, physician health and well-being are essential to ensure the best possible care for
2 patients; and

3 WHEREAS, physicians rank burnout as the number one challenge they face¹, with one study²
4 showing 42% reporting burnout, 15% admitting to experiencing either clinical or
5 colloquial forms of depression, and 48% of female physicians reporting burnout; and

6 WHEREAS, the above cited survey reported that one-third of physicians who reported
7 depression state that they are more easily exasperated with patients (33%) or less
8 engaged with them (32%) because of depression, and 14% admitted that their
9 depression leads to errors that they wouldn't ordinarily make; and

10 WHEREAS, during licensing and license renewal, state physician licensing boards often ask
11 applicants questions that deter physicians from seeking assistance for burnout,
12 depression, suicidal ideation, and chemical dependency issues, for fear of repercussions
13 to their license³ and professional credibility; and

14 WHEREAS, a 2015 Mayo Clinic study found that nearly 7% of nearly 7,000 surveyed
15 physicians had considered suicide within the past year, and nearly 40% of physicians
16 reported that they would be reluctant to seek formal medical care for treatment of a
17 mental health condition because of concerns about repercussions to their medical
18 licensure³; and

19 WHEREAS, the American Osteopathic Association (AOA) recognizes physician burnout,
20 depression and suicide as issues of high importance, and adopting a “Physician Wellness
21 Strategy” that includes development of tools to assist in identifying physician burnout,
22 creation of web-based programming for families of trainees and physicians, and a new
23 web page to provide resources on addressing burnout, depression and suicidal ideation,
24 but does not address the issues inherent in the licensure process in many states which
25 actually deter physicians from seeking the professional help they need; and

26 WHEREAS, forty-five states and the District of Columbia have state Physician Health
27 Programs recognized by the Federation of State Physician Health Programs (FSPHP)⁴;
28 and

29 WHEREAS, state Physician Health Programs work with the goal of providing a “therapeutic
30 alternative to discipline⁴,” for physicians with substance abuse disorders, physical illness,
31 and mental health issues that prevent them from practicing at their full potential, and

1 the mission of the FSPHP is to support physician health programs in improving the
2 health of medical professionals; and

3 WHEREAS, the Federation of State Medical Boards (FSMB) is, through their Workgroup on
4 Physician Wellness and Burnout, highly interested in Physician Wellness and Burnout
5 including eliminating intrusive questions on licensure applications and encouraging non-
6 punitive approaches to address burnout and other physician health issues⁴; and

7 WHEREAS, the American Medical Association (AMA) adopted policy in 2016 addressing
8 concerns about confidentiality and the possible negative impact that receiving treatment
9 for physical, mental health or addiction issues, which calls on state medical boards to
10 refrain from asking applicants about past history of mental health diagnoses or
11 treatment, and to accept “safe haven” non-reporting⁵; now, therefore be it

12 RESOLVED, that the American Osteopathic Association’s Bureau of State Government
13 Affairs and/or other appropriate bureaus or committees develop policy in support of
14 safe haven protections and develop draft statute language for use by state affiliates
15 interested in pursuing safe haven protections for physicians.

Reference

1. Bendix, J., Krivich, R., Martin, K., Mazzalini, C., and Shryock, T. 2017. Top 2018 Challenges. Medical Economics, 94(24): 20 – 34.
2. Peckham, C. Medscape national Physician Burnout and Depression Report 2018. Medscape. January 17, 2018.
3. Dyrbye, L.N., N. D., West, C.P., Sinsky, C.A., Goeders, L. E., Satele, D.V., and Shanafelt, T.D. Medical Licensure Questions and Physician Reluctance to seek Care for Mental Health Conditions. Mayo Clinic Proceedings. 92(10), 1486 – 1493.
4. <https://www.fsphp.org/about>, Federation of State Physician Health Programs website.
5. <https://www.ama-assn.org/ama-adopts-policies-support-physician-wellness-mental-health>; AMA Press Release, November 15, 2016

Explanatory Statement

ACTION TAKEN _____

DATE _____