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# AAOE BUSINESS MEETING

Thursday, December 3, 2020 ▪ 7 PM – 9 PM EASTERN

*Dial-in information has been emailed to invitees. Contact Raine Richards  
([rrichards@osteopathic.org](mailto:rrichards@osteopathic.org)) with questions.*

## BUSINESS MEETING AGENDA

J. Michael Wieting, DO, President, Presiding

	<b>TAB</b>
<b>I. Call to Order (7 PM)</b>	
<b>II. Approval of Agenda (<i>Action</i>)</b>	<b>1</b>
<b>III. May 2, 2020 Final Minutes (approved May 29, 2020) (<i>Information</i>)</b>	<b>2</b>
<b>IV. Affiliate Partner Updates (7:05 PM) (<i>Information</i>)</b>	<b>3</b>
a. Federation of State Medical Boards <i>Humayun J. Chaudbry, DO, MACP, FRCP, President and CEO</i>	
b. National Board of Osteopathic Medical Examiners <i>John R. Gimpel, DO, MEd, FACOFP, FAAFP, President and CEO</i> <i>Geraldine T. O'Shea, DO, Board Chair</i>	
c. American Osteopathic Association (AOA) <i>Raine Richards, JD, Director, State Government Affairs</i>	
i. Commission on Osteopathic College Accreditation (COCA) Guidance Re: Element 6.12 (COMLEX-USA) and Suspension of the Requirement for Successful Completion of COMLEX-USA Level 2-PE	
ii. HR 8680 Occupational Licensing Board Antitrust Damages Relief Act of 2020 ( <i>NC Dental Board vs. Federal Trade Commission</i> )	
d. American Osteopathic Information Association (AOIA) <i>Kathleen S. Creason, MBA, Executive Director</i> <i>Jill A. Lammers, Director, Operations and Analytics</i>	
<b>V. Approval of Updated AAOE Bylaws (8:10 PM) (<i>Action</i>)</b>	<b>4</b>

**VI. State Roundtable: Licensing Board Activity Related to COVID & General Updates (8:15 PM) *(Discussion)***

**VII. Announcements (8:45 PM)**

- a. Next AAOE meeting date
- b. Call-for-Nominees: AAOE Officer Elections for 2021 – 2023 term – submit CVs to [r-richards@osteopathic.org](mailto:r-richards@osteopathic.org) by **December 18<sup>th</sup>, 2020**
- c. Call-for-Volunteers to serve on the AAOE Nominating Committee
- d. FSMB Award Nominations due December 31<sup>st</sup>, 2020
- e. Virtual [DO Day & Advocacy Summit](#) (March 7 – 8, 2021)

**VIII. Adjournment (9:00 PM)**



## **ANNUAL BUSINESS MEETING MINUTES**

Saturday, May 2, 2020  
Virtual Meeting via ZOOM  
11:00 AM – 1:00 PM Central

### **Fellows Present:**

Jimmy Adams, DO, West Virginia Board of Osteopathic Medicine  
Jim Andriole, DO, Past President, AAOE; Florida Board of Osteopathic Medicine  
Molly Biehl, DO, Montana Board of Medical Examiners  
Alexios Carayannopoulos, DO, Vice President, AAOE; Rhode Island Board of Medical Licensure and Discipline  
Jim DiRenna, DO, Missouri Board of Registration for the Healing  
Jone Geimer-Flanders, DO, Hawaii Medical Board  
Dana Shaffer, DO, Past President, AAOE; Kentucky Board of Medical Licensure  
Scott Thomas, DO, Maine Board of Osteopathic Licensure  
Anna Hayden, DO, Past President, AAOE; Florida Board of Osteopathic Medicine  
Gary Hill, DO, Alabama Board of Medical Examiners  
Ron Januchowski, DO, South Carolina Board of Medical Examiners  
Karen O'Mara, DO, Illinois Division of Professional Regulation  
Geraldine O'Shea, DO, Past President, AAOE; Osteopathic Medical Board of California  
Samir Pancholi, DO, Nevada Osteopathic Board of Medicine  
Hemesh Patel, DO, Osteopathic Medical Board of California  
Joel Rose, DO, Florida Board of Osteopathic Medicine  
Otto Sabando, DO, New Jersey State Board of Medical Examiners  
Sandra Schwemmer, DO, Florida Board of Osteopathic Medicine  
Jill Shaw, DO, Oregon Medical Board  
Amit Shelat, DO, New York State Board for Medicine (Licensure)  
Barby Simmons, DO, Georgia Composite Medical Board  
Ryan Smith, DO, Maine Board of Osteopathic Licensure  
Scott Steingard, DO, Chair, FSMB; Arizona Board of Osteopathic Examiners in Medicine and Surgery  
David Tannehill, DO, Missouri Board of Registration for the Healing  
Barbara E. Walker, DO, Immediate Past President, AAOE; North Carolina Medical Board  
Michael Wieting, DO, President, AAOE; Tennessee Board of Osteopathic Examiners  
Andrew Yuan, DO, Connecticut Medical Examining Board  
Joseph Zammuto, DO, Osteopathic Medical Board of California  
Jan Zieren, DO, Tennessee Board of Osteopathic Examiners

### **Non-Members/Observers Present:**

Humayun J. Chaudhry, DO, President & CEO, Federation of State Medical Boards (FSMB)  
John Gimpel, DO, President & CEO, National Board of Osteopathic Medical Examiners (NBOME)

## **AOA Leaders/Staff:**

Ronald Burns, DO, President

Kim Kuman, Executive Assistant, State Government Affairs

Raine Richards, JD, Director, State Government Affairs

- I. AAOE President J. Michael Wieting, DO called the meeting to order at 11:00 AM.
- II. Dr. Wieting presented the agenda; Anna Hayden, DO made a motion to adopt the agenda; seconded by Jimmy Adams, DO; approved unanimously. Final February 29, 2020 meeting minutes were presented as informational.

### **III. FSMB Candidates, Committees and Workgroups – J. Michael Wieting, President, AAOE**

- a. Candidates presented as informational:
  - i. Chair-elect: Kenneth B. Simons, MD – Wisconsin
  - ii. Board of Trustees (\*at least 1 non-physician must be elected):
    - 1. Jeffrey D. Carter, MD – Missouri
    - 2. Katie L. Templeton, JD – Oklahoma Osteopathic
    - 3. Barbara E. Walker, DO – North Carolina
    - 4. Richard A. Whitehouse, JD – Kentucky
    - 5. Sherif Z. Zaafran, MD – Texas
  - iii. Nominating Committee (\*at least 1 public member must be elected):
    - 1. Alexander S. Gross, MD – Georgia
    - 2. Reverend Janet Harman – West Virginia Medical
    - 3. John “Jake” M. Manahan, JD – Minnesota
    - 4. J. Michael Wieting, DO – Tennessee Osteopathic
- b. Committees and Workgroups
  - i. AAOE Fellows encouraged to become involved and serve on FSMB committees and workgroups.

### **IV. Affiliate Partners Update**

- a. **Federation of State Medical Boards (FSMB) Update** – Humayun J. Chaudhry, DO, President & CEO, FSMB and Scott Steingard, DO, Chair, FSMB
  - i. Humayun Chaudhry, DO discussed FSMB’s Response to COVID-19:
    - 1. Mobilized data and advocacy resources to assist states and territories to quickly increase health care workforce
    - 2. Free access to FSMB Physician Data Center (PDC) to enable hospitals to quickly/accurately verify medical licenses
    - 3. Creation of Ad Hoc Task Force on Pandemic Preparedness (later renamed Pandemic Response) - February 25, 2020
    - 4. Development of a COVID-19 website with state-by-state details on waivers of license renewal requirements/deadlines & other resources
    - 5. Released recommendations for license portability during pandemic
  - ii. State and Territorial – Response to COVID-19
    - 1. States increasing flexibility by temporarily waiving/modifying medical licensure requirements to meet the needs of their population:
      - a. 49 states - modified medical licensure requirements and/or renewals for out of state health care professionals
      - b. 45 states - modified in-state medical licensure requirements for telehealth from other states

- c. 33 states - expedited licensure for retired or inactive physicians
    - d. 29 states - Interstate Medical Licensure Compact
    - e. 11 states - allow early MD and DO graduates to provide care under the supervision of a licensed physician before July 1, 2020
  - iii. New York State Response to COVID-19 – Epicenter
    - 1. 100,000 volunteers answered Governor Cuomo’s call for health care workers to treat NY patients
    - 2. FSMB worked with states and territories to help verify credentials of physicians and PAs using FSMB’s Physician Data Center (PDC)
    - 3. The PDC database ([www.DocInfo.org](http://www.DocInfo.org)) includes current and historical medical licensure information for every physician and PA in the U.S.
      - a. Name, DOB, Medical Education, Licensure Status and History, Disciplinary History, Specialty Certification Status
  - iv. Coalition for Physician Accountability – April 9, 2020
    - 1. FSMB partnered with leaders of the AMA, AOA, CMSS, AAMC, AACOM, ACCME, ACGME, ECFMG, LCME, NBME, and NBOME to issue a consensus statement:
      - a. “Strengthened efforts must be in place to safeguard the public and... protect our nation’s health care workforce during the COVID-19 pandemic so they remain able to meet the public’s needs.”
  - v. Lessons Learned
    - 1. States and territories need:
      - a. Flexibility to rapidly expand access to quality health care in an emergency
      - b. Accurate/Current Electronic Data & Records
        - i. Along with hospitals, medical boards need the capability to rapidly verify qualifications and credentials of physicians and PAs (through FSMB’s Physician Data Center) who are already licensed in the US
        - ii. Along with medical schools, medical boards need to move beyond paper credentials (“wet” signatures) and transcripts
      - c. Safeguards for the public as well as for health care workers
      - d. Creation of the U.S. Public Health Service’s Ready Reserve Corps under the CARES Act (2020) is timely
  - vi. Scott Steingard, DO acknowledged the hard work that has been done by Dr. Chaudhry and FSMB staff during the pandemic.
- b. **National Board of Osteopathic Medical Examiners (NBOME) Update** – John Gimpel, DO, President & CEO, NBOME and Geraldine O’Shea, DO, Board Chair, NBOME
  - i. Geraldine O’Shea, DO reviewed NBOME’s mission and an overview of their recent activities
  - ii. John Gimpel, DO presented a review of NBOME’s portfolio across the education, licensure, and practice spectrum
  - iii. Overview of COMLEX exam series
  - iv. Response to COVID-19 and Issues Related to Licensing
    - 1. Exam postponements, self-proctoring and rescheduling discussed

- a. Rescheduling fees waived
    - b. Need to ensure safe testing environments
  - v. UME to GME
    - 1. Resources available for the transition from medical school to residency
    - 2. Reach out to Program Directors
      - a. COMLEX-USA Percentile Score Converter
  - vi. NRMP Match 2020 (first single GME match)
    - 1. 90.7% of DO seniors matched
    - 2. 81% Fellowship match
  - vii. 2020 US Osteopathic Medical Regulatory Summit
    - 1. Summit has been postponed (TBD)
    - 2. Focus of summit will be defining osteopathic distinctiveness
  - viii. Hospitals have received financial support – COMs at a disadvantage because the majority do not have affiliated hospitals
- c. **AOA Update** – Raine Richards, JD, Director, AOA State Government Affairs
  - i. Goal of the Bureau of State Government Affairs (BSGA) is to develop policy – Dr. Flanders is the current AAOE representative to the BSGA
  - ii. All 50 states slated to hold legislative sessions this year; COVID-19 has caused 20 to suspend/cancel or postpone sessions, and legislation is focused on COVID-19
  - iii. Federal COVID-19 Advocacy
    - 1. Advocating for:
      - a. Financial Relief
      - b. Medical Liability Reform
      - c. Protections to shield physician volunteers from additional liability for services rendered in response to a disaster
      - d. Student Debt Relief
      - e. Non-Profit Support
      - f. Paid Medical Leave
    - 2. Accomplished:
      - a. Financial Relief
        - i. \$175 billion for providers in areas heavily impacted by pandemic
        - ii. Expanded loans for small businesses
        - iii. Financial relief for federal student loan borrowers
      - b. Telehealth
        - i. Medicare:
          - 1. Increased payment rates for telehealth
          - 2. Expanded telehealth flexibilities (i.e. audio-only)
        - ii. A high-deductible health plan with a health savings account can cover telehealth services
      - c. Liability Protections
        - i. Liability protections shielding physician volunteers from additional liability for services rendered in response to a disaster; a future “ask” will be to extend this to non-volunteer physicians
      - d. Funding for Medical Supplies
        - i. Additional funding allocated for shortages in medical supplies (i.e. ventilators, PPE)

iv. State COVID-19 Advocacy

1. Letters

- a. Requested medical malpractice protections for physicians responding to the COVID-19 emergency in nine states
- b. Requested relief from medical malpractice premiums for physicians in solo or small group practices in nine states
- c. Template letter drafted for state affiliates to use to ask their State Opioid Treatment Authorities to request blanket exceptions from opioid use disorder treatment restrictions from the U.S. Substance Abuse and Mental Health Services Administration

2. Future Advocacy

- a. Extended workers' comp protections for "essential workers" who contract COVID in the course of their employment
- b. Opposition to Medicaid budget cuts
- c. State medical board flexibility in licensing renewal/CME requirements during the state of emergency

**V. AAOE Budget Report** – J. Michael Wieting, DO, President, AAOE

- a. The status of FY20 AAOE budget was shared. Currently, the organization is under budget, largely due to the shift in the Annual Meeting to a virtual format.

**VI. Appointment of AAOE Secretary -Treasurer** – J. Michael Wieting, DO, President, AAOE

- a. Dr. Wieting addressed the vacancy of the AAOE's Secretary -Treasurer position. He asked the Fellows if there was interest in the open position. Hearing none, per the AAOE Bylaws, Dr. Wieting suggested the nomination of Jan D. Zieren, DO, Tennessee Board of Osteopathic Examiners.
  - i. A motion was made to nominate Dr. Zieren for AAOE Secretary-Treasurer by Jone Geimer-Flanders, DO; seconded by Barbara Walker, DO.
  - ii. Dr. Zieren was honored to accept the nomination.
  - iii. Motion carried unanimously.
- b. Dr. Zieren welcomed to the AAOE Executive Committee.

**VII. FSMB Annual Meeting Reports** – J. Michael Wieting, DO, President, AAOE

- a. Dr. Wieting presented the FSMB Annual Meeting reports that would be considered during the FSMB meeting later that afternoon.

**VIII. AOA 2019 Referred and 2015 Sunset Resolutions** – Raine Richards, JD, Director, AOA  
State Government Affairs

- a. Ms. Richards provided relevant policies to the Fellows that will be considered before the 2020 AOA House of Delegates. She encouraged review of the policies and solicited feedback.

**IX. State Roundtable: Medical Licensing Board Activity Related to COVID-19**

- a. The following states provided updates:
  - i. Alabama: Relaxed telemedicine and telehealth requirements; and DEA regulations for practitioners prescribing controlled substances with no history of abuse

- ii. California: Governor relaxed the physician-to-Nurse Practitioner (NP) ratio to 1:4; independent practice for NPs struck down, waiver for CME until pandemic subsides
- iii. Connecticut: Governor mirrored activity in New York and New Jersey to create more access to telemedicine and utilize retired physicians in the pandemic response
- iv. Florida: The Licensure Modernization Act is awaiting the Governor's signature
- v. Georgia: Remote board meetings; relaxing telehealth requirements and license renewal requirements for 2020 and 2021
- vi. Hawaii: Medical Practice Act suspended March 14, 2020; all license renewals are due June 30, 2020; waiting for the Governor's decision
- vii. Illinois: Medical license renewal date extended from July to September. The Illinois Medical Disciplinary and Licensing Boards continue to meet by secure teleconferencing during COVID-19, including the MDB public open meeting. The Illinois Disciplinary Board is holding its informal conferences by secure teleconferencing.
- viii. Kentucky: Executive Order by the Governor; expediting licenses and reaching out to retired physicians
- ix. Maine: PAs granted independent practice; brief respite from the push toward a composite medical board
- x. Missouri: Executive Order from Governor on March 15, 2020; board holding licensing, malpractice and operational meetings virtually
- xi. Montana: No CME requirements above those required by a DO's Certifying Board (if any)
- xii. New Jersey: Executive Order by the Governor for emergency licensure for foreign physicians; retired physicians asked to come back
- xiii. New York: Epicenter of the pandemic; Governor issuing Executive Orders on a daily basis; been liberal with allowing providers to practice without NY licenses; expiring licenses automatically extended for six months; CME is a non-issue as it is audit based; reached out to retired physicians
- xiv. North Carolina: Virtual meetings being held successfully
- xv. Oregon: Virtual board meetings held; CME is audit-based
- xvi. Rhode Island: Board still holding disciplinary meetings; considering field/alternative hospitals
- xvii. South Carolina: Administrative meetings held; no disciplinary activity

## **X. Announcements/Adjournment**

- a. Dr. Wieting announced that the AOA House of Delegates (HOD) meeting has been rescheduled for October 13-14 in Austin, TX. More information about the AAOE Business Meeting that is normally held in conjunction with the HOD will be sent out as it becomes available. AOA event updates can be viewed [here](#).
- b. Support was suggested for FSMB candidates Barbara Walker, DO (Board of Directors); J. Michael Wieting, DO (Nominating Committee); Katie Templeton, JD, Oklahoma State Board of Osteopathic Examiners (Board of Directors)
- c. Dr. Wieting asked for a motion to adjourn. Otto Sabando, DO made a motion to adjourn, seconded by Dr. Walker.
- d. Meeting adjourned at 1:02 PM by Dr. Wieting.





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## AOA STATE GOVERNMENT AFFAIRS REPORT DECEMBER 2020

Raine Richards, JD  
Director, State Government Affairs

The Council on State Health Affairs (CSHA) 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 report highlights 2020 state legislative trends and activity.

### **2020 State Level Advocacy**

All 50 states were in legislative session this year, with 6 states convened in regular session currently. Many states either postponed or suspended their regular sessions due to the COVID-19 pandemic, which also affected the focus of much of this year's legislative activity. To date, we have submitted 44 comment letters and 17 grassroots action alerts on state issues, and we continue to monitor and respond to ongoing and emerging areas of interest to the osteopathic profession, including the following:

#### COVID-19

Much of our state and federal advocacy this year has centered on the pandemic, including advocating for financial and student debt relief for physicians, ensuring an adequate supply of Personal Protective Equipment for frontline workers and expanding paid medical leave. At both the federal and state levels, we are advocating for increased coverage and payment parity for telehealth, as well as liability protections for physicians.

#### Telehealth

The AOA partnered with 14 state and 10 osteopathic specialty organizations to urge state governors to permanently extend the telehealth flexibilities and coverage that have been implemented during the pandemic, including:

- Requiring both coverage parity and payment parity for telemedicine by payers, to ensure that all appropriate services that are covered in-person are also covered via telemedicine, and that the same services are reimbursed at the same rates, regardless of the delivery mechanism.
- Requiring coverage and payment parity for audio-only (telephone) telemedicine services.
- Defining telemedicine to cover Health Insurance Portability and Accessibility Act (HIPAA)-compliant software, devices and other emerging technologies that complement and facilitate licensed physician services.
- Removing originating site and location restrictions for health care providers and patients, to allow telemedicine to occur in the home and other appropriate sites of choice.
- Implementing payment parity for federally qualified health centers (FQHCs) and rural health clinics (RHCs).
- Continuing use of expanded telemedicine services for medical conditions unrelated to COVID-19.

### Liability Protections

The AOA partnered with nine osteopathic state associations to urge governors to create civil liability protections for physicians treating patients on the front lines of the COVID19 pandemic. In Tennessee, we achieved these protections via [Executive Order 53](#), which was signed on July 1<sup>st</sup>.

We also worked with the Ohio Osteopathic Association (OOA) to support the medical malpractice liability protections established by [SB 308](#) for the duration of the COVID-19 emergency.

### Medical Malpractice Insurance Premium Relief

The AOA partnered with affiliates in nine states to urge state governors to work with state insurance commissioner to provide medical malpractice insurance premium relief to physicians who were forced to cancel or postpone procedures due to state emergency declarations.

### Scope of Practice

Many states temporarily suspended collaborative practice agreement requirements for non-physician clinicians during the pandemic, and many of these clinician groups have begun advocating to make these changes permanent.

The AOA and the Louisiana Osteopathic Medical Association successfully opposed [LA HB 864](#), which would have greatly expanded the scope of practice for Advanced Practice Registered Nurses (APRNs) by allowing them to practice without any physician involvement or oversight after meeting certain minimum requirements.

The AOA also partnered with the Osteopathic Physicians and Surgeons of California (OPSC) to oppose [AB 890](#), which allows nurse practitioners (NPs) to independently practice medicine equivalently to a primary care physician. Unfortunately, the bill passed; however, the California Board of Registered Nursing (BRN) is currently seeking physicians to serve on its [Nurse Practitioner Advisory Committee](#), which is charged with implementing AB 890. Advisory Board members will make recommendations to the BRN on all matters relating to nurse practitioners and provide guidance to the BRN when the BRN is considering disciplinary action against a nurse practitioner. The deadline to [apply](#) is Friday, December 4<sup>th</sup>.

### Truth in Advertising

The AOA supports affirmative communication of credentials and education by health care providers to ensure that patients are able to make informed decisions about their care.

The AOA partnered with the New Jersey Association of Osteopathic Physicians and Surgeons to support [S 2465](#), which requires health care providers to affirmatively communicate their licensure type to patients verbally and in writing during all patient encounters, and requires health care professional advertising to be free from deceptive or misleading information.

### Osteopathic Internship Requirements

In light of the recent transition to a single graduate medical education system in the United States under the Accreditation Council for Graduate Medical Education, the AOA has been working with state boards to eliminate any remaining requirements that DOs must complete an AOA-accredited internship in order to become licensed.

Florida and West Virginia passed legislation in 2020 to eliminate the requirement, and the Pennsylvania State Board of Osteopathic Medicine adopted language to update regulation 16A-5335 [Licensure Qualifications] at its August 12, 2020 meeting. The AOA submitted a letter of support for the revised language, which must next go before the Independent Regulatory Review Commission for review.



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**COMMISSION ON OSTEOPATHIC COLLEGE ACCREDITATION**

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November 13, 2020

Subject: Accreditation Element 6.12 (COMLEX-USA); Suspension of Requirement for Successful Completion of COMLEX-USA Level 2-PE

The Commission on Osteopathic College Accreditation (COCA) has received information from the National Board of Osteopathic Medical Examiners (NBOME) concerning disruption of the scheduling and administration of the COMLEX 2-PE examination. Specifically, NBOME has announced the suspension of administrations of Level 2-PE, with plans to resume testing in April 2021.

COCA Element 6.12 (COMLEX-USA) provides that –

“All students must successfully pass COMLEX-USA Level 1, Level 2-CE, and Level 2-PE prior to graduation from an osteopathic medical school.”

In June 2020, COCA announced that Colleges of Osteopathic Medicine (COMs) could allow graduation of fourth year osteopathic medical students who were not able to successfully complete the COMLEX 2-PE exam, provided that such students had satisfactorily completed all other requirements of their COM for graduation and were recommended for graduation by the appropriate committee as described in Element 1.6: Degree-Granting Body.

Because of the ongoing disruption of the administration of the COMLEX 2-PE due to the COVID-19 pandemic, the COCA, through action of the Executive Committee, is suspending the requirement under Element 6.12 for students to successfully complete COMLEX USA Level 2-PE prior to their graduation. The suspension shall remain in place for the duration of the 2020-21 academic year.

This decision is limited to the requirement of successful completion of COMLEX-USA Level 2-PE. The Level 2-PE examination provides an important assessment of students' clinical skills based on their performance in addressing problem-centered encounters with standardized patients. COCA expects that

COMs will use their own clinical assessment modalities and judgment regarding students' eligibility and readiness for graduation.

As with the June 5, 2020 COCA guidance, graduating students are expected to have completed all other requirements of their COM for graduation and to have been approved for graduation by the appropriate committee. However, due to the number of students unable to complete COMLEX 2-PE, Deans are not responsible for ensuring that the student's residency training programs are advised that the student must still successfully complete the COMLEX-USA examination. Consistent with the requirements for evidentiary submission under Element 1.6, COMs are expected to document the steps taken to ensure students satisfactorily met the COM's other graduation requirements and the graduation recommendations of the faculty, or faculty association, or other approved body approved of the students' graduation.

The COCA is recognized by the United States Department of Education as the accreditation agency for colleges of osteopathic medicine. While the COCA has authority to suspend the requirement of COMLEX 2-PE for purposes of graduation, successful completion of COMLEX 2-PE may still be required by the NBOME in order to qualify for the COMLEX Level 3 exam and by state licensing boards.

Accordingly, COMs should advise their students regarding requirements to advance to practice and students are encouraged to consult with their COM advisors and state licensing boards to ensure that they will be able to meet all requirements for graduation and advancement into osteopathic medical practice.

.....  
(Original Signature of Member)

116TH CONGRESS  
2D SESSION

**H. R.** \_\_\_\_\_

To provide immunity from liability under section 4 of the Clayton Act for damages in cases against occupational licensing boards that meet appropriate standards, to provide for the establishment of those standards, and for other purposes.

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IN THE HOUSE OF REPRESENTATIVES

Mr. RASKIN (for himself and \_\_\_\_ ) introduced the following bill; which was referred to the Committee on \_\_\_\_\_

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**A BILL**

To provide immunity from liability under section 4 of the Clayton Act for damages in cases against occupational licensing boards that meet appropriate standards, to provide for the establishment of those standards, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Occupational Licensing  
5 Board Antitrust Damages Relief Act of 2020”.

1 **SEC. 2. IMMUNITY FROM LIABILITY FOR DAMAGES.**

2 (a) IMMUNITY.—No person may recover damages  
3 under section 4 of the Clayton Act (15 U.S.C. 15) from  
4 an occupational licensing board, or from any member, offi-  
5 cer, employee, or agent of such board, for an action taken  
6 in the official capacity of such board or the individual in-  
7 volved, if the requirements specified in section 3 are satis-  
8 fied with respect to such board.

9 (b) APPLICATION TO CASES.—Subsection (a) shall  
10 not apply to a case commenced before the date of enact-  
11 ment of this Act unless it would be inequitable not to apply  
12 such subsection to such case.

13 **SEC. 3. STATE BOARD OVERSIGHT PROVISIONS REQUIRED**  
14 **FOR IMMUNITY UNDER THIS ACT.**

15 For purposes of receiving immunity from liability for  
16 damages specified in section 2, an occupational licensing  
17 board referred to in such section shall be established in  
18 a State that requires that —

19 (1) such State have in effect a law that—

20 (A) requires an occupational license to en-  
21 gage in or practice the occupation regulated by  
22 the such board,

23 (B) specifies the qualifications required to  
24 be met to obtain such license, and

25 (C) requires that the licensee adhere to the  
26 applicable standards of practice and ethical

1 standards to engage in or practice such occupa-  
2 tion,

3 (2) all members of such board be appointed or  
4 assigned by the chief executive officer, the legisla-  
5 ture, or other elected officer of such State,

6 (3) the such board include public representa-  
7 tion, and

8 (4) such State or such board has in effect a  
9 mechanism under which a person aggrieved by an  
10 action of such board has the right—

11 (A) to contest such action at a hearing be-  
12 fore such board at which such person may pro-  
13 vide evidence, argument, and analysis,

14 (B) to review, at a reasonable time before  
15 the hearing, all evidence that such board gath-  
16 ers relating to such action,

17 (C) to receive a final reasoned decision in  
18 writing from such board within a reasonable pe-  
19 riod after the hearing, and

20 (D) to appeal an adverse decision of such  
21 board to an independent adjudicator, including  
22 a court.

23 **SEC. 4. DEFINITIONS.**

24 In this Act:

1           (1) OCCUPATIONAL LICENSE.—The term “occu-  
2           pational license” means a nontransferable State-  
3           issued authorization to perform an occupation.

4           (2) OCCUPATIONAL LICENSING BOARD.—The  
5           term “occupational licensing board” means an entity  
6           established under State law—

7                   (A) for the express purpose of regulating  
8                   the qualifications required for a person to en-  
9                   gage in or practice an occupation in such State,  
10                  and

11                   (B) that has authority conferred by such  
12                   law to interpret or enforce the laws and regula-  
13                   tions of such State applicable to regulating such  
14                   qualifications.

15           (3) PERSON.—The term “person” has the  
16           meaning given such term in subsection (a) of the 1st  
17           section of the Clayton Act (15 U.S.C. 12(a)).

18           (4) STATE.—The term “State” means any of  
19           the several States, the District of Columbia, or a  
20           territory or possession of the United States.



CONSTITUTION AND BY-LAWS  
OF THE  
AMERICAN ASSOCIATION OF OSTEOPATHIC EXAMINERS  
(Adopted February 5, 1961)  
Updated November 1982  
Updated April 2003  
Updated January 2005  
Updated January 2010  
Updated January 2011  
Updated January 2013  
Updated May 2020

The name of this Organization is the American Association of Osteopathic Examiners (AAOE), hereinafter referred to as the Association.

ARTICLE I – DEFINITIONS

The following definitions are accepted by this Association:

- (1) American Association of Osteopathic Examiners (AAOE) – The Association of all osteopathic physician members of U.S. member medical boards as defined in these by-laws.
- (2) American Osteopathic Association (AOA) – The national association of osteopathic physicians organized to advance the philosophy and practice of osteopathic medicine by promoting excellence in education, research and the delivery of quality, cost-effective health care.
- (3) Annual Meeting – The AAOE meeting that is held annually in conjunction with the Federation of State Medical Boards’ Annual Meeting. Elections of AAOE officers take place at the annual meeting biennially in odd-numbered years.
- (4) Annual Summit – The annual educational and business meeting of the AAOE held between November and February, traditionally in conjunction with an AOA event.
- (5) Associate Members – Any person interested in the field of osteopathic medical licensure or education.
- (6) Executive Committee – Consists of the AAOE President, the Vice President, the Secretary-Treasurer, and the Immediate Past President, who are elected or appointed in the manner provided in Article V of these By-Laws.
- (7) Federation of State Medical Boards (FSMB) of the United States, Inc. – The FSMB is a national organization comprised of U.S. member medical boards. On behalf of its membership, the Federation’s mission is to be a leader in improving the quality, safety and integrity of health care in the United States by promoting high standards for physician licensure and practice.
- (8) AAOE Fellows - DOs who, as a result of appointment or confirmation, are designated to be members of a U.S. member medical board shall be Fellows of the AAOE during their period of service, and for a period of 36 months thereafter.
- (9) Honorary Members of the AAOE– DOs who were formerly members of U.S. member medical boards, following completion of their term as a Fellow.

- (10) Public Members of the AAOE – Non-physician members of U.S. member medical boards.
- (11) U.S. Member Medical Boards – Any board, committee or other groups in any state, territory, the District of Columbia, or possessions of the U.S. that is empowered by law to pass on the qualifications of licensure to practice osteopathic medicine or to regulate/discipline such licensees. If a state or their jurisdiction has more than one entity and if such is an independent agency unrelated to the others, each is eligible for membership.

#### ARTICLE II – OBJECTIVES

The objectives of the Association are:

- (1) To educate members and share information regarding:
  - (a) The provisions of osteopathic medical and other healing arts practice acts of the individual states, the District of Columbia and U.S. territories, and of foreign countries, and of rules and regulations promulgated thereunder; and
  - (b) Other relevant practices, factors or models related to osteopathic licensure.
- (2) To analyze, advocate for and/or advance:
  - (a) The adoption of adequate and uniform standards for licensure in osteopathic medicine and/or in the healing arts and of proper administrative and disciplinary enforcement provisions in such practice acts by the individual states, the District of Columbia, and U.S. territories; and
  - (b) The interstate and international mobility of U.S.-licensed osteopathic physicians on such terms and under such conditions as this association may determine desirable to protect and promote the public health and uniformity in the administration of individual states' and nations' medical or healing arts practice acts.

#### ARTICLE III – CLASSES OF MEMBERSHIP

Membership in this association shall consist of:

- (a) Fellows
- (b) Associate Members
- (c) Public Members
- (d) Honorary Members

#### ARTICLE IV – RIGHTS OF MEMBERSHIP

Membership in the Association confers the following rights:

- (1) Fellows – may attend meetings of the Association, participate in proceedings, discuss and debate pending matters, serve on committees and workgroups, and are eligible for selection or appointment to AAOE office. ~~Fellows also have the right to vote for AAOE officers is vested only in and is restricted to Fellows. Only Fellows have the right~~ and to discuss candidates seeking office in the AAOE or FSMB.

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- (2) Public Members – may attend meetings of the Association, participate in proceedings, discuss and debate pending matters, provide testimony on issues, and serve on committees. ~~Public members do not have the right to vote on matters and/or discuss candidates seeking office in the AAOE or FSMB.~~
- (3) Associate Members – may attend meetings of the Association and discuss and debate pending matters.
- (4) Honorary Members – may attend meetings of the Association and discuss and debate pending matters.

#### ARTICLE V – OFFICERS

Section 1. Officers – the officers of this Association are the President, Vice President, Secretary-Treasurer and the Immediate Past-President.

Section 2. Qualifications – only Fellows are eligible for selection or appointment as an officer of the Association. Immediate Past-President will serve as an officer following his or her tenure as President, whether or not he or she is currently a Fellow.

Section 3. (a) Election of Officers - During the annual AAOE meeting, Fellows present at the meeting shall elect the President, Vice President and Secretary- Treasurer by a simple majority.

(b) Upon the election of Officers, the outgoing President shall serve as the Association’s Immediate Past-President for the subsequent term.

#### Section 4. Term and Tenure

The Officers shall assume office at the close of the annual meeting at which they were elected, and shall serve a term of two years until the close of the next annual meeting during which elections are held.

#### Section 5. Vacancies

- (a) If the President is no longer able to serve his/her office, the Vice President shall succeed to the office of the President, and is responsible for the duties of this office until the next annual meeting of the Association.
- (b) If the Vice President and/or the Secretary-Treasurer is/are unable to serve his/her/their office, that position shall be filled by appointment of the President until the next annual meeting, at which time, if necessary, the Fellows present shall elect a fellow to serve the vacated office for the unexpired portion of the term.

#### Section 6. Rights and Duties of Officers

- (a) President - The President shall preside at all association meetings and meetings of the Executive Committee. He/she shall perform such other duties and exercise such other rights as provided in this Constitution and By-Laws, and as custom or parliamentary usage may require, and as the Executive Committee shall direct.
- (b) Vice President - The Vice President shall assist the President in the discharge of his or her duties and shall officiate for the President during his/her absence or at his/her request.
- (c) Secretary-Treasurer - The Secretary-Treasurer shall:
- (1) Keep minutes of the proceedings of the Association and of the

Executive Committee and submit a draft promptly after each meeting to for distribution and posting;

- (2) Perform such other duties as may be required by these By-Laws, custom or parliamentary usage, or by the Association.
- (d) Immediate Past President – The Immediate Past President shall serve on the Executive Committee for the purposes of assisting the officers and providing continuity to aid in the past, pending, and future business before the Association. The Immediate Past President shall participate in meetings of the Association and of the Executive Committee.

#### ARTICLE VI — GENERAL POWERS OF THE ASSOCIATION

All legislative powers of the Association, including the power to alter, amend or repeal this Constitution and By-Laws is vested in, and resides solely in, the Fellows present and voting, in annual or special session, in accordance with the provisions of these By-Laws. The Association, so voting, shall have the power by resolution at any session to adopt, for such action or future action as it deems proper, what it deems to be desirable criteria or minimum standards with respect to any matter coming within the scope of its objectives. In the determination of such criteria or minimum standards it shall give consideration and weight to the findings, determinations and/or recommendations of any recognized educational or regulatory agency. The Association at any meeting shall have the power by resolution to create such committees as it may deem advisable, to be constituted and appointed as the Association shall determine to investigate and study such issues as the Association shall designate, and to make recommendations thereon to the Association provided only that the jurisdiction of such committee or committees shall in no way conflict with the provisions of these By-Laws.

#### ARTICLE VII – COMMITTEES

##### Section 1. Executive Committee

- (a) General Powers - The Executive Committee shall carry out the mandates and policies of the Association as determined by the Fellows. Subject only to the provisions of these By-Laws and to all resolutions and enactments of Fellows passed at any meeting, the committee has full and complete power and authority to perform all acts and to transact all business for and on behalf of the Association and to manage and conduct all property, affairs, work and activities of the Association. The committee shall have such other powers and duties as these By-Laws may elsewhere provide and as the Association may in addition grant or impose.

##### Section 2. Nominating Committee

- (a) Duties – The Nominating Committee shall meet in person, telephonically, or electronically at least thirty days prior to the annual meeting of each election year and submit to the Executive Committee a list of names for nomination to replace officers whose terms will expire at the end of the annual meeting. Such list of nominees shall be forwarded to members no later than thirty (30) days prior to the annual meeting.

#### ARTICLE VIII — ANNUAL MEETINGS

Section 1. Sessions of the Association - The Association shall hold a regular annual meeting concomitantly with the annual meeting of the Federation of State Medical Boards of the United States. The Association may be called into special session at any time during the year by the President on the written request of ten (10) Fellows.

Section 2. Meetings of the Executive Committee - The Executive Committee shall meet at such times immediately preceding, during or following a meeting of the Association as determined by the President. The President may call a special meeting of the committee at other times and must call a special meeting on the written request of two members of the committee.

Section 3. Annual Summit - The Association shall hold an Annual Summit between November and February, in conjunction with an AOA event where possible. This will be an educational summit and a business meeting.

Section 4. A business meeting shall be held at the AOA annual House of Delegates meeting.

Section 5. Order of Business at Meetings - The Association at any meeting, whether in regular or special session, shall proceed in the order of business set by the Executive Committee. At any meeting the Association, however, by specific motion, may change the order of business previously set by the committee and proceed thereunder in accordance with the terms of the motion.

Section 6. Rules of Order- In the absence of any provision in this Constitution and By-Laws to the contrary, all meetings of the Association, of the Executive Committee, and of any other committee or workgroup created by the Association shall be governed by the parliamentary rules and usages contained in the then current edition of Robert's "Rules of Order."

Section 7. Quorum – a quorum shall consist of those Fellows present in person and voting.

#### ARTICLE IX — FINANCES

Section 1. Raising of Funds- Funds for conducting the affairs of the Association may be raised:

- (1) By such annual dues as are imposed on State Licensing Board Members, on Fellows, and on Associate Members;
- (2) By such special assessments as the Association may determine;
- (3) By voluntary contributions, devices, bequests and other gifts; and
- (4) In any other manner approved by the Association.

Section 2. Fiscal Year - The fiscal year of the Association is from June 1 to May 31 inclusive.

Section 3. Annual dues (if any) as determined by the Association, are due and payable by June 1 of the year.

Section 4. Appropriation and Expenditure of Funds - At the annual meeting, the Executive Committee shall submit to the Association an accounting of the current fiscal year's budget and expenditures (to date).

#### ARTICLE X — OFFICIAL PUBLICATION

The official publication of this Association is direct email to the membership. The Website is <http://www.aaoe-net.org>. It is the responsibility of the members to update and submit email addresses to the AOA Staff Liaison at the email address provided on the website and in communications to the Fellows.

#### ARTICLE XI — AMENDMENTS

These By-Laws may be amended at any meeting by the affirmative vote of at least two-thirds of the Fellows present and voting. Amendments must be presented to the members of the association at least thirty (30) days prior to any scheduled or called meeting.

ARTICLE XII — REPEAL OF PREVIOUS CONSTITUTION AND BYLAWS,  
MOTIONS AND RULES

On the adoption of these By-Laws, the followed are repealed:

- (1) The By-Laws in force at the time, and
- (2) All previous motions or record and rules and regulations in conflict with these By-Laws, provided, however, that all officers now in office shall continue their incumbency until their successors are duly elected as provided in these By-Laws.



August 20, 2020

BY U.S. MAIL

American Association of Osteopathic Examiners  
c/o Raine Richards, Executive Director  
142 East Ontario Street  
Chicago, Illinois 60611

Re: Amendments – Bylaws

Dear Ms. Richards:

The Committee on Basic Documents & Operations of Affiliated Organizations (the “Committee”) met on June 24, 2020 to review the proposed amendments to the Bylaws of the American Association of Osteopathic Examiners (AAOE).

The Committee voted to recommend that the Board of Trustees APPROVE the AAOE’s amendments. Thereafter, the Board of Trustees met on July 17, 2020 and voted to APPROVE the Committee’s resolution.

The Committee and Board of Trustees thank the AAOE for its compliance and cooperation with the approval process. Please contact me directly if you have any questions.

Very truly yours,

Joshua L. Prober, JD  
Secretary, Committee on Basic Documents &  
Operations of Affiliated Organizations

C: Thomas L. Ely, DO, President  
Joseph A. Giaimo, DO, President-elect  
Ray L. Morrison, DO, Chair, Committee on Basic Documents & Operations  
of Affiliated Organizations  
Teresa A. Hubka, DO, FAOCOOG, FACO Chair, Chair, Department of Affiliate Relations  
Kevin Klauer, DO, EJD, CEO  
Nicole Blankenship, Vice President, Affiliate Affairs