BOARD OF PODIATRIC MEDICAL EXAMINERS

OPEN SESSION MEETING VIA GOOGLE MEET

AGENDA

November 10, 2022

Location Google Meet: https://meet.google.com/sxz-kcfb-uuy?hs=224

Join by phone: (US) +1 802-441-3668 PIN: 704588245

A. ORDER of BUSINESS

1. **Call to Order- Roll Call**
2. **COMAR 10.01.14.02.B: Except in instances when a public body expressly invites public testimony, questions, comments, or other forms of public participation, or when public participation is otherwise authorized by law, a member of the public attending an open session may not participate in the session.**
3. **Approval of minutes from the October 13, 2022 meeting** **Tab A**

B. BOARD PRESIDENT'S REPORT

C. EXECUTIVE DIRECTOR'S REPORT

D. OLD BUSINESS:

1. **Regulation 10.40.12 Telehealth (MDH - Podiatry)** **Tab B**
   - To be posted in the December 2, 2022 Maryland Register
2. **PDMP Policy Update** **Tab C**
3. **NPDB Newsletter** **Tab D**

E. NEW BUSINESS:

1. **Discussion on Docuxplorer**

F. ADJOURNMENT

BOARD OF PODIATRIC MEDICAL EXAMINERS

OPEN SESSION MEETING VIA GOOGLE MEET

MINUTES

October 13, 2022

Location Google Meet: https://meet.google.com/cfk-imnd-rze?hs=224

Join by phone: (US) +1 661-527-2725PIN: 152884452

The Public Meeting commenced at 1:07 PM, opened by the Board President, Dr. Adam Silverman.

Roll call was initiated by the Executive Director.

Board members present: Drs. Umezurike, Silverman, Fox, and Duggirala. Dr. Gottlieb was absent.

Consumer Members present: Ms. Frona Kroopnick and Ms. Lynne Brecker, RN.

Board staff present: Eva Schwartz, Executive Director, and Elizabeth Kohlhepp, Deputy Executive Director

Office of the Attorney General: Kristen Lim, AAG, Board Counsel

Representing DOH: Lillian Reese, Legislation, Boards and Commissions

Representing MPMA: Dr. Jay LeBow, MPMA member

Dr. Silverman cited COMAR 10.01.14.02.B: "Except in instances when a public body expressly invites public testimony, questions, comments, or other forms of public participation, or when public participation is otherwise authorized by law, a member of the public attending an open session may not participate in the session."

A. MINUTES

1. **Approval of minutes from the September 8, 2022 meeting**

   The minutes from the July 14, 2022 meeting were approved unanimously, as submitted.

B. BOARD PRESIDENT'S REPORT

New information was not presented at this time.

C. EXECUTIVE DIRECTOR'S REPORT

Ms. Schwartz updated the Board on the status of the network reconnection at the Board's main office. The network will hopefully be restored by the end of 2022. Additionally, she informed the Board that the new licensing coordinator, Kiana Nicholson, will be starting in her position on October 19, 2022. Ms. Schwartz reminded the Board that the annual license renewal will open on October 14, 2022. This year's renenwal process is for the first installment toward the 2024-2025 Licensure only. CME's or renewal applications cannot be submitted at this time. As a reminder, Ms. Schwartz reiterated that accruing CME's for the 2024-2025 licensure renenwal started on December 1, 2021, and will end on December 1, 2023. All CME's can be accrued online, however, 25 CME's must be specific in the podiatric medicine and surgery practice. CPR may be obtained

online, with the hands-on skill set portion, being optional for this licensure renewal period only. The Implicit Bias course work will be required to be completed by December 1, 2023. Ms. Schwartz informed the Board and the MPMA representatives that access to some approved coursework can be found at the following link:

D. OLD BUSINESS:

1. **Office of Minority Health and Health Disparities Webpage:**

   https://health.maryland.gov/mhhd/Pages/Implicit-Bias-Resources.aspx

   The Board and the MPMA representatives were made aware that the Office of Minority Health and Health disparities website was now up and running. Providers can use the above link to their website to find CME courses to fulfill the new Implicit Bias Training required for licensure.

2. **ADA laws to be considered for requests for reasonable accommodations:**

   Information concerning Complaints of Discrimination

   Information concerning Reasonable Accommodations

   Information concerning Interpretation & Translation Services

   Information concerning Visual Communication Services (i.e., sign-language, CART, VRI)

   For information on American Sign Language (ASL) interpreters, Video Remote Interpretation (VRI) or Computer Assisted Real-time Transcription (CART) for individuals who are deaf or hard of hearing, visit the Maryland Governor's Office of the Deaf and Hard of Hearing website.

   The Board reviewed the above identified links regarding the Federal laws relating to those who have a disability and require special services when visiting a providers office.

E. NEW BUSINESS:

1. **FYI- Topics Quarterly Newsletter Volume 37/No. 3 Fall 2022 from Gordon, Feinblatt, Rothman, Hoffberger & Hollander, LLC.**

   The Board received a copy of the Topics Quarterly Newsletter Volume 37/No. 3 Fall 2022 from Gordan, Feinblatt, Rothman, & Hollander, for informational purposes.

2. **NPDB Insights**

   The Board reviewed the National Practitioner Data Bank Insights Newsletter for informational purposes.

3. **PUBLIC INFORMATION ACT (PIA) POLICY (MDH Policy 01.04.01 - Office of Governmental Affairs)**

   The Board reviewed the proposed amendments for the Public Information Act Policy. The Board supports the revised policy.

4. **Review eligibility for issuance of Full Active Podiatric License:**

   a. **Anastasia Thomas, DPM**

   The above identified licensure candidate was approved unanimously for the issuance of a full Maryland license.

F. ELECTIONS

The Board conducted its annual Board officers' elections.

Ms. Frona Kroopnick will remain as Secretary, Dr. Aparna Duggilera will serve as Vice-President, and Dr. David Gottlieb will serve as President. Dr Gottlieb was not present to accept his newly elected position. Ms. Schwartz will contact Dr. Gottlieb to confirm his acceptance of the position to serve as President of the Board.

G. ADJOURNMENT

With no further business, the Public Session of the Board meeting concluded at 1:33 PM.

Respectfully submitted by Eva Schwartz, Executive Director, Signature and date_____

and Elizabeth Kohlhepp, Deputy Executive Director, Signature and date_____

Signature by Frona Kroopnick, Board Secretary/Treasurer: ____

MARYLAND REGISTER

Proposed Action on Regulations

Transmittal Sheet PROPOSED OR REPROPOSED Actions on Regulations	Date Filed with AELR Committee	TO BE COMPLETED BY DSD Date Filed with Division of State Documents Document Number Date of Publication in MD Register

1. Desired date of publication in Maryland Register: 12/2/2022

2. COMAR Codification

Title	Subtitle	Chapter	Regulation
10	40	12	01-.06

3. Name of Promulgating Authority

Maryland Department of Health

4. Name of Regulations Coordinator
Jourdan Green

Telephone Number
410-767-6499

Mailing Address

201 West Preston Street

City	State	Zip Code
Baltimore	MD	21201

Email
Jourdan.green@maryland.gov

5. Name of Person to Call About this Document
Lillian Reese

Telephone No.
410-764-5978

Email Address
lillian.reese@maryland.gov

6. Check applicable items:

X- New Regulations

_ Amendments to Existing Regulations
Date when existing text was downloaded from COMAR online: .

_ Repeal of Existing Regulations

_ Recodification

_ Incorporation by Reference of Documents Requiring DSD Approval

_ Reproposal of Substantively Different Text:

: Md. R
(vol.) (issue) (page nos) (date)

Under Maryland Register docket no.: --P.

7. Is there emergency text which is identical to this proposal:

_ Yes **X-** No

8. Incorporation by Reference

_ Check if applicable: Incorporation by Reference (IBR) approval form(s) attached and 18 copies of documents proposed for incorporation submitted to DSD. (Submit 18 paper copies of IBR document to DSD and one copy to AELR.)

9. Public Body - Open Meeting

X- OPTIONAL - If promulgating authority is a public body, check to include a sentence in the Notice of Proposed Action that proposed action was considered at an open meeting held pursuant to General Provisions Article, §3-302(c), Annotated Code of Maryland.

_ OPTIONAL - If promulgating authority is a public body, check to include a paragraph that final action will be considered at an open meeting.

10. Children's Environmental Health and Protection

_ Check if the system should send a copy of the proposal to the Children's Environmental Health and Protection Advisory Council.

11. Certificate of Authorized Officer

I certify that the attached document is in compliance with the Administrative Procedure Act. I also certify that the attached text has been approved for legality by Rhonda Edwards, Assistant Attorney General, (telephone #410-767-6023) on October 8, 2020. A written copy of the approval is on file at this agency.

Name of Authorized Officer
Dennis R. Schrader
Title
Secretary of Health
Telephone No.
410-767-6500
Date
August 29, 2022

Title 10
MARYLAND DEPARTMENT OF HEALTH
Subtitle 40 BOARD OF PODIATRIC MEDICAL EXAMINERS
10.40.12 Telehealth

Authority: Health Occupations Article, §§1-1001—1-1006, Annotated Code of Maryland

Notice of Proposed Action

[]

The Secretary of Health proposes to adopt new Regulations .01—.06 under a new chapter, COMAR 10.40.12 Telehealth.
This action was considered by the Board of Podiatric Medical Examiners at a public meeting held on October 8, 2020, notice of which was given by publication on the Board's website at https://health.maryland.gov/mbpme/Pages/index.aspx pursuant to General Provisions Article, §3–302(c), Annotated Code of Maryland.

Statement of Purpose

The purpose of this action is to provide new guidelines for podiatrists from which to practice telehealth pursuant to Chapters 15 and 16 (HB 448 and SB 402), Acts of 2020.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Jourdan Green, Director, Office of Regulation and Policy Coordination, Maryland Department of Health, 201 West Preston Street, Room 512, Baltimore, MD 21201, or call 410-767-6499 TTY: 800-735-2258, or email to mdh.regs@maryland.gov, or fax to 410-767-6483. Comments will be accepted through January 3, 2023. A public hearing has not been scheduled.

Economic Impact Statement Part C

A. Fiscal Year in which regulations will become effective: FY 2023
B. Does the budget for the fiscal year in which regulations become effective contain funds to implement the regulations?

C. If 'yes', state whether general, special (exact name), or federal funds will be used:

D. If 'no', identify the source(s) of funds necessary for implementation of these regulations:

E. If these regulations have no economic impact under Part A, indicate reason briefly:
These regulations define telehealth and establish procedures for podiatrists using telehealth in their practice.
F. If these regulations have minimal or no economic impact on small businesses under Part B, indicate the reason and attach small business worksheet.
See E. above.
G. Small Business Worksheet:

Attached Document:

Title 10

MARYLAND DEPARTMENT OF HEALTH

Subtitle 40 BOARD OF PODIATRIC MEDICAL EXAMINERS

10.40.12 Telehealth

Authority: Health Occupations Article, §§1-1001—1-1006, Annotated Code of Maryland

.01 Scope.

A. This chapter governs the practice of podiatry using telehealth as an adjunct to, or replacement for, in-person patient visits.

B. Nothing in these regulations restricts or limits reimbursement requirements pursuant to the Health General and Insurance Articles of the Annotated Code of Maryland.

.02 Definitions.

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) "Asynchronous" means not occurring in real time.

(2) "In-person" means within the physical presence of the patient.

(3) "Interpretive services" means reading and analyzing images, tracings, or specimens through telehealth or giving interpretations based on visual, auditory, thermal, or ultrasonic patterns or other patterns as may evolve with technology.

(4) "Remote patient monitoring" means the use of telehealth devices to collect medical and other forms of health data from patients that are securely provided to a telehealth practitioner in a different location for assessment, recommendation, and diagnosis.

(5) "Store and forward technology" means the asynchronous transmission of digital images, documents, and videos electronically through secure means.

(6) "Synchronous" means occurring in real time.

(7) "Telehealth" has the meaning stated in Health Occupations Article, §1-1001, of the Annotated Code of Maryland.

(8) "Telehealth devices" means devices that gather visual or other data and remotely sends the images or data to a telehealth practitioner in a different location from the patient.

(9) "Telehealth practitioner" means a Maryland licensed podiatrist performing telehealth services within the scope of practice.

.03 Licensure.

A. Subject to the provisions of Health Occupations Article, Title 16, Subtitle 3, Annotated Code of Maryland, a telehealth practitioner shall be licensed in Maryland when providing telehealth services to a patient located in the State.

B. Telehealth practitioners licensed in this State are subject to the jurisdiction of the State and shall abide by the telehealth requirements of this chapter if either the telehealth practitioner or patient is physically located in this State.

.04 Standards of Practice for Telehealth.

A. Before providing telehealth services, a telehealth practitioner shall develop and follow a procedure to:

(1) Verify the identification of the patient receiving telehealth services within a reasonable degree of certainty through use of:

(a) Government issued photograph identification;

(b) Insurance, Medicaid, or Medicare card; or

(c) Documentation of the patient's:

(i) Date of birth; and

(ii) Home address;

(2) For an initial patient-telehealth practitioner encounter, disclose the telehealth practitioner's:

(a) Name;

(b) Contact information; and

(c) Maryland license number;

(3) Except for interpretive services, obtain oral or written acknowledgement from a patient or patient's parent or guardian if State law requires the consent of a parent or guardian including informing patients of the risks, benefits, and side effects of prescribed treatments;

(4) Securely collect and transmit a patient's medical health information, clinical data, clinical images, laboratory results, and self–reported medical health and clinical history, as necessary, and prevent access to data by unauthorized persons through encryption or other means;

(5) Notify patients in the event of a data breach;

(6) Ensure that the telehealth practitioner provides a secure and private telehealth connection that complies with federal and state privacy laws; and

(7) Establish safety protocols to be used in the case of an emergency, including contact information for emergency services at the patient's location.

B. Except when providing store and forward telehealth services or remote patient monitoring, a telehealth practitioner shall:

(1) Obtain or confirm an alternative method of contacting the patient in case of a technological failure;

(2) Confirm whether the patient is in Maryland and identify the specific practice setting in which the patient is located; and

(3) Identify all individuals present at each location and confirm they are allowed to hear the patient's health information.

C. A telehealth practitioner shall be held to the same standards of practice and documentation as those applicable for in-person health care settings.

D. A telehealth practitioner may not prescribe opioids for the treatment of pain through telehealth except if the patient is in a health care facility as defined in Health-General Article, §19-114, Annotated Code of Maryland.

.05 Patient Evaluation.

A. Except when providing asynchronous telehealth services or remote patient monitoring, a telehealth practitioner shall:

(1) Perform a clinical patient evaluation adequate to establish a diagnosis and identify underlying conditions or contraindications to recommended treatment options before providing treatment or prescribing medication through telehealth; and

(2) If clinically appropriate for the patient, provide or refer a patient to:

(a) In-person health care services; or

(b) Another type of telehealth service.

B. If the evaluation is adequate to comply with §A of this regulation, a telehealth practitioner may use:

(1) Telehealth devices;

(2) Live synchronous audio-visual communication;

(3) Other methods of performing a medical examination remotely; or

(4) A patient evaluation performed by another licensed health care practitioner providing coverage.

C. A telehealth practitioner may not treat a patient or issue a prescription based solely on an online questionnaire.

.06 Telehealth Practitioner Discipline.

A. The Board shall use the same standards of evaluating and investigating a complaint about and in disciplining a licensee who practices telehealth as it would use for a licensee who does not use telehealth technology in the licensee's practice.

B. The failure of a telehealth practitioner to comply with Regulations .04 and .05 of this chapter shall constitute unprofessional conduct and may be subject to disciplinary action by the Board.

DENNIS R. SCHRADER

Secretary of Health

Maryland
DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

Office of Prescription Drug Monitoring Program, Office of Provider Engagement and Regulation	Version Date: 11/2/22	Effective Date: 11/2/22
Removing Prescription Drug Monitoring Program Access through CRISP		

I. Statement

The purpose of this policy is to provide a secure framework that will ensure the protection of PDMP data from unauthorized use.

II. Scope

To monitor and remove unauthorized users' access to the Prescription Drug Monitoring Program (PDMP) data.

III. Definitions

Chesapeake Regional Information System ("CRISP") is OPER's PDMP vendor.

Controlled Dangerous Substances Registration ("CDS registration") is the state registration of Maryland practitioners and facilities to operate with controlled substances in Maryland.

DEA Registration is the federal registration issued by the Drug Enforcement Agency to Maryland practitioners, residents and facilities that operate with controlled substances in Maryland. *Note: Practitioners and Facilities have individual licenses, a resident uses a facility DEA registration and is assigned a suffix to identify the resident.*

Facility is an establishment that is licensed by the appropriate Maryland professional licensing Board and has a Maryland CDS and DEA registration.

Office of Controlled Substances Administration ("OCSA") is the agency responsible for issuing the Maryland controlled substances registration, monitoring compliance of federal and state controlled substances regulations and statutes, and enforcement of these regulations and statutes.

Office of Provider Engagement and Regulation ("OPER") is an agency of the Maryland Department of Health, Public Health Administration comprised of the Office of the Prescription Drug Monitoring Program and the Office of Controlled Substances Administration.

Prescription Drug Monitoring Program ("PDMP") is a database that collects and securely stores information on drugs that contain controlled substances and are dispensed to patients in Maryland. Drug dispensers, including pharmacies and healthcare practitioners, electronically report the information that is stored in the PDMP database.

Professional License is a health occupation professional license issued by a Maryland Health Occupations Board.

Point of Contact ("POC") is an individual designated by the organization to manage and approve user access to the PDMP on behalf of the organization.

Registrant is a person who has registered with the Maryland PDMP.

Salesforce is the PDMP registrant management system used by CRISP.

IV. Policy

1. The Office of Prescription Drug Monitoring Program will remove PDMP access upon the documented death of a registrant or the revocation or surrender of a professional license or a CDS registration.
2. The Office of Prescription Drug Monitoring Program will **not** remove PDMP access
    a. If a professional license or CDS registration is restricted or suspended but will respond to legal inquiries from licensing authorities regarding provider access.
    b. If a professional license or CDS registration is unrenewed, due to the possibility of time delay issues, PDMP will not remove access. Removal will be considered after a certain period, depending on Board or agency policies, regarding expired licenses or registrations.
    c. If a pharmacy closes, the PDMP will not automatically remove PDMP access of pharmacists in case the pharmacist(s) works at more than one pharmacy.

V. Requirements

CRISP will credential users to access the PDMP based on the following criteria:

1. **Prescribers** must have
    a. an active Maryland professional license issued by the appropriate professional licensing board;
    b. a Maryland CDS registration; and
    c. a Maryland DEA registration.
    d. *Note: Veterinarians must register but cannot have PDMP access according to Maryland law.*
2. **Pharmacists** must
    a. have an active Maryland professional license; and
    b. be employed by a DEA-registered facility.
3. **Clinical Pharmacists** must have an active Maryland professional license.
4. **Delegates** must

a. be employed or under contract by the same employer as their registered Delegator(s); and
b. be linked to a registered prescriber or pharmacist approved as their Delegator.
c. *Note: Delegates are prohibited from accessing the PDMP with a Delegator's PDMP login information.*

5. **Delegators** are responsible for delegates linked to them. Delegators manage and update delegate relationships with the Delegator Dashboard.
6. **Out-of-State Prescribers & Pharmacists** working at a federal facility in Maryland must have an active professional license in their state and a DEA registration for their place of employment.
7. **Out-of-State Pharmacists** working at a non-resident mail order facility dispensing to a Maryland address must have an active professional license in their home state and a DEA registration for their place of pharmacy employment.

VI. Procedure

1. **Automatic PDMP Access Removal** - If the Point of Contact at a registrant's place of employment does not validate employment when solicited by CRISP every 90 days, PDMP Access is removed for the following registrants:
    a. **Out-of-State Pharmacists** practicing at a non-resident pharmacy.
    b. **Federal employees in Federal facilities who are not licensed in Maryland.** (PDMP would only credential Maryland licensees in out-of-state federal facilities for Maryland's PDMP when they provide their CDS Permit #, DEA #, and Maryland professional license).
    c. **Delegates** and if the Delegate's sole Delegator leaves their place of employment, the Delegate will lose access unless a relationship with a new Delegator is established in that place of employment.
    d. **Note:** If PDMP Access is removed, the user will not receive an email; the user will be unable to log into the PDMP.
2. **Manual PDMP Access Removal** - If a registrant has their license revoked or surrenders their professional license or CDS registration, PDMP access will be removed.
    a. The Professional Licensing Board or OCSA should notify the PDMP of the professional license or registration number revoked or surrendered.
    b. PDMP notifies the CRISP PDMP Program Manager via CRISPDirect, a secure email system.
    c. CRISP will remove PDMP access from the registrant in Salesforce. Salesforce is the registrant management system used by CRISP.
    d. Sites with data ingestion through integration with an electronic health record system have their own security and compliance procedures as stated in the site's MOU with CRISP. The MOU states that all facility's registrants with access to PDMP data must be credentialed PDMP registrants. CRISP will notify the site about specific license revocation and access changes.
    e. Upon removal of a registrant's PDMP access, any data requests will be disallowed by CRISP.

VII. Investigation

1. The PDMP is responsible for the security of the program. When suspicious search activity is identified, the PDMP will investigate any potential cases of the misuse of PDMP data.
2. CRISP monitors PDMP queries for cases of misuse with an auditing tool which flags users for suspicious activity. CRISP sets the threshold logic for suspicious queries, including, but not limited to, the below examples:
    a. Famous people
    b. People with same last name
    c. People with the same work address
3. When a possible violation is detected, CRISP reaches out to the practice's security/privacy officer or point of contact. Any suspicious delegate activity is under the jurisdiction of the delegator and will be reviewed as such. Unresolved cases remain with CRISP until outreach efforts are complete.
4. Once outreach is complete; the case is considered "resolved." Resolved cases fall in one of these four categories:
    a. Not A Violation (Good Catch): The security officer responds, attesting that it is not a violation. Note that in some cases the security officer is also the person identified as the individual with suspicious activity.
    b. Not a Violation (False Positive): Certain violations are determined to be appropriate use based on the parameters of the case – i.e., high usage may be appropriate in context or the case may be a random case as is required by the system.
    c. A Violation: The security officer responds, details that it is a violation, and why the violation occurred.
    d. A Violation: There is no response (CRISP reaches out three times over 15 days). This is classified as a violation. If it happens twice, the individual is classified as a "Repeat Offender."
5. CRISP will formally notify the PDMP monthly of all resolved violations, regardless of whether the institution indicates that the issues have been remediated.
6. Upon receiving the monthly report, the PDMP may refer resolved cases and outcomes to the PDMP Technical Advisory Board for further review, recommendations, and possible referral to the Office of Controlled Substances Administration for investigation.

Clinical Privileges Reporting Scenarios Webinar Resources

The recording, Q&As, and presentation slides from our recent webinar are now available!

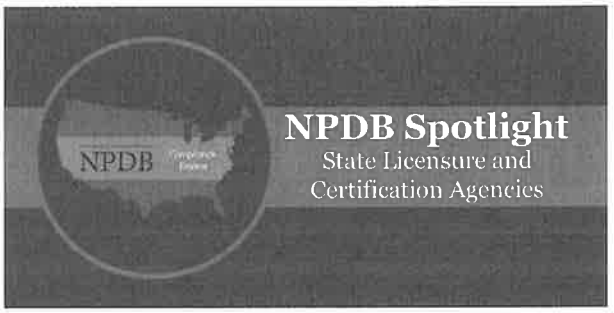
Did you miss any of our past webinars? Check out our Events page for past event materials.

Is It Reportable?

A hospital suspended a physician's clinical privileges for 45 days for failing to complete medical records. Should this action be reported to the NPDB?

If the suspension is the result of a professional review action and the hospital determines that the failure to complete medical records is related to the physician's professional competence or conduct and can adversely a patient's health or welfare, the suspension must be reported to the NPDB. If a practitioner's clinical privileges are suspended as a result of an automatic or administrative action, rather than a professional review action, the suspension should not be reported to the NPDB.

NPDB Spotlight: State Licensing and Certification Agencies



State licensing and certification agencies include, but are not limited to, any authority of a state that is responsible for the licensing or certification of physicians, dentists, and other health care practitioners to provide health care services. This includes state licensing boards and those bodies responsible for licensing, certifying, or otherwise authorizing health care practitioners, entities, providers, or suppliers.

Reporting

State licensing and certification agencies must report certain adverse actions taken against health care practitioners, entities, providers, or suppliers within 30 days of the date they took the action. Reported actions must be a result of formal proceedings. A formal proceeding is one that is conducted by a state licensing or certification agency that maintains defined rules, policies, or procedures.

Reporting is essential to the NPDB's mission to improve health care quality, protect the public, and reduce health care fraud and abuse in the United States. Organizations that fail to submit their required reports may be subject to the sanctions outlined in 45 CFR Part 60.8 and 45 CFR Part 60.9.

See Chapter E: Reports of the NPDB Guidebook for a comprehensive list of actions that state licensing and certification agencies must report.

Updating Your List of Regulated Professions

State licensing and certification agencies must review their organization's list of regulated professions every 2 years during their registration renewal. However, your account administrator can review and update the list at any time.

To access the current list:

1. Sign into the administrator account and select **Administrator Options**.
2. Then select **Regulated Professions**. From the Regulated Professions page, you can add or remove professions.
3. To save changes, select the checkbox to confirm the list is correct.
4. Then select **Continue**.
5. Review the summary of your selections and select your option for report forwarding.
6. Then select **Submit**.

Visit our State Licensing and Certification Agencies page for information on:

- How to add or remove a profession
- How to add an optional description (such as "intern" or "certified") to your profession
- How to select your regulated professions in a report

Attestation

Attestation is the NPDB's national education and outreach effort to ensure all organizations are registered with the NPDB and are meeting their reporting, querying, and confidentiality requirements. All state licensing and certification agencies must renew their registration every 2 years. During that time they are asked to review their reporting activity, and attest to their compliance with all NPDB regulations.

Compliance Reviews

The NPDB selects a subset of state licensing and certification agencies to participate in the NPDB compliance review process.

If we select your organization for a compliance review, we will notify you of any missing data, or missing reportable actions. We will ask you to reconcile missing actions by submitting reports, or explaining why certain actions are not reportable.

See our State Board Compliance Overview infographic for more information on compliance reviews.

What To Know About Reporting Proctoring

What is proctoring, and when is it reportable? It can have various names (such as preceptoring or monitoring), but whether you must report to the NPDB the assignment of a proctor depends on several factors. These include the type of proctoring and the length of time it is in effect.

When Is Proctoring Reportable?

Proctoring imposed by a health care entity should be reported as a clinical privileges action only if:

- **It restricts a practitioner's privileges** (see below for more details),
- **It is the result of a professional review action** which is related to professional competence or conduct, and
- **It is in effect for more than 30 days**.

What Is a Restriction of Practitioner Privileges?

A restriction is any action that limits a practitioner's ability to practice on their own. For example:

- A proctor must approve a procedure before the practitioner may perform it, or
- A proctor must be physically present when the practitioner provides care.

When Should You Not Report Proctoring?

The following are situations in which you should not report imposed proctoring as a clinical privileges action:

- **When it does not restrict the practitioner's privileges**. For example:
  - If the proctor is not required to approve a procedure before it occurs,
  - If the proctor is not required to be present for a procedure, or
  - If a proctor's involvement is solely in reviewing medical records after a procedure has already been performed.
- **When it is not a professional review action**. For example:
  - You proctor all new practitioners, or
  - You proctor those who have not performed a specific number of procedures.
- **When it is in effect for 30 days or fewer.**
  - You should only report it if it is in effect for more than 30 days.

View Chapter E of the NPDB Guidebook for more information on proctoring. Still need help with reporting? Contact our Customer Service Center.

Dear NPDB

Dear NPDB

When am I required to cancel a Continuous Query enrollment?

You must cancel the enrollment when a practitioner is no longer employed by or affiliated with your organization. Prompt cancellation ensures you do not receive information you are not allowed by law to view.

Failure to cancel an enrollment is a violation of the confidentiality requirements and may result in penalties from the NPDB. The NPDB does not issue refunds for canceled enrollments.

Visit our how-to page for more instructions.

The latest updates and resources are available at https://www.npdb.hrsa.gov.

Previous editions of NPDB Insights are available in our archive.