

**BOARD OF PODIATRIC MEDICAL EXAMINERS
OPEN SESSION MEETING VIA GOOGLE MEETS**

AGENDA (AMENDED)

March 9, 2023

Location: Google Meet meet.google.com/hum-pajy-pxa

Join by phone: (US) +1 414-909-5567 PIN: 233566832

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 February 09, 2023 meeting** **Tab A**

B. BOARD PRESIDENT'S REPORT

C. EXECUTIVE DIRECTOR'S REPORT

- 1. American Podiatric Medical Association, Inc. Code of Ethics-** **Tab B**

D. OLD BUSINESS:

- 1. Update on Proposed Regulation Compliance with ADA Laws**

E. NEW BUSINESS:

- 1. HB 906- Occupational Licensing and Certification
Criminal History- Prohibited Disclosures and
Predetermination Review Process** **Tab C**

Purpose: Altering certain provisions of law regarding the prohibition on certain departments of State government from denying an occupational license or certificate to an applicant solely on the basis of the criminal history of the applicant by prohibiting a

department from requiring disclosure of certain actions on an application and establishing a predetermination review process.

2. Update on HB 28- Public Health- Implicit Bias Training and the Office of Minority Health and Health Disparities- Presented by Katina R. Nazario-Joy- MDH

a. Course Information Link-

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

3. H.R. 7939- Veterans Auto and Education Improvement Act of 2022

Tab D

4. Specialty Certifying Boards in Podiatric Medicine

Tab E

5. Federation of Podiatric Medical Boards Meeting

Tab F

6. Discussion on Licensing Fee Structure

7. New Licensee Approval

- a. James Chung, D.P.M.
- b. Coralia Terol, D.P.M.
- c. **Jeremy Dublon, D.P.M.**
- d. **Nicholas Fifelski, D.P.M.**
- e. **Brandon Blanken, D.P.M.**

8. NPDB March Newsletter- Is It Reportable?

Tab G

F. ADJOURNMENT



BOARD OF PODIATRIC MEDICAL EXAMINERS

OPEN SESSION MEETING VIA GOOGLE MEETS

PUBLIC MEETING MINUTES

February 09, 2023

Location: Google Meet meet.google.com/yci-rbcf-ipg

Join by phone: (US) +1 405-646-0112 PIN: 595223865

The Public Meeting commenced at 1:01pm, opened by the Board President, Dr. H. David Gottlieb

Roll call was initiated by the Executive Director

Board members present: Drs. Yvonne Umezurike, Aparna Duggirala, Bruce Fox and Adam Silverman

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

Board staff present: Eva Schwartz, Executive Director; Elizabeth Kohlhepp, Deputy Director; and Kiana Nicholson, Licensing Manager

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

Representing MPMA: Dr. Jay LeBow, MPMA Member. Mr. Richard Bloch, Executive Director was not in attendance.

Guests: Zakiyyah Holmes, MDH and Kim Link-MDH.

Dr. Gottlieb 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 January 12, 2023 meeting.

The meeting minutes from the January 12, 2023, public meeting, were approved unanimously, as submitted.

B. BOARD PRESIDENT'S REPORT

1. Proposal to promote MBPME Decorum

Dr. Gottlieb provided a copy of a proposed MBPME meeting decorum policy to the Board for review and discussion. Dr. Gottlieb emphasized the importance of Board members engaging only in Board activities during meetings and that proper Professional Business Attire is required for all Board functions. This would be true for both our Public Board meeting and the Executive Board meeting. Examples of "proper professional business attire" were given to include a properly laundered fitted shirt, tie, and sports jacket for men and the equivalent for women. Whereas examples of improper attire were jeans, visible sneakers, sweatshirts, scrubs, and casual shirts. In reference to dress code flexibility, Dr. Duggirala brought to the President's attention that some Doctors may be wearing scrubs as they are attending meetings during practicing hours. Dr. Gottlieb agreed that sometimes that may be necessary. Dr. Fox inquired if a Board member is subject to sanctions if the proposed policy is not followed. Dr. Gottlieb stated that there are presently no repercussions. Acceptance of the policy went to a vote, which passed with five in favor and one dissenting. The rules of decorum will commence during the March meeting.

C. EXECUTIVE DIRECTOR'S REPORT

Ms. Schwartz discussed complaints from licensees regarding discrepancies in promptness of dispensing CDS registration permits/licenses. Ms. Schwartz reiterated that the Board does not have the statutory or regulatory authority to issue CDS permits, however she has been in contact with CDS who has been responsive to the licensees' inquiries. CDS has also implemented an option for an electronic prescribing waiver for limited opioid prescribing practices.

Ms. Schwartz also discussed the hearing for HB 611, pertaining to the State Board of Nursing. The Bill proposes changes to infrastructure and operations. The initial hearing will be held on February 10, 2023. The Health Occupations Boards' budget hearing will be held on February 15, 2023.

D. OLD BUSINESS

1. Update on Regulation 10.40.12 Telehealth (MDH-Podiatry)- Regulations on hold by AELR

Ms. Lim informed the Board that the regulation is currently on hold due to some comments expressing concern over the wording within the regulation. Currently, the Office of the Attorney General is working on a response to these comments which will be sent to the Boards for approval.

2. Update on developing a course to provide CME credits for effectively handling mental health patients in the office.

Ms. Schwartz announced that due to the extensive research and resources needed to develop the CME course, the proposal for course development was removed at this time.

E. NEW BUSINESS

1. IAC/S Privacy Matters: HIPAA Authorizations

The Board reviewed the IAC/S Privacy Matters: HIPAA Authorizations policy. Ms. Schwartz discussed concerns of possible HIPAA violations when information is submitted via the "Contact Us" link on our webpage, which directs all inquiries to MDH, NOT to the respective or relevant Board. Ms. Schwartz asked Ms. Link if she would consider asking the Department to change that link. She responded that she would get back to the Board.

2. HB 454/SB 187- Health Occupations- Licenses, Certificates, and Registrations- Immigrants Legislation

The Board reviewed HB 454/SB 187- Health Occupations- Licenses, Certificates, and Registrations- Immigrants Legislation. The Bill may be supported with amendments as there are concerns that the language will remove authorization from the Board's to approve or deny licensure of immigrants based on immigration status.

3. Proposed regulation addressing Code of Ethics

Ms. Schwartz proposed to the Board the introduction of regulations in the Board's Code of Conduct that adheres to ADA laws. The proposed regulation states:

The licensee may not:

(5) Practice, condone, facilitate, or collaborate with discrimination on the basis of race, gender, sexual orientation, age, religion, national origin, socioeconomic status, disability, or any other basis proscribed by law;

The Board voted to add the proposed regulation. Ms. Lim will research the Boards COMAR for placement of the regulation to move forward in submitting the proposal.

4. HB 0583- Health Insurance- Podiatrist- Reimbursement for Infusion of Medication

The Board was provided a copy of HB 0538- Health Insurance- Podiatrist- Reimbursement for Infusion of Medication for review and informational purposes. Ms. Schwartz explained that introduction of the Bill will create equal pay regarding in-office patient infusions and injections. Additionally, Ms. Schwartz shared a communication from Richard Bloch that an amendment will be made to the Bill stating that it is for all providers. The Board voted all in favor of the Bill.

1. NPDB February 2023 Insights Highlights

The Board was provided a copy of the "National Practitioners Data Bank Insights" February Newsletter for informational purposes.

Additionally, Dr. Lebow reminded the Board of the February 28th Federation of Podiatric Medical Boards meeting. The Federation meeting will emphasize problems encountered in the podiatric community and how different State Boards manage them.

F. ADJOURNMENT

With no further business, the Public Session of the Board meeting concluded at 1:42 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:__



American Podiatric Medical Association, Inc.

Code of Ethics

PREAMBLE

The American Podiatric Medical Association (APMA) and its component organizations strive to honor the public trust by setting standards for ethical practice as described in this Code of Ethics (Code). These ethical standards define professional expectations and are enforced by APMA and its component societies and/or professional licensing boards. Failure to meet these ethical standards may lead to termination of membership. All podiatric physicians have the responsibility of aspiring to these standards of conduct and ethical behavior, assuring that the best care is provided for the individuals and groups whom they serve. As members of the APMA, podiatric physicians accept and take seriously the common values and principles established within this Code. This Code applies to all aspects of the professional lives of podiatric physicians as they go about the implementation of their work within a variety of contexts as health-care providers, administrators, educators, researchers, consultants, and/or employers.

Members of APMA may be in violation of this Code and subject to termination of membership or other appropriate action if they: (a) are convicted of any felony; (b) are convicted of a misdemeanor related to their qualifications or functions; (c) engage in conduct that could lead to conviction of a felony, or a misdemeanor related to their qualifications or functions; (d) are expelled from or disciplined by other professional organizations; (e) have their licenses suspended or revoked or are otherwise disciplined by regulatory bodies; (f) continue to practice while no longer competent to do so because they are impaired by physical or mental causes or the abuse of alcohol or other substances; or (g) fail to cooperate with APMA or its component organizations at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.

State and federal laws along with ethical standards govern the practice of podiatric medicine. Podiatric physicians must be aware of not only the ethical standards but also all applicable laws and regulations. In the case of an element of this Code prescribing a standard higher than that required by law, podiatric physicians must meet the higher standard. APMA supports legal and regulatory mandates for reporting of alleged violations of the law and unethical conduct and expects its members to do the same.

This document is not meant to be used in legal proceedings to establish a “Standard of Care.”

The following statements and precepts are considered to be dynamic and may be interpreted and applied to an ever-changing society. Some statements within this Code

require further explanation which may be found in the interpretive guidelines that follow.

Knowingly or recklessly making false allegations, statements, or charges about a podiatric physician or any other medical professional are also a violation of this Code of Ethics and may be subject to disciplinary action.

MEDICAL ETHICS (ME)

ME1.0 Professional Judgment

The podiatric physician has an obligation to facilitate patient care, placing the welfare and rights of the patient above all other considerations. The competence of a podiatric physician extends beyond technical skills alone. Recognizing the extent of one's ability to perform and knowing when it is appropriate to seek consultation or make referrals is imperative.

ME1.1 National Standards (Representing a Model to be Used by Individual States)

- ME1.11 The podiatric physician strives to maintain the highest standards of practice in accordance with the responsibilities conferred by the state, profession, and society. *(See interpretive guideline.)*
- ME1.12 Self-recognition of individual competencies enables the podiatric physician to practice in an environment that is consistent with those competencies.
- ME1.13 The podiatric physician freely utilizes the expertise of other podiatric physicians and professionals of other disciplines to enhance the welfare of the patient.
- ME1.14 The podiatric physician maintains continuing competence by participating in professional study and life-long learning activities designed to ensure that the podiatric physician's skills and knowledge are consistent with ongoing developments in the art and science of podiatric medicine and surgery.
- ME1.15 The podiatric physician has the responsibility to accurately and honestly report compliance with any Continuing Education Contact Hours (CECH) requirements for licensure, certification, and credentialing.

ME1.2 Practice Guidelines

- ME1.21 The podiatric physician strives to provide care consistent with established practice guidelines adopted by recognized podiatric medical organizations that utilize the opinions of authoritative experts. *(See interpretive guideline.)*

ME1.3 Patient Management

- ME1.31 Within the responsibility of a podiatric physician is the need to evaluate the patient, initiate care decisions, and decide on the best treatment plan. The plan should encompass the entirety of the patient and utilize appropriate consultation or referral. Patient evaluation and recommended treatment plan decisions should not be influenced by race, religion, ethnicity, age, gender identification, sexual orientation, disability, national origin, political belief, socioeconomic status, health status, or any other social determinants of health except as it may directly affect the health of the patient. *(See interpretive guideline.)*
- ME1.32 The podiatric physician is responsible for ensuring appropriate follow-up care for the patient when the podiatric physician is not directly available to render such care. *(See interpretive guideline.)*
- ME1.33 The podiatric physician should refrain from providing care for any individual with whom the podiatric physician has a personal relationship that may cause the podiatric physician to provide care with reduced objectivity, interfering with the exercise of sound medical judgment.

ME2.0 Informed Consent

The doctrine of informed consent is premised upon the right of the patient to exercise control over the patient's body by deciding whether or not to undergo a proposed treatment regimen. The duty of the podiatric physician is always to disclose relevant information to the patient and obtain the consent of a competent patient or someone legally authorized to give consent on behalf of the patient before initiating treatment. *(See interpretive guideline.)*

ME2.1 What a Patient Needs to Know About the Proposed Treatment

- ME2.11 The podiatric physician strives to ensure that the patient is cognizant of the nature of the illness or condition, the treatment proposal or its alternatives with reasonable explanations of expected outcomes, potential complications, and length of recovery.

ME2.2 Disclosure of Experience and Outcomes

- ME2.21 The podiatric physician provides truthful representations of the podiatric physician's experience and outcomes.

ME2.3 Economic Interests

- ME2.31 The podiatric physician strives to ensure that any economic benefit involving services, materials, medications, or facilities shall not interfere with the podiatric physician's primary responsibility for the welfare of the patient and shall comply with applicable legal requirements.

ME3.0 Confidentiality

The Health Insurance Portability and Accountability Act of 1996 provides strict rules for protecting a patient's personal health information. The podiatric physician and the podiatric physician's staff must maintain strict confidentiality as to the condition and treatment of all patients. Release of any information must be premised on the consent of the individual patient, unless otherwise mandated by law. (*See interpretive guideline.*)

ME3.1 Medical Records

- ME3.11 The podiatric physician acts in a manner that protects the confidentiality of the patient and the records of the patient.
- ME3.12 The podiatric physician ensures that the staff over which the podiatric physician has responsibility or supervises, has an essential knowledge of the duty to maintain the confidentiality of patient records.
- ME3.13 The podiatric physician will take all reasonable means necessary so that confidentiality of patient medical records and conversations are strictly maintained in the use of any online, web, or social networking communication medium.
- ME3.14 The podiatric physician may not withhold patient-requested medical records because payment has not been received for past services, except as otherwise provided by law.
- ME3.15 The podiatric physician should not arbitrarily withhold or charge unreasonable fees for records if requested by former employees, interns, or residents for purposes of obtaining board qualification/certification.

ME3.2 Diagnosis

- ME3.21 The podiatric physician respects the confidentiality of the patient's diagnosis and does not release the diagnosis without the consent of the patient unless mandated by law.

ME3.3 Treatment

- ME3.31 The podiatric physician respects the confidentiality of the patient's treatment information and does not release the treatment information without the consent of the patient unless mandated by law.

ME3.4 Use of Technology

- ME3.41 When engaging in electronic communications with patients, the podiatric physician and the podiatric physician's staff ensure the security of the communication medium. When engaging any forms of technology, the podiatric physician and the podiatric physician's staff complete appropriate education and training using the relevant technology.

ME4.0 Patient Respect/Advocacy

Respect for the patient and advocating for the welfare of the patient should be the supreme concern of the podiatric physician. A podiatric physician should acknowledge cultural, individual, sexual orientation, gender identity, and ethnic differences of patients and the podiatric physician has an obligation to recognize and set aside personal biases that could result in potentially discriminatory practices.

ME4.1 Do No Harm

- ME4.11 The podiatric physician has a duty to do all in the podiatric physician's power to avoid actions that would cause harm. Physical harm may be the result of poor professional judgment in the diagnosis and treatment of the patient's medical condition, including treatment beyond the scope of competency, and/or experimental procedures without the full consent of the patient. Financial harm may be the result of inappropriate and misleading advertising, unnecessary procedures, and/or inappropriate and/or fraudulent billing procedures. Emotional harm may result from harassment, discrimination, implicit bias, and/or the undertaking of a personal relationship with a patient.

ME4.2 Nondiscrimination

- ME4.21 The podiatric physician shall not discriminate against any patient because of race, religion, ethnicity, age, gender identification, sexual orientation, disability, national origin, political belief, socioeconomic status, or health status.

ME4.3 Harassment

- ME4.31 The podiatric physician shall not engage in any deliberate act of emotional abuse, physical abuse, sexual abuse, sexual misconduct, or sexual exploitation related to the podiatric physician's position as a health-care provider, administrator, educator, researcher, consultant, or employer. *(See interpretive guideline.)*

ME4.4 Patient Abandonment

- ME4.41 The podiatric physician shall not cease to provide care or to be available to provide care without giving the patient sufficient notice and/or the opportunity to seek continuing treatment from another health-care practitioner.

ME5.0 Professionalism

The podiatric physician should at all times act in a professional manner before patients, colleagues, and the general public. This conduct should extend not just to the podiatric physician's professional life but should encompass the podiatric physician's public life as well.

ME5.1 Compassion, Respect, Honesty, and Integrity

- ME5.11 The podiatric physician has the responsibility to carry out all aspects of the podiatric physician's career with compassion, respect, honesty, and integrity.

ME5.2 Accountability in Providing Expert Testimony

- ME5.21 The podiatric physician providing expert testimony shall have relevant experience, training, and knowledge in the area in which the podiatric physician has agreed to testify. Testimony must be objective and be limited to the area of expertise held by the podiatric physician. Expert testimony should be based upon recognized medical and scientific principles, theories, facts, and standard of care.

ME5.22 The podiatric physician serving as an expert witness shall offer testimony that is honest and truthful.

ME5.23 The podiatric physician may accept compensation for testimony offered but such compensation should not in any way be related to or based upon the outcome of the litigation.

ME6.0 Physician Health Responsibilities

The podiatric physician has the obligation to act upon the recognition of impairment(s) and/or health risks in one's self and in other health-care providers and to ensure that the treatment and safety of patients is not compromised because of such impairments and/or health risks.

ME6.1 Physical, Mental, Chemical, or Emotional Impairment

ME6.11 The podiatric physician who is physically, mentally, chemically, or emotionally impaired should withdraw from those aspects of practice that could be detrimentally affected by the impairment. If the podiatric physician does not withdraw, other podiatric physicians who know of the impairment have the duty to take action to prevent the impaired podiatric physician from harming one's self or others. *(See interpretive guideline.)*

ME6.2 Practice and Infection Control

ME6.21 The podiatric physician shall exercise in the podiatric physician's practice all appropriate strategies to preclude the spread of blood-borne pathogens and infections. Antibiotic stewardship must be practiced when treating infections in order to stem antibiotic overuse, and thus antimicrobial resistance.

ME7.0 Research Ethics

Research conducted by podiatric physicians must be scientifically based with data, results, and outcomes reported in an accurate and truthful manner. Support for research may be obtained from any source but should not influence or bias the outcomes. All conflicts of interest (e.g., research sponsors, etc.) shall be disclosed.

ME7.1 Integrity and Concern for Participants

ME7.11 The podiatric physician shall maintain the integrity of the research study to ensure that decisions by participants and subjects are made in an unbiased and fully informed manner.

- ME7.12 The podiatric physician shall not subject any patient to an experimental diagnostic modality or treatment method without prior review of the experiment protocol by the podiatric physician's peers and with full disclosure to the patient. *(See interpretive guideline.)*
- ME7.13 The podiatric physician conducts research competently with due concern for the dignity and welfare of the participants.

ME7.2 Reporting

- ME7.21 The podiatric physician shall report truthfully in scientific and scholarly papers, lectures, accounts, and communications. *(See interpretive guideline.)*
- ME7.22 The podiatric physician shall avoid all forms of plagiarism, or otherwise taking credit for the work or ideas of others, by properly acknowledging the source. The podiatric physician shall not accept or require authorship credit for a publication based upon another person's research.

ME8.0 Educational Ethics

Podiatric physicians (e.g., CME coordinators, deans, residency directors, etc.) who are engaged in the coordination and delivery of educational programs have a responsibility to abide by prevailing rules and regulations governing how these programs are conducted including, but not limited to, approval and accreditation standards and the Code on Interactions with Health Care Professionals of the Pharmaceutical Research and Manufacturers of America (PhRMA).

BUSINESS ETHICS (BE)

BE1.0 Advertising

The podiatric physician has the responsibility to properly represent one's self in advertisements and other forms of communications to the public, including, but not limited to, statements about training, ability, board certification, and scope of practice.

BE1.1 Communications with the Public

- BE1.11 The podiatric physician shall ensure that communications to the public are accurate and do not convey false, untrue, deceptive, or misleading information. The podiatric physician shall provide truthful and accurate representations of the podiatric physician's credentials, training, experience, or ability. The podiatric physician shall not communicate claims of superiority that cannot be substantiated.
- BE1.12 The podiatric physician, in connection with the podiatric physician's name, must use the title(s), degree(s), or designation(s) authorized by state law. The title "doctor" or any abbreviation cannot be used without the qualification "podiatrist," "podiatric physician," or "Doctor of Podiatric Medicine," or other appropriate designation. The podiatric physician who is certified by a specialty board may use the appropriate term in connection with the podiatric physician's specialty as may be prescribed by the specialty board.

BE1.2 Direct Solicitation of Referrals

- BE1.21 The podiatric physician shall not solicit patients in a manner that impairs the podiatric physician's objectivity regarding the selection of diagnostic or therapeutic methods. The podiatric physician shall provide realistic expectations as to outcomes, or utilization of diagnostic or therapeutic methods that may be employed in the care of the patient.
- BE1.22 The podiatric physician shall not offer gifts as an inducement to secure patient patronage. *(See interpretive guideline.)*

BE1.3 Free Foot Screenings

- BE1.31 The podiatric physician, as an inducement to provide additional services for a fee, may advertise and offer free examinations or free podiatric medical services with the appropriate disclaimer. The podiatric physician shall not, however, charge a fee to any patient or any third-party payer

for any podiatric medical service provided during this exam or service.
(See interpretive guideline.)

BE2.0 Business Transactions

The podiatric physician has the responsibility to maintain high moral, ethical, and legal standards in business transactions. Claims, bills, statements, and records must accurately reflect the services provided. (See interpretive guideline.)

BE2.1 Fee Splitting

- BE2.11 The podiatric physician neither accepts nor offers commissions in any form or manner on fees for professional services, referrals, consultations, pathology services, radiology services, prescriptions, or other services or article supplied to patients. Division of professional fees or acceptance of rebates from fees paid by patients to radiological, pathological, laboratory, shoe store, or other establishments is inappropriate. (See interpretive guideline.)

BE2.2 Medically Unnecessary Procedures

- BE2.21 The podiatric physician shall perform services of a diagnostic or therapeutic nature that can reasonably be expected to benefit the patient. (See interpretive guideline.)

BE2.3 Economic Interest

- BE2.31 The podiatric physician shall not promote the sale of drugs, devices, appliances or goods to a patient, which are offered in such manner as to exploit the patient for the financial gain of the podiatric physician.
- BE2.32 The podiatric physician shall not use the podiatric physician's position to exert undue influence on patient treatment choices that are, or may be, physically, psychologically, or economically detrimental to the patient. The podiatric physician respects the rights of the patient to make decisions and helps the patient to understand the consequences of these decisions. Decisions should not be affected by race, religion, ethnicity, age, gender identification, sexual orientation, disability, national origin, political belief, socioeconomic status, health status, or any other social determinants of health.
- BE2.33 The podiatric physician shall not base treatment decisions on managed care incentives/disincentives when such decisions are, or may be,

detrimental to the patient or when they are not in the best interest of the patient.

- BE2.34 The podiatric physician shall not use the podiatric physician's position in a credentialing process to disadvantage another podiatric physician for the purpose of limiting competition.

BE2.4 Conflict of Interest

- BE2.41 The podiatric physician shall provide truthful disclosure of actual and potential conflicts of interest in the recommendation and/or prescription of services, materials, medications, and facilities that may be utilized in the care of a patient.
- BE2.42 The podiatric physician shall provide truthful disclosure of actual or potential conflicts of interest in communication with patients, potential patients, colleagues, and others. Such communication includes, but is not limited to, lectures, published material in peer review and other publications, and advertisements.
- BE2.43 The podiatric physician shall provide full public disclosure of financial relationships that constitute a conflict of interest, including any in which remuneration is expected to be awarded on an annual basis or any equity holding in a related company (excluding mutual funds and blind trusts).

BE3.0 Consideration in Referring a Patient and Seeking Second Opinions

The podiatric physician has the obligation of seeking consultation when the health and welfare of a patient would be advanced by referral to another podiatric physician, physician, or health care-provider with special skills, knowledge, or experience.

- BE3.1 The podiatric physician shall refrain from inducing a patient of another practitioner to become the podiatric physician's patient either by belittling the ability of the other practitioner or by the promise of better service at a lower fee.
- BE3.2 The podiatric physician providing a second opinion is obligated to return the patient to the referring practitioner, unless that patient exercises free choice in selecting the use of the second opinion practitioner to provide further care, or unless otherwise prohibited.
- BE3.3 The podiatric physician has both a professional and collegial obligation to refrain from offering commentary to a patient that could be construed as

defaming the decisions and opinions of the previous treating podiatric physician, physician, or other health care provider.

BE4.0 Employees/Associates

The podiatric physician reasonably delegates aspects of medical care to auxiliary health care personnel. The podiatric physician shall ensure that such personnel are qualified and adequately supervised.

BE4.1 Duty of Supervision

- BE4.11 The podiatric physician has a duty to supervise the podiatric physician's employees and confirm that they are performing in an ethical and appropriate manner. *(See interpretive guideline.)*

BE4.2 Delegation of Authority

- BE4.21 The podiatric physician delegating authority to an employee, associate, or to another physician for the care of the podiatric physician's patient shall ensure that the activity complies with professional standards, applicable laws, and does not discriminate on the basis of race, religion, ethnicity, age, gender identification, sexual orientation, disability, national origin, political belief, socioeconomic status, health status, or any other social determinants of health.

BE4.3 Duty to Comply with Professional Standards

- BE4.31 The podiatric physician strives to practice podiatric medicine consistent with the standards of care established within the podiatric physician's community.

BE5.0 Respect for Law

The podiatric physician is obliged to comply with the letter of all applicable laws and regulations. *(See interpretive guideline.)*

BE5.1 Duty to Report Violation

- BE5.11 The podiatric physician is obliged to report known violations of conduct by providers to the appropriate authority.

BE5.2 Medical Records

- BE5.21 The podiatric physician is obliged to maintain documentation of patient encounters that is legible, complete, accurate, and patient specific. *(See interpretive guideline.)*

BE6.0 Staff Respect/Advocacy

The podiatric physician has a duty to avoid interaction that would impair the physical and psychological health of those with whom the podiatric physician interacts on a professional basis.

BE6.1 Harassment

- BE6.11 The podiatric physician shall not engage in any deliberate act of emotional abuse, physical abuse, sexual misconduct, or sexual exploitation related to the podiatric physician's position as an employer, employee, partner, or associate. *(See interpretive guideline.)*

BE6.2 Nondiscrimination

- BE6.21 The podiatric physician shall not discriminate against any employee, partner, or associate because of race, religion, ethnicity, age, gender identification, sexual orientation, disability, national origin, political belief, socioeconomic status, health status, or any other social determinants of health.

BE7.0 Managed Care/Insurance Issues

In the light of reimbursement issues, the podiatric physician shall focus on patient care and patient advocacy.

BE7.1 Patient Advocacy

- BE7.11 The podiatric physician has the obligation to advocate for the health of the podiatric physician's patients in negotiating with managed care organizations and other third-party payers.

BE7.2 Financial Incentives/Disincentives

- BE7.21 The podiatric physician shall not use insurance coverage/reimbursement levels as the substantive determination of the treatment plan.

BE7.22 The podiatric physician shall not accept financial incentives to withhold care or referrals that are appropriate for the care of the patient.

ASSOCIATION ETHICS(AE)

AE1.0 Conflict of Interest

An APMA member rendering volunteer or compensated services to APMA or its component association(s) provides truthful disclosure of actual and potential conflicts of interest and recuses one's self from discussion and action on all issues relevant to the actual or potential conflict. Failure to recuse oneself is considered a violation of this Code and may lead to suspension of the involvement of the member in the voluntary or compensatory service. *(See interpretive guideline.)*

AE2.0 Confidentiality

An APMA member rendering volunteer or compensated services to an organization(s) shall adhere to the rules of confidentiality of the organization(s).

AE3.0 Commercial Relationships

The podiatric physician rendering volunteer or compensated services to APMA or its component association(s) is obliged to disclose all significant commercial relationships with other organizations, businesses, or entities that have a relationship with podiatric medicine.

AE4.0 Association Conduct

An officer or elected representative of APMA or its component society is obligated to abide by the constitution and/or bylaws of the officer's/representative's respective organization(s), when not in conflict with this document.

AE5.0 Harassment

APMA is committed to maintaining a business environment where all individuals are treated with respect and dignity. Harassment, whether verbal, physical, or arising out of the APMA business environment, is unacceptable and will not be tolerated. All forms of harassment, including sexual harassment, are illegal. Cases of harassment may be viewed as violations of this Code and APMA policies and result in expulsion from membership.

The American Association of Colleges of Podiatric Medicine/Council on Teaching Hospitals, Council on Podiatric Medical Education, and American Podiatric Medical Students' Association have been encouraged by the APMA House of Delegates to develop an education program for residency applicants and residency interviewers regarding appropriate and inappropriate behaviors, including implicit bias and

microaggressions and cultural awareness, during the residency interview process, residency training, and the mechanism by which to lodge complaints.

INTERPRETIVE GUIDELINES

The following interpretive guidelines are provided to further elaborate upon the Code of Ethics.

- ME1.11 A function of state licensing agencies is to establish standards of competency for members of the profession within their respective jurisdictions.
- ME1.21 Practice guidelines suggest and recommend modalities for patient care as correlated to various diagnoses that may be encountered. They should not be construed to constitute unalterable treatment strategies. Recognized podiatric medical organizations may include, but are not limited to, specialty colleges and boards and other such agencies that formulate practice guidelines based upon well-grounded scientific and educational precepts. The guidelines recommended by such organizations are often useful but have no legally binding effect on members of APMA.
- ME1.31 Treatment decisions, including surgery, should relate to the consideration of the physical, emotional, social, and occupational needs of the patient. All treatment regimens should include appropriate documentation of the indications for treatment. The performance of any unnecessary treatment is considered a serious ethical violation.

Consultation and referrals should be sought when:

- 1.) the patient can benefit from the care of a provider with different training and/or experience; or
- 2.) when the patient requests a consultation or referral.

No compensation shall be claimed for the referral of patients for care and/or evaluation.

- ME1.32 Follow-up care should be provided by a qualified podiatric physician or other appropriate health-care professional until the patient has fully recovered. If the podiatric physician is unable to personally provide the follow-up care, then the podiatric physician shall make arrangements with another qualified podiatric physician or qualified health-care professional to provide continuing care, and properly notify the patient of discontinuation of care and arrangements for follow-up care in accordance with prevailing law.

ME2.0 The doctrine of informed consent is usually defined as a duty to warn a patient of

- 1.) possible complications expected;
- 2.) sequelae of the treatment;
- 3.) unexpected risks of the proposed treatment;
- 4.) reasonable alternative(s) to the treatment;
- 5.) risks and comparative benefits of the alternatives;
- 6.) in most cases, the effects of non-treatment; and,
- 7.) economic interests that have the potential to influence judgment.

ME3.0 A patient has the right to have all identifiable medical and health information treated in strict confidence. This right includes the right to control the dissemination of such information. A patient must be secure in the expectation that medical information disclosed to the podiatric physician will remain confidential. Failure to respect the right of privacy may cause the patient to withhold important information vital to patient care. Unauthorized release of confidential material may result in embarrassment, stigma, discrimination, and possible legal liability.

Common types of disclosure pose a threat to medical data privacy:

- 1.) The purposeful or repeated disclosure of confidential patient information on computer screens or by the inappropriate utilization of online communication capability.
- 2.) The routine release of information; health information is often shared without the specific knowledge of the patient based on blanket consent. The patient may not know that the information is sensitive when the patient signs the consent. Consent should be obtained knowingly.

ME4.31 Sexual harassment, whether verbal, physical, or arising out of the patient-care, education, or work environment, is illegal, as it violates Title VII of the Civil Rights Act of 1964 and many state laws. Sexual harassment is unwelcome sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature that occurs within the podiatric physician's role as a health-care provider, administrator, educator, researcher, consultant, employee, or employer. Other harassment includes demeaning behavior directed towards others in the patient-care, education, or work environment.

The podiatric physician at no time should abuse the authority figure the podiatric physician presents as a means of fostering sexual relations with

a patient, student, resident, fellow, or employee. The podiatric physician may not employ sexual favors in bartering for professional services.

Sexual intimacy with patients, students, residents, fellows, or employees is inappropriate unless the personal relationship precedes the professional relationship or occurs after the professional relationship has ended.

ME6.11 Physical disability includes, but is not limited to, deterioration through the aging process, or loss of motor skill that results in the inability to practice the profession with reasonable judgment, skill, or safety.

Mental disability is any psychological condition or habitual or excessive use of alcohol, narcotics, stimulants, or other chemical agents or drugs that results in the inability to practice podiatric medicine with reasonable judgment, skill, or safety.

Addressing the problem of impairment includes several steps:

- 1.) the podiatric physician recognizes the problem;
- 2.) the podiatric physician seeks help within the profession;
- 3.) the podiatric physician seeks active treatment of the impairment; and
- 4.) the podiatric physician seeks evaluation of the podiatric physician's capacity to provide patient care.

ME7.12 The podiatric physician shall subject all research projects involving human or animal subjects to the scrutiny of an independent body whose function is to review such projects for appropriateness and for protection of the human or animal subjects.

ME7.21 The podiatric physician shall not intentionally mislead professional or lay audiences through scientific and scholarly papers, lectures, accounts, and communications, whether or not personal gain may accrue from such action.

BE1.22 Promotional gifts of nominal value may be offered.

BE1.31 In the event that a condition requiring treatment presents at the time of a free examination, reasonable charges for the treatment may be allowed upon written consent from the patient for the services and related charges.

The patient who opts to establish a fee-for-service relationship with the podiatric physician, following the free exam, must be informed that a fee for service will apply. Written documentation is suggested.

BE2.0 Fraud includes but is not limited to knowingly presenting (through actual knowledge, deliberate ignorance, or reckless disregard) or causing to be presented a false or fraudulent claim.

Fraudulent acts include but are not limited to:

- 1.) willfully making or filing false records or reports within the scope of practice;
- 2.) gross, willful, and continued overcharging for professional services including filing false statements for collection of fees for those services, including, but not limited to, filing false statement for collection of monies for services not rendered or not provided as claimed;
- 3.) routine waiver of deductibles and co-payments that may lead to artificial inflation of the reported charges;
- 4.) billing for supplies, equipment, or services not reasonable and necessary;
- 5.) repeat billing (double billing) for the same service that was not provided on repeat visits;
- 6.) billing for non-covered services as covered services;
- 7.) using an improper modifier to increase or allow inappropriate reimbursement;
- 8.) billing for component parts of a procedure rather than the inclusive global procedure (i.e., unbundling); and
- 9.) billing at a higher more intensive level to increase reimbursement.

In addition, the following conditions and issues must be considered:

- 1.) Services billed should reflect the care provided as deemed medically necessary by the podiatric physician.
- 2.) Reasonable efforts should be made to inform the patient of costs for services or treatments that the patient will be directly responsible to pay.
- 3.) The podiatric physician must be able to provide documentation to support appropriateness of care.
- 4.) Remunerations (e.g., kickbacks, inducements and self-referrals) for referrals are inappropriate and illegal. Such remunerations include knowingly and willfully giving or receiving anything of value to induce referrals.

- 5.) Bartering for professional services may be conducted only if requested by the patient and the arrangement is not exploitative.

BE2.11 Fee splitting is defined as sharing of fees for the purpose of referrals where one entity provides no service for its portion of the fee. Such sharing of fees is considered unethical and potentially illegal.

BE2.21 Documentation must be complete and legible, encounter-specific, and should state the reason for the encounter. If not specifically documented, the rationale should be readily inferred.

Documentation also should identify any health risk, patient progress, and revisions to the treatment plan. Evaluation and Management (E/M) guidelines should be followed.

The podiatric physician should be aware of the following risk areas:

- 1.) Financial arrangements with entities that may involve referrals
- 2.) Joint ventures with entities supplying goods or services to providers or patients
- 3.) Consulting contracts or medical directorships
- 4.) Office or equipment leases with entities that could involve referrals
- 5.) Soliciting, accepting, or offering any gift or gratuity of more than nominal value to or from an entity or person who may benefit from any referral in a federal program.

BE4.11 The podiatric physician shall provide appropriate supervision of the activities of employees in the course of their podiatry-related activities to ensure the safety of the patient, other employees, and visitors to the clinical facility in which podiatric services are rendered.

The podiatric physician shall provide appropriate supervision of the activities of employees in the course of their podiatry-related activities to ensure the accuracy of documentation, claims, and other communications made by the employees.

The podiatric physician shall provide appropriate supervision of employees and others contracted by the podiatric physician, who in the course of their employment or by reason of their contract, have, or reasonably may have, contact with the patients, other employees, or visitors to the clinical facility in which podiatric services are rendered.

- BE5.0 Failure to be informed of applicable laws and regulations may constitute deliberate ignorance or reckless disregard and, therefore, is an ethical violation.
- BE5.21 The podiatric physician has a duty to maintain complete and legible medical records to ensure future continuity of care by other professionals, to ensure accountability, to meet the requirements of the health-care system, and to meet legal requirements.
- BE6.11 Sexual intimacy with any employee, associate, or business partner is inappropriate unless the personal relationship precedes the business relationship, occurs after the professional relationship has ended, or the podiatric physician and employee, associate, or business partner mutually consent to the personal and professional relationship.
- AE1.0 Association decisions and actions must not be based on personal interests or relationships. Relationships, including any ownership interests with suppliers, contractors, or any groups with competing interests with APMA must not influence the independent and sound judgment of an individual who serves APMA or its component associations. Any situation that is or may be a conflict of interest must be avoided. To avoid a conflict of interest, one must disclose any relationship(s) that others might misinterpret. An individual who is in a position to actually or potentially influence decisions has a duty of full disclosure. If in doubt about a relationship, it should be disclosed. A conflict of interest may arise through a family relationship. When an extended family member has a relationship or ownership interest with an entity that may conflict with APMA, it must be disclosed. Extended family member shall be defined as spouse, domestic partner, parent, child, brother, sister, aunt, uncle, or anyone living with the individual.

Conflicts of interest may be present when one or more of the following situations exist:

- 1.) Willfully making or filing false records or reports within the scope of practice. A podiatric physician with an economic interest, a material financial interest, or material financial relationship with any business or in an organization that is the subject of consideration. A "material financial interest" includes a financial ownership interest of 5 percent or more, a financial ownership interest that contributes materially to a member's income, or a position as proprietor, director, managing partner, or key employee. A "material financial relationship" would be present if a

- member or a member of the podiatric physician's immediate family receives monetary compensation (including honoraria and grants) in an amount equal to or greater than \$2,000 per year or \$5,000 over three years.
- 2.) A podiatric physician with a position of leadership (i.e., a director, trustee, or officer) in an organization, or an employee of an organization that is the subject of consideration.
 - 3.) A podiatric physician with a family member who is an owner, director, trustee, or employee of an organization that is the subject of consideration.
 - 4.) A podiatric physician having a business or personal relationship with an individual who is the subject of consideration.
 - 5.) A podiatric physician having an existing or prior relationship with an individual(s) or organization(s), which precludes the rendering of an impartial consideration.
 - 6.) A podiatric physician having information that was obtained under an agreement or assumption of confidentiality in an activity or relationship external to the consideration, but regarding or bearing on the subject of the consideration.
 - 7.) A podiatric physician serving on a board of directors of an organization with a competing or conflicting interest to APMA.
 - 8.) Gifts, favors, travel, and entertainment may rise to a level of a conflict of interest. Gifts of nominal value, given in the normal course of business, are acceptable. Gifts received on a regular or continual basis, gifts of more than nominal value (\$100), or gifts of money or cash equivalents are indications of a potential conflict and must be disclosed.

Members of the APMA Board of Trustees (including officers) have an unbending duty of loyalty and fidelity. They shall not use their positions or knowledge gained from their volunteer service to APMA for personal or professional benefit. The interests of APMA must have the first priority in all decisions and actions.

Conflicts of interest are not always obvious and in many cases the matter in question may be described best as a *duality of interest*. A duality of interest recognizes that a board member may have multiple interests. Those interests must receive regular scrutiny to ensure that they do not create a conflicting situation. Board members should always strive to avoid activities that may interfere with the performance of their duties, and to ensure that there is no personal, professional, or political gain at

the expense of APMA. No expectation of ethical conduct is made to eliminate relationships and activities that may create a duality of interest, but do require the disclosure of any conflicts of interest and the recusal of any interested party in a decision relating thereto.

Although not exhaustive of every possible conflict that might arise, the following examples help define parameters that may be relied upon through analogy to other situations. Board members shall avoid:

1. Holding proprietary interests in any third party having a financial relationship with APMA.
2. Holding office, serving on the board, participating in management, or being otherwise employed by any third party having a financial relationship with APMA.
3. Using APMA's good will other than for approved APMA activities, programs, and purposes.
4. Receiving remuneration, personal gifts, or loans from third parties having a financial relationship with APMA.

Board members also should be mindful that a "conflict of interest" exists if a decision could be influenced (i.e., perceived conflict of interest) — it is not necessary that influence actually take place.

HOUSE BILL 906



C3, E2

3lr2063
CF 3lr2369

By: **Delegate Harrison**

Introduced and read first time: February 9, 2023

Assigned to: Economic Matters

A BILL ENTITLED

1 AN ACT concerning

2 **Occupational Licensing and Certification – Criminal History – Prohibited**
3 **Disclosures and Predetermination Review Process**

4 FOR the purpose of altering certain provisions of law regarding the prohibition on certain
5 departments of State Government from denying an occupational license or certificate
6 to an applicant solely on the basis of the criminal history of the applicant by
7 prohibiting a department from requiring disclosure of certain actions on an
8 application and establishing a predetermination review process; and generally
9 relating to occupational licensing and certification.

10 BY repealing and reenacting, with amendments,
11 Article – Criminal Procedure
12 Section 1–209
13 Annotated Code of Maryland
14 (2018 Replacement Volume and 2022 Supplement)

15 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
16 That the Laws of Maryland read as follows:

Article – Criminal Procedure

18 1–209.

- 19 (a) (1) In this section, “department” means:
- 20 (i) the Department of Agriculture;
- 21 (ii) the Department of the Environment;
- 22 (iii) the Maryland Department of Health;

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



- 1 (iv) the Department of Human Services;
- 2 (v) the Maryland Department of Labor; or
- 3 (vi) the Department of Public Safety and Correctional Services.

4 (2) "Department" includes any unit of a department specified in paragraph
5 (1) of this subsection.

6 [(b) This section does not apply to a person who was previously convicted of a crime
7 of violence, as defined in § 14-101 of the Criminal Law Article.]

8 [(c)] (B) It is the policy of the State to encourage the employment of [nonviolent]
9 ex-offenders and remove barriers to their ability to demonstrate fitness for occupational
10 licenses or certifications required by the State.

11 (C) A DEPARTMENT MAY NOT REQUIRE AN APPLICANT FOR AN
12 OCCUPATIONAL LICENSE OR CERTIFICATE TO DISCLOSE AS A PART OF AN
13 APPLICATION:

14 (1) ANY OF THE FOLLOWING:

15 (I) A DEFERRED ADJUDICATION;

16 (II) PARTICIPATION IN A DIVERSION PROGRAM; OR

17 (III) AN ARREST NOT FOLLOWED BY A CONVICTION;

18 (2) A CONVICTION FOR WHICH NO TERM OF IMPRISONMENT MAY BE
19 IMPOSED;

20 (3) A CONVICTION THAT HAS BEEN SEALED, VACATED, DISMISSED,
21 EXPUNGED, OR PARDONED;

22 (4) AN ADJUDICATION OF A DELINQUENT ACT AS A JUVENILE;

23 (5) A CONVICTION FOR A MISDEMEANOR THAT DID NOT INVOLVE
24 PHYSICAL HARM TO ANOTHER INDIVIDUAL;

25 (6) A CONVICTION FOR WHICH A PERIOD OF 3 YEARS HAS PASSED
26 SINCE THE APPLICANT COMPLETED SERVING THEIR SENTENCE IF THE SENTENCE
27 DID NOT INCLUDE A TERM OF IMPRISONMENT; OR

1 **(7) UNLESS THE CONVICTION WAS FOR A CRIME OF VIOLENCE AS**
2 **DEFINED IN § 14–101 OF THE CRIMINAL LAW ARTICLE, A CONVICTION FOR WHICH**
3 **A PERIOD OF 3 YEARS HAS PASSED SINCE THE END OF THE INDIVIDUAL’S TERM OF**
4 **IMPRISONMENT.**

5 (d) **[Except as provided in subsection (f) of this section, a] A** department may not
6 deny an occupational license or certificate to an applicant solely on the basis that the
7 applicant has previously been convicted of a crime, unless the department determines that:

8 (1) there is a direct relationship between the applicant’s previous
9 conviction and the specific occupational license or certificate sought; or

10 (2) the issuance of the license or certificate would involve **[an unreasonable**
11 **risk to property or to the safety or welfare of specific individuals or the general public] A**
12 **DIRECT AND SUBSTANTIAL THREAT TO PUBLIC SAFETY OR SPECIFIC INDIVIDUALS**
13 **OR PROPERTY.**

14 (e) In making the determination under subsection (d) of this section, the
15 department shall consider:

16 (1) the policy of the State expressed in subsection **[(c)] (B)** of this section;

17 (2) the specific duties and responsibilities required of a licensee or
18 certificate holder;

19 (3) whether the applicant’s previous conviction has any impact on the
20 applicant’s fitness or ability to perform the duties and responsibilities authorized by the
21 license or certificate;

22 (4) the age of the applicant at the time of the conviction and the amount of
23 time that has elapsed since the conviction;

24 (5) the seriousness of the offense for which the applicant was convicted;

25 (6) **THE APPLICANT’S EDUCATION, TRAINING, AND EMPLOYMENT**
26 **HISTORY BEFORE, DURING, AND AFTER THE APPLICANT’S TERM OF IMPRISONMENT;**

27 **(7) WHETHER THE OCCUPATIONAL LICENSE OR CERTIFICATE**
28 **REQUIRES THE APPLICANT TO BE BONDED;**

29 **(8)** other information provided by the applicant or on the applicant’s behalf
30 with regard to the applicant’s rehabilitation and good conduct; and

31 **[(7)] (9)** the legitimate interest of the department in protecting property
32 and the safety and welfare of specific individuals or the general public.

1 (f) (1) (I) [This subsection does not apply to a conviction of a crime for
2 which registration on the sex offender registry is required under Title 11, Subtitle 7 of this
3 article.

4 (2) If a period of 7 years or more has passed since an applicant completed
5 serving the sentence for a crime, including all imprisonment, mandatory supervision,
6 probation, and parole, and the applicant has not been charged with another crime other
7 than a minor traffic violation, as defined in § 10–101 of this article, during that time, a
8 department may not deny an occupational license or certificate to the applicant solely on
9 the basis that the applicant was previously convicted of the crime.] **AN INDIVIDUAL MAY
10 FILE A REQUEST WITH A DEPARTMENT FOR REVIEW OF THE INDIVIDUAL’S CRIMINAL
11 HISTORY TO DETERMINE WHETHER THE INDIVIDUAL’S CRIMINAL HISTORY WOULD
12 DISQUALIFY THE INDIVIDUAL FROM OBTAINING THE OCCUPATIONAL LICENSE OR
13 CERTIFICATE BEING SOUGHT.**

14 (II) **THE DETERMINATION OF A DEPARTMENT REGARDING
15 WHETHER THE OCCUPATIONAL LICENSE OR CERTIFICATE WOULD BE APPROVED OR
16 DENIED TO THE INDIVIDUAL REQUESTING THE PREDETERMINATION UNDER
17 SUBPARAGRAPH (I) OF THIS PARAGRAPH SHALL BE BINDING ON THE DEPARTMENT
18 UNLESS THERE IS A SUBSEQUENT DIRECT AND MATERIAL ADVERSE CHANGE TO THE
19 INDIVIDUAL’S CRIMINAL HISTORY.**

20 (2) **IF A DEPARTMENT DETERMINES THAT AN OCCUPATIONAL
21 LICENSE OR CERTIFICATE WOULD BE DENIED TO THE INDIVIDUAL UNDER
22 PARAGRAPH (1) OF THIS SUBSECTION, THE DEPARTMENT SHALL, IF APPLICABLE,
23 ADVISE THE INDIVIDUAL OF ANY ACTION THAT MAY BE TAKEN BY THE INDIVIDUAL
24 TO REMEDY THE REASON FOR THE DISQUALIFICATION.**

25 (3) (I) **AN INDIVIDUAL MAY SUBMIT A REVISED REQUEST FOR A
26 PREDETERMINATION TO THE DEPARTMENT THAT MADE A PREDETERMINATION ON
27 THE APPROVAL OR DENIAL OF AN OCCUPATIONAL LICENSE OR CERTIFICATE UNDER
28 PARAGRAPH (1) OF THIS SUBSECTION THAT INCLUDES THE COMPLETION OF ANY
29 RECOMMENDED REMEDIAL ACTIONS.**

30 (II) **AN INDIVIDUAL MAY SUBMIT A REVISED REQUEST FOR A
31 PREDETERMINATION UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH THE EARLIER
32 OF:**

33 1. **ONE YEAR FROM THE DATE THE INDIVIDUAL
34 RECEIVED THE PREDETERMINATION UNDER PARAGRAPH (1) OF THIS SUBSECTION;
35 OR**

1 **2. ON COMPLETION OF THE REMEDIAL ACTIONS**
2 **RECOMMENDED BY THE DEPARTMENT UNDER PARAGRAPH (2) OF THIS**
3 **SUBSECTION.**

4 **(4) (I) A DEPARTMENT MAY CHARGE A CRIMINAL HISTORY REVIEW**
5 **FEE TO AN INDIVIDUAL TO CONDUCT A REVIEW UNDER THIS SECTION NOT**
6 **EXCEEDING \$100.**

7 **(II) THE FEE CHARGED UNDER SUBPARAGRAPH (I) OF THIS**
8 **PARAGRAPH SHALL BE WAIVED IF THE INDIVIDUAL'S INCOME IS AT OR BELOW 300%**
9 **OF THE FEDERAL POVERTY LEVEL, AS DETERMINED BY THE DISTRICT COURT OF THE**
10 **STATE.**

11 **SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect**
12 **October 1, 2023.**



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

Maryland State Board of Dental Examiners
Spring Grove Hospital Center - Benjamin Rush Bldg.
55 Wade Ave/Tulip Drive
Catonsville, MD 21228

Maryland Health Occupations Boards
4201 Patterson Avenue
Baltimore, MD 21215

February 21, 2023

The Honorable C.T. Wilson
Chair, Economic Matters Committee
Room 231, House Office Building
Annapolis, Maryland 21401-1991

Re: HB 906 - Occupational Licensing and Certification – Criminal History – Prohibited Disclosures and Predetermination Review Process – Letter of Concern

Dear Chair Wilson:

The Maryland State Board of Dental Examiners (the Board), as well as the following health occupations boards: the State Acupuncture Board; the State Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists and Music Therapists; the State Board for Certification of Residential Child Care Program Professionals; the State Board of Environmental Health Specialists; the State Board of Chiropractic Examiners; the State Board of Massage Therapy Examiners; the State Board of Pharmacy; the State Board of Physical Therapy Examiners; and the State Board of Podiatric Medical Examiners; the State Board of Professional Counselors and Therapists; the State Board of Psychologists; and the State Board of Social Work Examiners is submitting this Letter of Concern for HB 906-Occupational Licensing and Certification-Criminal History-Prohibited Disclosures and Predetermination Review Process. The bill provides the various circumstances under which certain departments of State government, including the Department of Health, and its various units, including the Dental Board, may deny a license or certificate based upon the criminal history of the applicant.

The bill provides that an applicant for an occupational license may not be required to disclose the following on an application: A deferred adjudication; participation in a diversion program; an arrest not followed by a conviction; a conviction for which no term of imprisonment may be imposed; a conviction that has been sealed, vacated, dismissed, expunged, or pardoned; an adjudication of a delinquent act as a juvenile; a conviction for a misdemeanor that did not

involve physical harm to another individual; a conviction for which a period of 3 years has passed since the applicant completed serving their sentence if the sentence did not include a term of imprisonment; or unless the conviction was for a crime of violence as defined in § 14-101 of the Criminal Law Article, a conviction for which a period of 3 years has passed since the end of the individual's term of imprisonment. Further, a department may not deny an occupational license to an applicant based solely on the basis that the applicant has previously been convicted of a crime unless the department determines that there is a direct relationship between the applicant's previous conviction and the specific occupational license, or there is a direct and substantial threat to public safety or specific individuals or property.

In addition, the bill provides that an individual may file a predetermination request with a board for review of the individual's criminal history to determine whether the individual's criminal history would disqualify the individual from obtaining the occupational license or certificate. The predetermination is binding on the board unless there is a subsequent direct and material adverse change to the individual's criminal history.

The Board is concerned that the current proposed language under HB 906 is silent as to whether, and to what extent, the Board may require that the potential applicant submit documentation regarding their criminal history, such as submitting to fingerprinting with CJIS (which costs additional money to the applicant), providing true test copies of the conviction(s) from the applicable court, and/or their written explanation of the circumstances surrounding the conviction(s), prior to rendering its binding determination. Without this documentation, and potentially interviewing the potential applicant, the Board would be unable to properly consider whether there is a direct relationship between the applicant's previous conviction and the specific license sought, or whether the issuance of the license would involve a direct and substantial threat to public safety or specific individuals or property prior to rendering a binding decision.

Finally, the Board is concerned that the process for requesting and obtaining a written determination from the Board is similar to, but not identical to, the existing process for petitioning a State unit for a declaratory ruling under Md. Code Ann., State Gov't § 10-301, *et seq.* A petition for a declaratory ruling requests "the manner in which the [State] unit would apply a ... statute that the unit enforces to a person ... on the facts set forth in the petition." State Gov't § 10-304(a). Because there is no provision for a state unit to charge a fee for considering a petition for a declaratory ruling, a potential applicant could avoid paying any fee to the Board to conduct an assessment under the bill by petitioning for a declaratory ruling under the State Gov't provisions.

For these reasons, the State Board of Dental Examiners; the State Acupuncture Board; the State Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists and Music Therapists; the State Board for Certification of Residential Child Care Program Professionals; the State Board of Environmental Health Specialists; the State Board of Chiropractic Examiners; the State Board of Massage Therapy Examiners; the State Board of Pharmacy; the State Board of Physical Therapy Examiners; and the State Board of Podiatric Medical Examiners; the State Board of Professional Counselors and Therapists; the State Board of Psychologists; and the State Board of Social Work Examiners strongly urges an unfavorable report on HB 906.

I hope that this information is helpful. If you would like to discuss this further, please contact me at 240-498-8159, asverma93@gmail.com, or Dr. Edwin Morris, the Board's Legislative Committee Chair at 410-218-4203. In addition, the Board's Executive Director, Dr. Christy Collins may be reached at christy.collins1@maryland.gov; 410-402-8518.

Sincerely,

A handwritten signature in black ink, appearing to read 'Arpana S. Verma', with a stylized flourish extending from the end.

Arpana S. Verma, D.D.S.
Board President

The opinion of the Boards expressed in this document do not necessarily reflect that of the Department of Health or the Administration.

FEDERAL LEGISLATION ENACTED JANUARY 5, 2023

H.R.7939 - Veterans Auto and Education Improvement Act of 2022



Sec. 19. Portability of professional licenses of members of the uniformed services and their spouses.

(a) In General.—Title VII of the Servicemembers Civil Relief Act (50 U.S.C. 4021 et seq.) is amended by inserting after section 705 (50 U.S.C. 4025) the following new section:

SEC. 705A. PORTABILITY OF PROFESSIONAL LICENSES OF SERVICEMEMBERS AND THEIR SPOUSES.

“(a) In General.—In any case in which a servicemember or the spouse of a servicemember has a covered license and such servicemember or spouse relocates his or her residency because of military orders for military service to a location that is not in the jurisdiction of the licensing authority that issued the covered license, such covered license shall be considered valid at a similar scope of practice and in the discipline applied for in the jurisdiction of such new residency for the duration of such military orders if such servicemember or spouse—

“(1) provides a copy of such military orders to the licensing authority in the jurisdiction in which the new residency is located;

“(2) remains in good standing with—

“(A) the licensing authority that issued the covered license; and

“(B) every other licensing authority that has issued to the servicemember or the spouse of a servicemember a license valid at a similar scope of practice and in the discipline applied in the jurisdiction of such licensing authority;

“(3) submits to the authority of the licensing authority in the new jurisdiction for the purposes of standards of practice, discipline, and fulfillment of any continuing education requirements.

“(b) Interstate Licensure Compacts.—If a servicemember or spouse of a servicemember is licensed and able to operate in multiple jurisdictions through an interstate licensure compact, with respect to services provided in the jurisdiction of the interstate licensure compact by a licensee covered by such compact, the servicemember or spouse of a servicemember shall be subject to the requirements of the compact or the applicable provisions of law of the applicable State and not this section.

“(c) Covered License Defined.—In this section, the term ‘covered license’ means a professional license or certificate—

“(1) that is in good standing with the licensing authority that issued such professional license or certificate;

“(2) that the servicemember or spouse of a servicemember has actively used during the two years immediately preceding the relocation described in subsection (a); and

“(3) that is not a license to practice law.”



Specialty Certifying Boards in Podiatric Medicine: Frequently Asked Questions

Specialty certifying boards in podiatric medicine are recognized by the Joint Committee on the Recognition of Specialty Boards (JCRSB) of the Council on Podiatric Medical Education (CPME) under the authority of the American Podiatric Medical Association (APMA). Recognition is an indication of satisfactory compliance with the recognition criteria as well as public approbation, attesting to the competency and proficiency of the specialty board to assure that only qualified podiatrists have obtained certified status. JCRSB currently recognizes the American Board of Foot and Ankle Surgery (ABFAS) and the American Board of Podiatric Medicine (ABPM).

The podiatric medical profession initiated discussions about areas of specialization and board certification during the early 1960s. This discussion culminated in the development of regulations for the recognition of specialty boards and the eventual evaluation and recognition of the first active specialty board in 1975.

JCRSB has developed this web page to answer the following frequently asked questions about the podiatric board certification recognition process. Specific questions about the certification activities in which these boards are engaged should be posed directly to the boards. Addresses and contact information for each board appear at the end of the FAQs.

Why oversee and recognize specialty boards in podiatric medicine?

APMA is concerned with maintaining the orderly development of specialties within the profession. In its review of specialty boards, JCRSB seeks to (1) determine whether a public and professional need exists for the conduct of a certification process in a special area of podiatric practice, (2) monitor the conduct of recognized boards by ensuring compliance with CPME standards, (3) evaluate any modification of existing types of certification, and (4) prevent unnecessary duplication by boards.

What is the value of JCRSB recognition of specialty boards?

The recognition of a specialty board by JCRSB serves to provide important information to the profession, health care institutions and organizations, and the public about the sound operations and fair conduct of the board's certification process.

Can any special interest group gain recognition as a specialty certifying board?

No. Proposals submitted by "special interest groups" seeking recognition of a specific type of clinical procedure, therapeutic modality, or technique are not regarded as appropriate for designation as a specialty board in podiatric practice.

Are specific regulations published for recognition of specialty boards?

Yes. CPME has established *Criteria and Guidelines for Recognition of a Specialty Board for Podiatric Medical Practice* (CPME publication 220) and *Procedures for Recognition of a Specialty Board for Podiatric Medicine* (CPME publication 230). These publications are available on the [CPME website](#).

What are the requirements for individual podiatric physicians seeking certification from the boards recognized by JCRSB?

While the requirements for certification vary somewhat for each area of certification, JCRSB-recognized boards require graduation from a CPME-accredited college of podiatric medical education, completion of a CPME-approved, three-year residency, and completion of a rigorous examination process. For more specific information, one should contact the individual boards directly.

Is there a direct relationship between residency training and specialization?

Yes. Residencies approved by CPME are developed in accordance with guidelines established by the specialty certifying board. These boards also provide expertise in collaborating with CPME in the development of standards and requirements for the evaluation and enhancement of Podiatric Medicine and Surgery Residency (PMSR) programs and in the on-site evaluation of PMSR programs. As a result, a continuum exists, linking the educational process with the certification process.

Do non-JCRSB recognized boards exist in the podiatric medical profession?

Yes. Other boards have been established that have not been reviewed by the American Podiatric Medical Association, the Council on Podiatric Medical Education, or the Joint Committee on the Recognition of Specialty Boards. Because these boards have not been reviewed, it is impossible for APMA, CPME, or JCRSB to provide information to health care institutions and organizations, the profession, or the general public about the validity, conduct, reliability, or appropriateness of these boards.

What is the relationship of the American Podiatric Medical Association to the Council on Podiatric Medical Education and the Joint Committee on the Recognition of Specialty Boards?

APMA assigns the responsibility of specialty board recognition to the Council on Podiatric Medical Education. CPME, on behalf of the podiatric medical profession, has established the Joint Committee on the Recognition of Specialty Boards, which is a committee comprised of representatives of the profession, specialty boards, health care community, and public. CPME and JCRSB are committed to assuring the public that those podiatric physicians who are certified have successfully completed the requirements for certification in an area of specialization. The recognition of a specialty board by JCRSB serves to provide important information to the

profession, health care institutions, and the public about the sound operations and fair conduct of the board's certification process. CPME's authority for the recognition of specialty boards through JCRSB is derived solely from the APMA House of Delegates.

How does one determine if an individual podiatric physician is certified by one of the JCRSB-recognized boards?

To learn the current certification status of an individual practitioner, please contact the board(s) directly.

What is the process by which specialty boards gain recognition?

A specialty organization may pursue recognition from the APMA House of Delegates as a clinical education affiliate. Recognition of a clinical education affiliate establishes a specialty area in podiatric medicine that requires possession of special knowledge and skills achieved through completion of intensive study and/or extended clinical experiences beyond the professional degree. After five years, members of the affiliated organization may establish the specialty board at the expressed wish of the organization. The specialty board is considered to be the lineal descendent of the organization but is independent of the affiliated organization. The board is considered to be autonomous and is not affiliated with APMA. Once established, the specialty board may apply to JCRSB for recognition. Accordingly, JCRSB reviews the board's application in the light of the criteria for recognition.

Other than its responsibilities in the recognition of specialty boards, what other responsibilities are assigned to the Council on Podiatric Medical Education?

The Council functions as the nationally recognized accrediting body for the first professional degree program leading to the Doctor of Podiatric Medicine. The Council is recognized for its accreditation process by the Council for Higher Education Accreditation (CHEA) and the United States Department of Education (USDE). The Council also holds membership in the Association of Specialized and Professional Accreditors (ASPA). The Council is authorized by APMA to evaluate and approve residency and fellowship programs, and continuing podiatric medical education providers.

Do CHEA and USDE also recognize the CPME's recognition process for specialty boards?

No. CHEA and USDE have no authority to recognize evaluation and regulatory activities outside the field of higher education accreditation. The Council's function in the oversight of specialty certifying boards is not a matter of accreditation. As in other professions, the Council reviews and monitors activities of certifying boards on behalf of the podiatric medical profession and is assigned this responsibility by the House of Delegates of the American Podiatric Medical Association. The American Board of Medical Specialties holds a similar responsibility in its recognition of 24 specialty boards in medicine.

How does one learn more about specialty boards in the field of podiatric medicine?

For additional information about the requirements for certification, contact:

American Board of Foot and Ankle Surgery
445 Fillmore Street
San Francisco, California 94117-3404
415-553-7800

American Board of Podiatric Medicine
1060 Aviation Boulevards #100
Hermosa Beach, CA 90254
310-375-0700

For additional information about the recognition of specialty boards by the Council on Podiatric Medical Education and the Joint Committee on the Recognition of Specialty Boards, contact:

Council on Podiatric Medical Education
9312 Old Georgetown Road
Bethesda, Maryland 20814
301-581-9200



[Home](#) » [Specialty Certifying Boards](#) » [List of Recognized Specialty Boards](#)

List of Recognized Specialty Boards

Recognized as the certifying board for the specialty areas of podiatric orthopedics and primary podiatric medicine is the:

American Board of Podiatric Medicine

1060 Aviation Boulevard, Suite 100
Hermosa Beach, CA 90254
310-375-0700
310-475-1386 (fax)

Recognized as the certifying board for the specialty area of podiatric surgery is the:

American Board of Foot and Ankle Surgery

445 Fillmore Street
San Francisco, CA 94117-3404
415-553-7800
415-553-7801 (fax)

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9312 Old Georgetown Road
Bethesda, MD 20814-1621
301-581-9200



Home » Specialty Certifying Boards

Specialty Certifying Boards

Specialty boards in the profession of podiatric medicine have been established to certify advanced qualifications of individual podiatrists who have demonstrated special expertise in the recognized areas of podiatric orthopedics, podiatric surgery, and primary podiatric medicine. Certification is considered to be an earned credential for those podiatric physicians who have achieved certain levels of skill and ability based upon completion of specific advanced training and clinical experience and examination. Those individual podiatric physicians who are certified are recognized for their achievement and enhanced capabilities.

The American Podiatric Medical Association assigns the responsibility of specialty board recognition to the Council on Podiatric Medical Education. The Council on behalf of the podiatric medical profession has established the Joint Committee on the Recognition of Specialty Boards (JCRSB) which is a committee comprised of representatives of the profession, specialty boards, licensing bodies, the health-care community, and the public. The CPME and JCRSB are committed to assuring the public that those podiatric physicians who are certified have successfully completed the requirements for certification in an area of specialization. The recognition of a specialty board by the JCRSB serves to provide important information to the profession, health-care institutions, and the public about the sound operations and fair conduct of the board's certification process.

In its consideration of recognition of new specialty boards in podiatric medical practice, the APMA, CPME, and JCRSB are concerned with maintaining the orderly development of specifically identified specialties within the profession. Specialty boards are recognized only upon the basis of demonstrated need and potential benefit to the public. Proposals submitted by "special interest groups" seeking recognition of a specific type of clinical procedure, therapeutic modality, or technique are not regarded as appropriate for designation as a specialty board in podiatric medical practice.

The purposes of the CPME's recognition process include:

1. The determination of whether or not a public and professional need exists for the conduct of a certification process in a special area of podiatric medical practice.
2. Continuing recognition of existing boards.
3. Modification of existing types of certification.
4. Prevention of unnecessary duplication by boards and maintenance of minimum standards for the conduct and operation of specialty boards.

The process for reviewing specialty boards in the podiatric medical profession includes concurrent review of the substantive issues related to the need for certification within a special area of practice and the assessment of the capabilities of the board to conduct and operate a proper certifying process.

Two specialty boards aligned with three special areas of practice are recognized by the Council and the JCRSB. Recognition is based upon the demonstrated ability of a board to satisfy established criteria. With a view towards ensuring the health and safety of the public, only one specialty board may be recognized to conduct certification for each designated podiatric medical specialty area.

Recognized as the certifying board for the specialty areas of podiatric orthopedics and primary podiatric medicine is the:

American Board of Podiatric Medicine

1060 Aviation Boulevard, Suite 100
Hermosa Beach, CA 90254
310-375-0700
310-475-1386 (fax)

Recognized as the certifying board for the specialty area of podiatric surgery is the:

American Board of Foot and Ankle Surgery

445 Fillmore Street
San Francisco, CA 94117-3404
415-553-7800
415-553-7801 (fax)

Joint Committee on the Recognition of Specialty Boards Members

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Bethesda, MD 20814-1621
301-581-9200

Federation of Podiatric Medical Boards

12116 Flag Harbor Drive ♦ Germantown, MD 20874 ♦ 202-810-3762 ♦ www.fpmb.org

Office of the Executive Director
Russell J. Stoner



Fall/Winter Meeting

Tuesday, February 28, 2023

Updates/Questions/Issues

Submitted by Member Boards

Updates/Questions/Issues Categorization

Many thanks to our meeting registrants for submitting updates, questions, and/or issues respective of their Member Podiatric Medical Board. FPMB has reviewed these submissions and categorized them into the following seven (7) topics:

1) Board Structure, Governance, and Operations

- separate vs. combined
- board member training
- vacancies
- public members
- license fees & funding

2) Continuing Education

- valid sources
- in-person vs. online
- tracking
- enforcing for discipline

3) License Portability

- reciprocity
- compacts

4) Licensure & Regulation

- scope of practice
- credentials
- privileges
- *additional sub-topics*

5) Occupational Licensure Reform

- zero-based regulation
- reduced requirements
- phase outs

6) Podiatry Workforce

- aging/retiring workforce
- fewer students

7) Technology

- artificial intelligence
- electronic licensing

Meeting Discussion Topic Selection (Community of Practice Session)

During the meeting, a poll will be presented to meeting participants to select from the seven (7) topics listed above. The topics selected for discussion, as well as their prioritization, will be based on the poll results.

Please read the four (4) pages below prior to the start of the meeting. This will provide you with critical context necessary for topic selection. Additionally, this is a unique opportunity to learn about updates, questions, and issues from across the country.

ALASKA: Alaska State Medical Board

- DPM-PA Collaborating Agreements within Regulatory language update in Alaska

ARIZONA: Arizona Board of Podiatry Examiners

- Currently there are a few bills that will affect all regulatory Boards in Arizona, such as:
 - Not charging any fees for FY23-24 and FY24-25
 - The Funeral Board will be dissolved under the Department of Health Services
 - Reviewing the regulatory Board's funds each year and waiving or reducing fees if the Board's fund will exceed 50% of its appropriation at the end of the fiscal year
- There is one bill specific to the Podiatry Board regarding podiatric medical assistants.
- 2023 Board Member Training presented by Board's AAG:
 - February 2023 Meeting: "Conflicts of Interest & Ex Parte Communications"
 - March 2023 Meeting: "Open Meeting Law"
- Senate Bill 1078
 - Run by AZFAMA (AZPMA)
 - Bill Sponsor: Senator Thomas (TJ) Shope (R)
 - Summary: The list of persons authorized to use ionizing radiation on a human being is expanded to include a podiatric medical assistant who holds a valid certificate in podiatric radiology from a course approved by the State Board of Podiatry Examiners
 - Title: Podiatric Medical Assistants; Radiation: Exemption
 - Last Action: As of February 7, 2023, Senate Majority Caucus (committee of the whole) – Yes; (prior passed senate committee and senate rules) – Now sent to House Committee

BRITISH COLUMBIA: College of Physicians and Surgeons of British Columbia

- Scope of practice and currency which is always an issue here as podiatric surgeons aren't privileged by hospitals to do the work

CALIFORNIA: Podiatric Medical Board of California

- Changes to License Renewals Requirements
- Reciprocity

DISTRICT OF COLUMBIA: District of Columbia Board of Podiatry

- **Health Occupations Revision Act (HORA) Updates:** In an effort to promote public protection, the DC Board of Podiatry is seeking an update to its scope of practice for podiatry that is inclusive of procedures and treatments that are proven beneficial and based on research that promotes best practices and outcomes that are patient-centered. The aim is for a definition that reflects the advancement of podiatry.
- **Board member vacancies**

FLORIDA: Florida Board of Podiatric Medicine

- **Artificial Intelligence** has been incorporated on our websites. "ELI" which stands for Enforcement - Licensure - Information is MQA's new artificial intelligence system that will be transforming the customer service MQA provides by enabling the workforce to deliver exceptional service to our customers through online chat. ELI is designed to answer common questions in a variety of different areas. Some areas include: licensure requirements, renewal requirements, fees, contact information, background screening, public records, and more. If ELI cannot answer your question, he will ask you if you would like to be transferred to a live agent within the department. The live agent will be able to see the entire chat with ELI and help continue the conversation to help resolve your question quickly. ELI will continue to learn from each question that gets sent to a live agent so in the future, he will be able to answer those questions.
- **CE Updates** - All 40 hours for renewal may be earned through live in-person or live interactive virtual events as defined in 64B18-17.002(8)(b), but a maximum of only (8) eight hours may be obtained through home study or anytime courses as defined in 64B18-17.002(8)(a).
- **Electronic Licensing** - Last year, MQA initiated efforts to identify methods to enhance license accessibility through improved technology. It was through this initiative, that the Division identified electronic licensing as an innovative approach to streamline the issuance of health care practitioner licenses. Electronic licensing provides health care practitioners a method to access the issued license at any time through the secure Online Services Portal. This access results in receipt of a copy of the license faster without relying on traditional mail delivery timelines. This also enables flexibility among practitioners to print licenses on any paper they prefer, and as many times as they would prefer, without having to request a duplicate license from the Department. The electronic license will have the same appearance, with one added feature, a QR code. The QR code is designed for the rapid identification of the health care practitioner and direct access to the Florida Department of Health License Verification Portal.

GEORGIA: Georgia State Board of Podiatry Examiners

- CME: What do Boards consider as a valid source? (Council on Podiatric Medical Education (CPME)-approved, any source, in-person vs. virtual, etc.)
- Interested in knowing if any other Podiatric Boards are experiencing difficulties with securing and maintaining consumer or public members on their Boards. What are your board member selection processes i.e., are your board members appointed by the Governor, elected, selected by a podiatric association, etc.?
- Does your jurisdiction require that podiatrists report an intent to dispensed controlled substances; and if so, to whom is the report provided, i.e. the licensing board, the pharmacy board, state drugs and narcotics agency or the Drug Enforcement Agency (DEA)?

IDAHO: Idaho Board of Podiatry

- Our Board is going through a process called Zero-Based Regulation.

ILLINOIS: Illinois Department of Financial & Professional Regulation

- Board Certification: Licensure vs. Credentialing
- Pros and cons of being a separate Board vs part of a Medical Board
- Which states allow reciprocity to neighboring states?
- Public members

KANSAS: Kansas State Board of Healing Arts

- **Updates:**
 - Virtual CME allowance extended through 2023; will revisit at December 2023 meeting
 - We are happy with our scope (surgical)
- **Questions/Issues/Concerns:**
 - DPM workforce numbers
 - Pre-op medical history and physical examination (H&P) cannot be verified as no changes since H&P by a DPM (but, a nurse practitioner can do this)

MARYLAND: Maryland Board of Podiatric Medical Examiners

- What credential is "permitted" to advertise on CV, stationery and correspondence, or web advertising, beyond the Board certification by the American Board of Foot and Ankle Surgery (ABFAS)?

MISSOURI: Missouri Board of Podiatric Medicine

- I would like to learn more about Adapting to an Aging/Retiring Podiatric Workforce and podiatric workforce shortages in general.

NEVADA: Nevada State Board of Podiatry

- Does anyone have universal reciprocity in their state and how does it work?
- Executive Order 2023-004: To the extent an occupation or profession is currently licensed in Nevada but is not subject to licensure requirements in the majority of states (26 or more), licensure shall be presumed to be unnecessary and that board shall provide a recommendation for phasing out such a licensing requirement by July 1, 2023.

NORTH CAROLINA: North Carolina Board of Podiatry Examiners

- I would like to hear from other states who use CE Broker to get their opinions and experience with using the platform.
- We are working to update our rules for CME to allow additional hours of online courses post-pandemic if they are synchronous courses.

OHIO: State Medical Board of Ohio

- **Updates:**
 - Recent revision of the board's podiatric licensure rules (4731-12)
 - "Duty to Report" CME requirement (4731-10-02)
 - Telehealth rules (4731-37-01, 4731-11-09)
- **Questions/Issues:**
 - Licensure Portability/Compact
 - Post-pandemic CME compliance
 - Enforcement of CME requirements (disciplinary and non-disciplinary)

TEXAS: Texas Department of Licensing and Regulation

- APMLE CSPE Part II Update
- Texas HB 1767 is aimed at preventing prejudice against podiatrists in granting privileges: <https://capitol.texas.gov/BillLookup/History.aspx?LegSess=88R&Bill=HB1767>
- Are tensions related to privileges increasing/decreasing?
- Any updates on parity with MD/DO?

UTAH: Utah Board of Podiatric Physicians

- Utah is in the midst of the 2023 General Legislative session. Several bills have been introduced to reduce licensure requirements. None have specifically targeted Podiatry; however, one bill seeks to allow a temporary license to be issued for providers of telehealth.

Quality

Safety

Integrity



Licensure

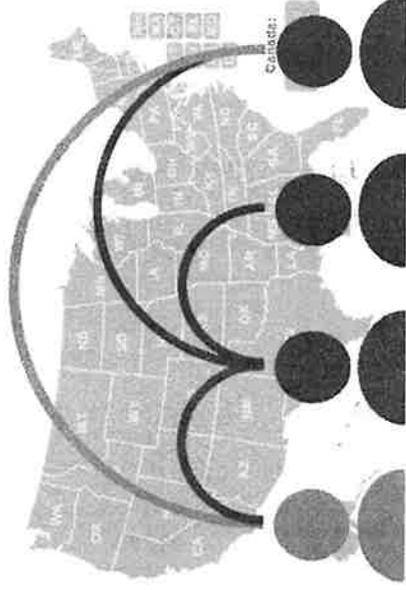
Regulation

Practice

Federation of Podiatric Medical Boards

Fall/Winter Meeting

February 28, 2023 @ 12 PM EST



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Fall/Winter Meeting

ZOOM CONNECTION DETAILS

FOR REGISTERED MEETING PARTICIPANTS ONLY

meet.fpmb.org

Meeting ID: 846 6199 5729

Passcode: 521624

If joining by phone:

- 929-436-2866 (East Coast)
- 312-626-6799 (Central)
- 669-900-6833 (West Coast)

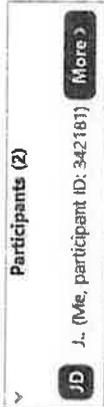
Please connect 5-10 minutes prior to the meeting. This will enable us to enable us to admit you from the waiting room and for the meeting to start promptly at 12 PM EST.

When you enter the Zoom, please change your name to the following format: Name (State).

1. Click on the Participants button



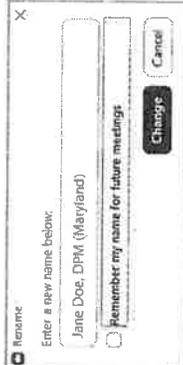
2. Click the More > button



3. Click the Rename option



4. Change your name and click the Change button

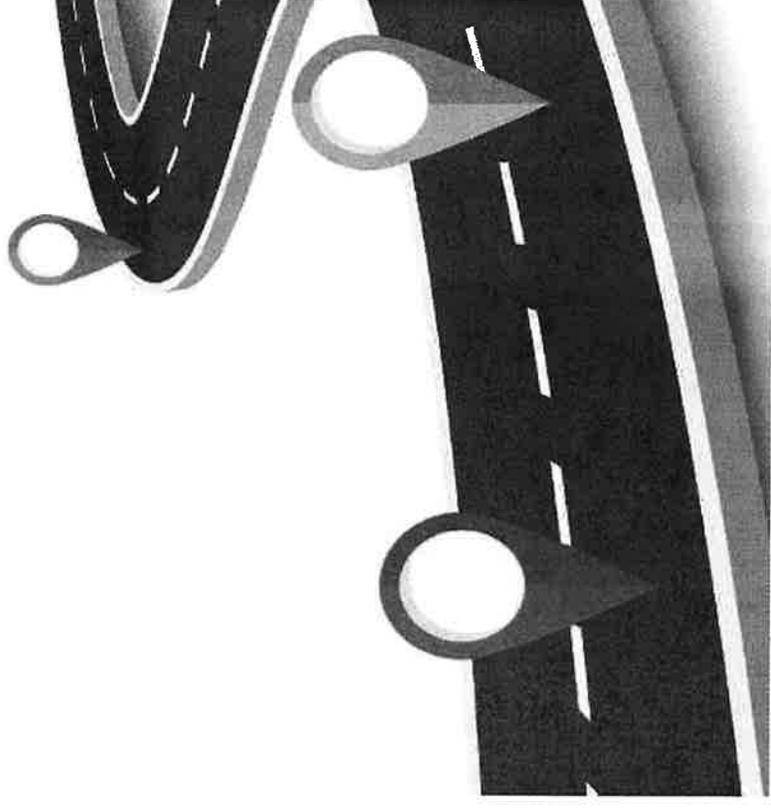


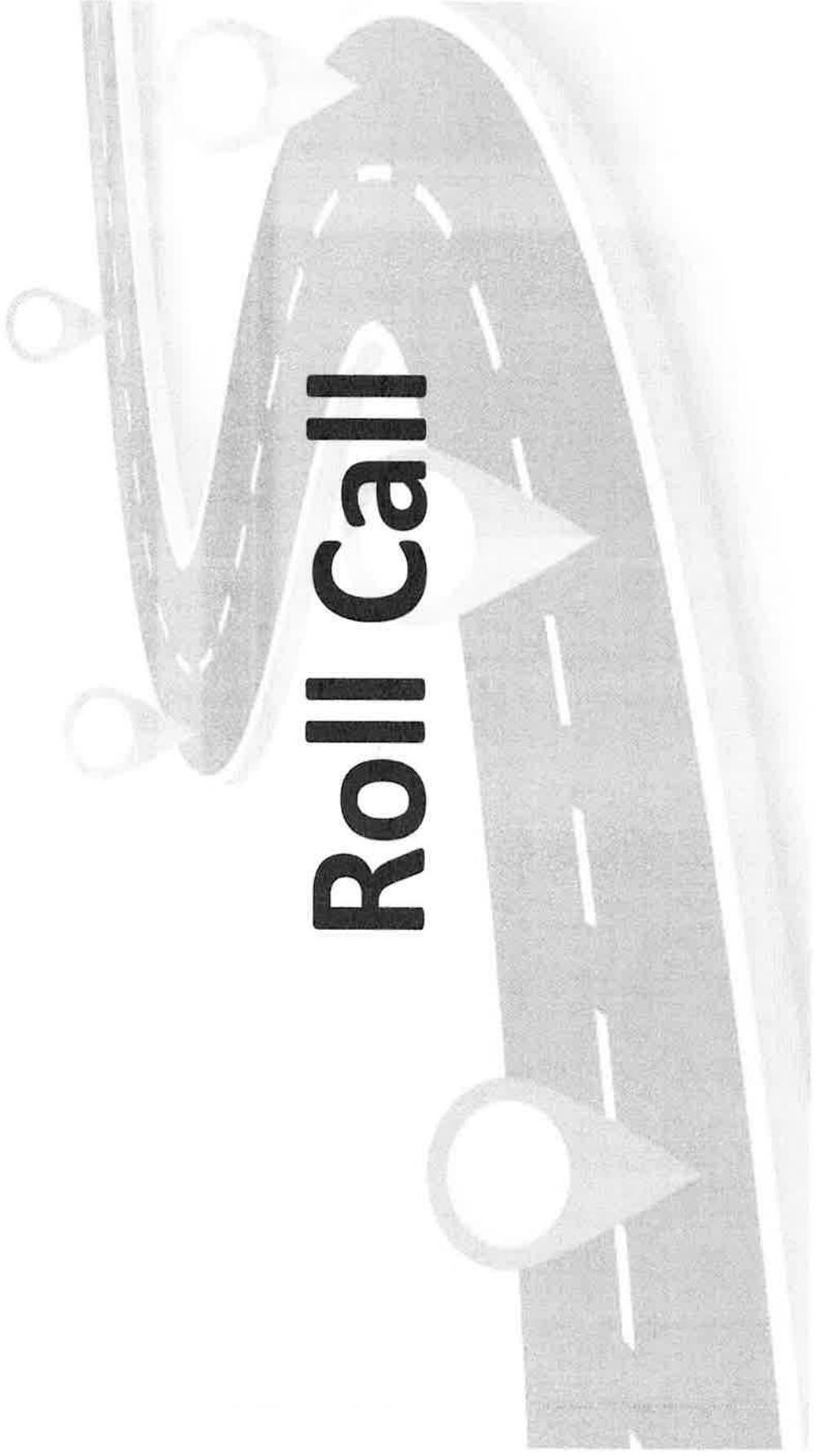


Agenda

Agenda

- Roll Call & Introductory Remarks
- Vision & Mission Statements
- Announcements & Updates
- Member-to-Member Topics Discussion (*Community of Practice Session*)
- Adjournment



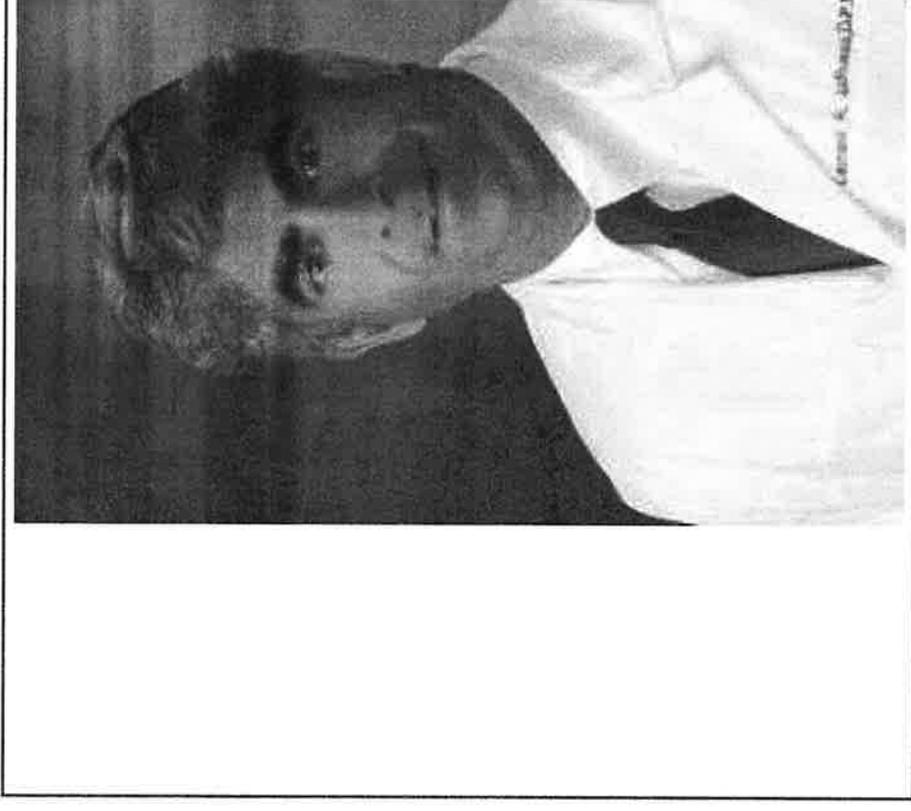


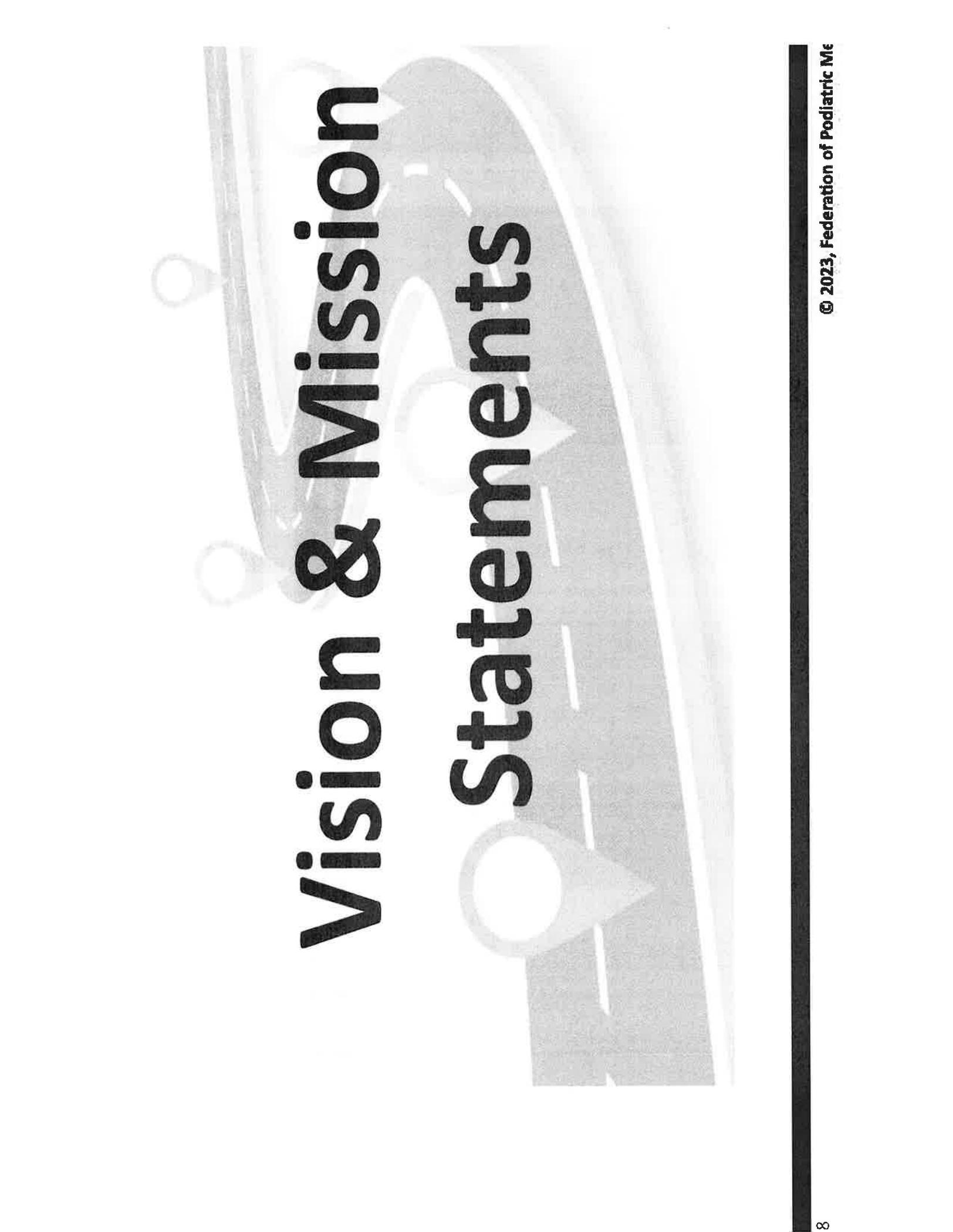
Roll Call

Introductory Remarks

Leonard R. La Russa, DPM

- President, FPMB
- Chair, Georgia State Board of Podiatry Examiners

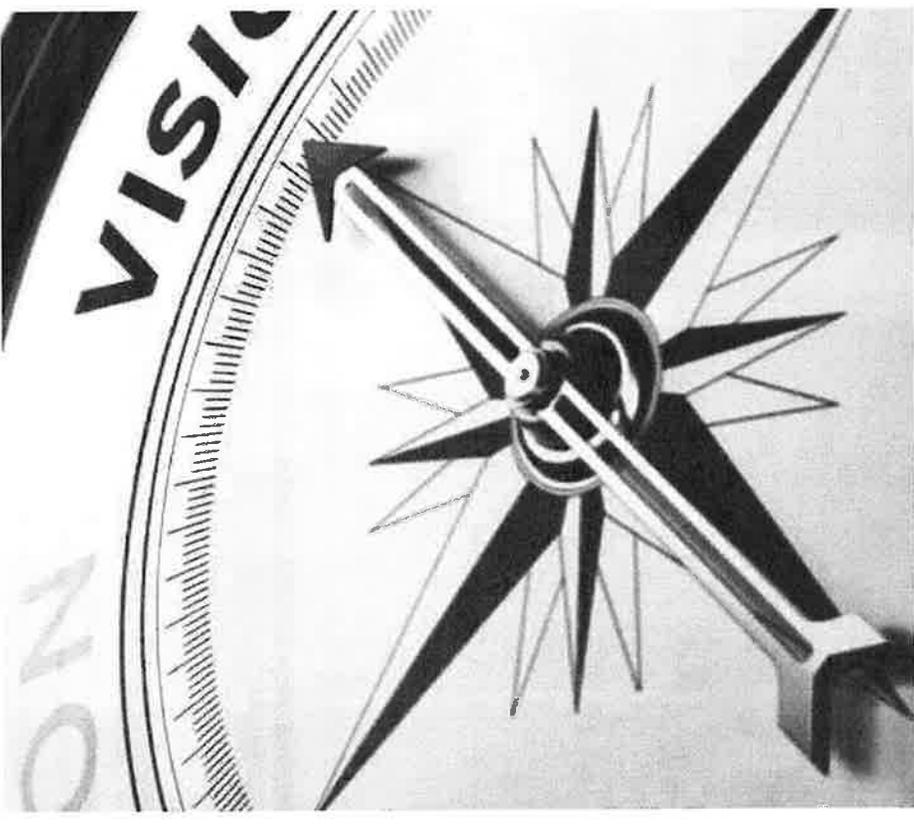


The background of the slide features a grayscale image of a road with white dashed lines curving into the distance. Several location pins are scattered across the road, suggesting a path or journey. The text is overlaid on this background.

Vision & Mission Statements

Vision Statement

**The FPMB is an empowering leader,
helping Member Boards work
independently and collectively
to promote and protect the public's
podiatric health, safety, and welfare.**

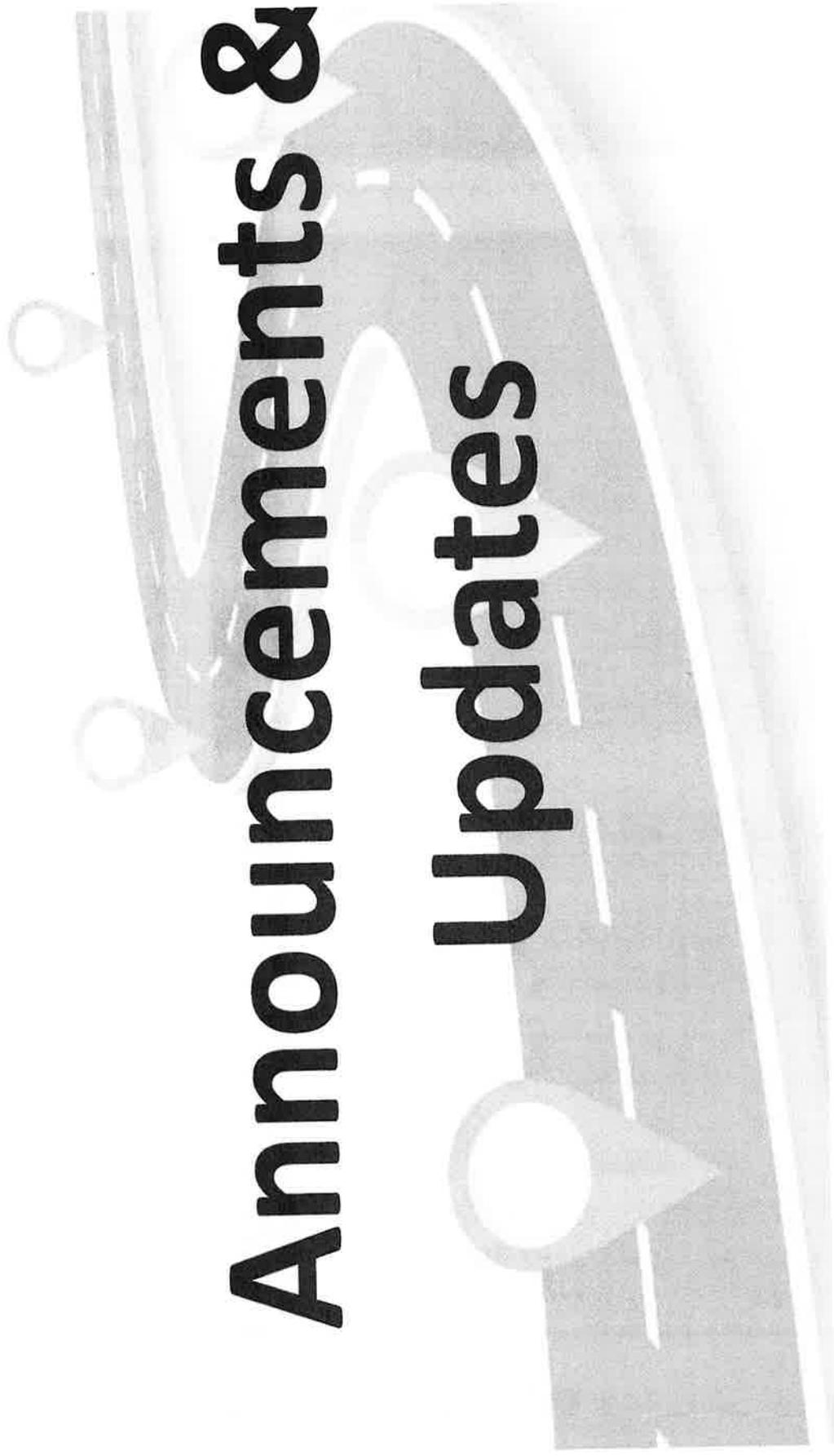


Mission Statement

To be a leader in improving the quality, safety, and integrity of podiatric medical health care by promoting high standards for podiatric physician licensure, regulation, and practice.



Announcements & Updates

A background image showing a road with white dashed lines curving to the right. Several grey location pins are scattered across the road, suggesting a journey or updates along a path.

Licensure: Primary Source Verification

The FPMB is the easiest and fastest part of the licensure process...

- For licensing boards
- For applicants

The FPMB reports all **APMLE** examinations (Part I/II/CSPE/III) results to Member Boards.

“Your platform is the easiest!!”

Online Ordering

Available 24/7/365

Electronic Delivery

FPMB processes within 1 business hour*

Delivery Confirmation

Licensing boards download within 5.47 business hours*

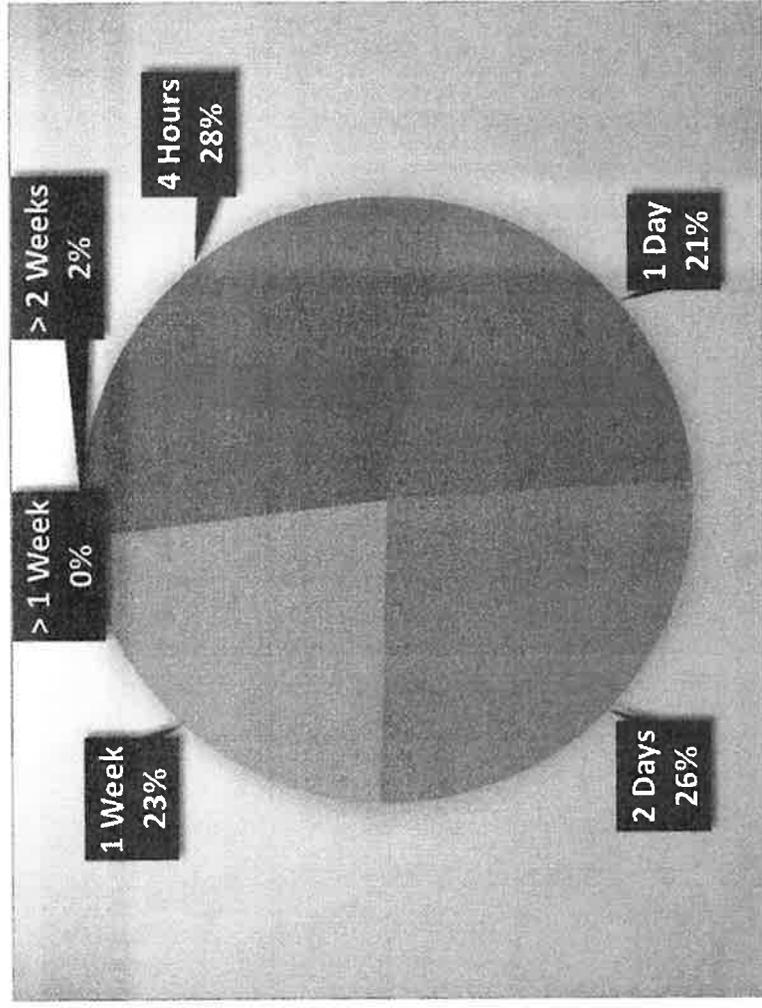
*Median value for 2022



Licensure: Primary Source Verification (cont.)

- Occupational licensure reform seeks to eliminate backlogs of licensing applications.
- Promptly downloading FPMB reports demonstrates efficiency in licensure.
 - 75% of Member Boards downloaded reports within a median of **2 business days***

**Applicant expectations have evolved over time. If Amazon can deliver a physical product in 2 days, a digital product should not take longer to download.*



Member Board report download time in 2022



Podiatric Medical Education

- The Board of Directors of the AACPM is pleased to announce the admittance of the University of Texas Rio Grande Valley (UTRGV) School of Podiatric Medicine (SOPM) into membership in the Association on October 28, 2022.
- The School welcomed its inaugural class of 27 students in August 2022.
- The School of Podiatric Medicine was granted candidate status by the Council on Podiatric Medical Education (CPME) on June 8, 2022.



Podiatric Medical Education (cont.)

- The Board of Directors of the AACPM is pleased to welcome the Lake Erie College of Osteopathic Medicine (LECOM) School of Podiatric Medicine (SPM) as an Association member effective November 29, 2022.
- The School will welcome its inaugural class in August 2023.
- The School of Podiatric Medicine was granted candidate status by the Council on Podiatric Medical Education (CPME) on October 21, 2022.



Podiatric Medical Education (cont.)

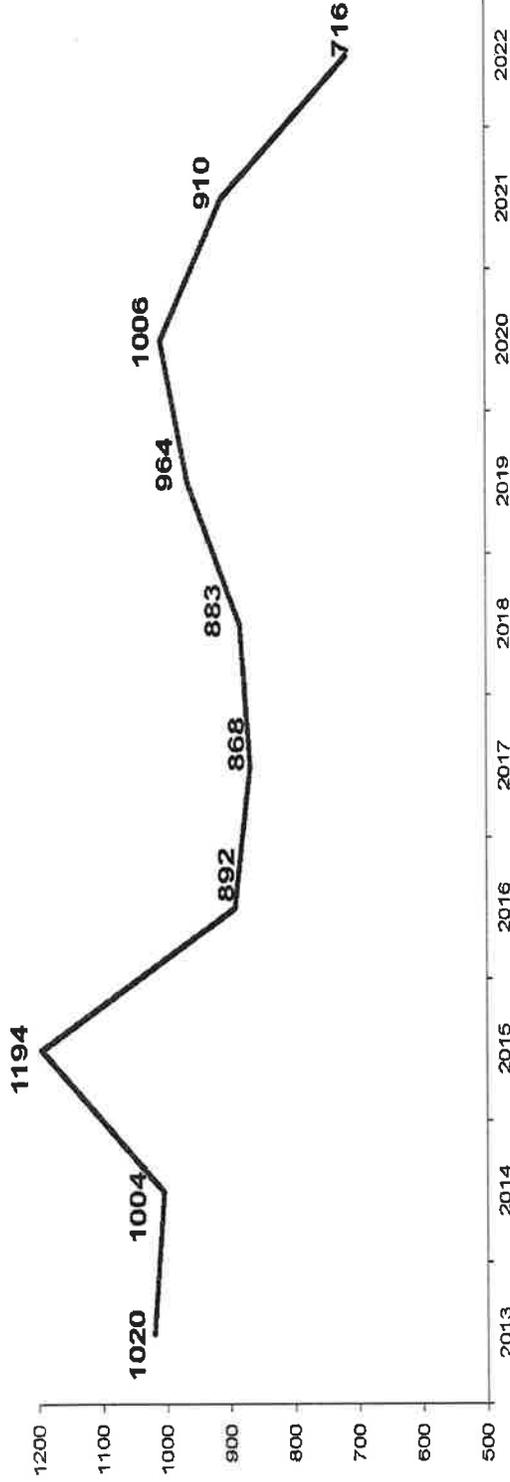


AMERICAN ASSOCIATION OF
COLLEGES OF
PODIATRIC MEDICINE



15850 Crabbs Branch Way Suite 320 Rockville, MD 20855-2622 Tel: 301-948-9760 www.aacpm.org

AACPMS Historical Trends (Applications) 2013 - 2022



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Office of Career Promotion 10-2022



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Podiatric Medical Examinations

APMLE Part II CSPE Examination

- NBPME has formed an advisory group comprised of a wide range of interested parties to consider how best to resume testing of the competencies of:
 - Physician-patient communication and interpersonal skills
 - Data-gathering and history-taking
 - Documentation of the patient encounter
 - Clinical problem-solving and decision-making.
- A new task force has now been set up comprised primarily of clinical faculty from the schools. This group will meet monthly to explore the issues around establishing a testing program based at the schools and report to the broader advisory group.



Podiatric Medical Examinations (cont.)

Test Services Request for Proposals (RFP)

- NBPME has awarded a contract to Meazure, Inc. to begin testing in early 2024.
- The exact timing of the Part II examination around the first of the year for the Class of 2024 is still being resolved.
- The objective is to work closely with AACPM to ensure that scores are reported timely for the Match next spring.



Podiatric Medical Examinations (cont.)

APMA Testing Workgroup

- The two representatives from NBPME to the Testing Workgroup are participating in the study.
- A key concern is to ensure participants do not lose sight of the fact that a licensing test must clearly demonstrate a link to what practitioners actually do in practice.
- This is fundamental to test validity. There can be no basis for testing subjects or domains not directly relevant to safe and effective practice as a podiatrist.



Representation

- FPMB is your voice at a national level on issues that impact the licensure and regulation of podiatric physicians
- FPMB represents Member Boards on American Podiatric Medical Association's Committee on Physician Parity workgroups:
 - Podiatric medical education
 - Podiatric medical testing

apma

Advancing foot and ankle
medicine and surgery



Representation, Collaboration, & Communication

- FPMB is a member of the Federation of State Medical Boards.
- FPMB Board of Directors are meeting at the May 2023 FSMB Annual Meeting and House of Delegates.
 - *FSMB welcomes Board and staff from podiatric medical boards.*
- FSMB webinars are available to podiatric medical boards too.
 - *Often listed in FPMB News Digest*



Important Dates/Reminders

- **FSMB Annual Meeting & House of Delegates**

- May 4 - 6, 2023 (Minneapolis, MN)

- **FPMB Board of Directors Meeting**

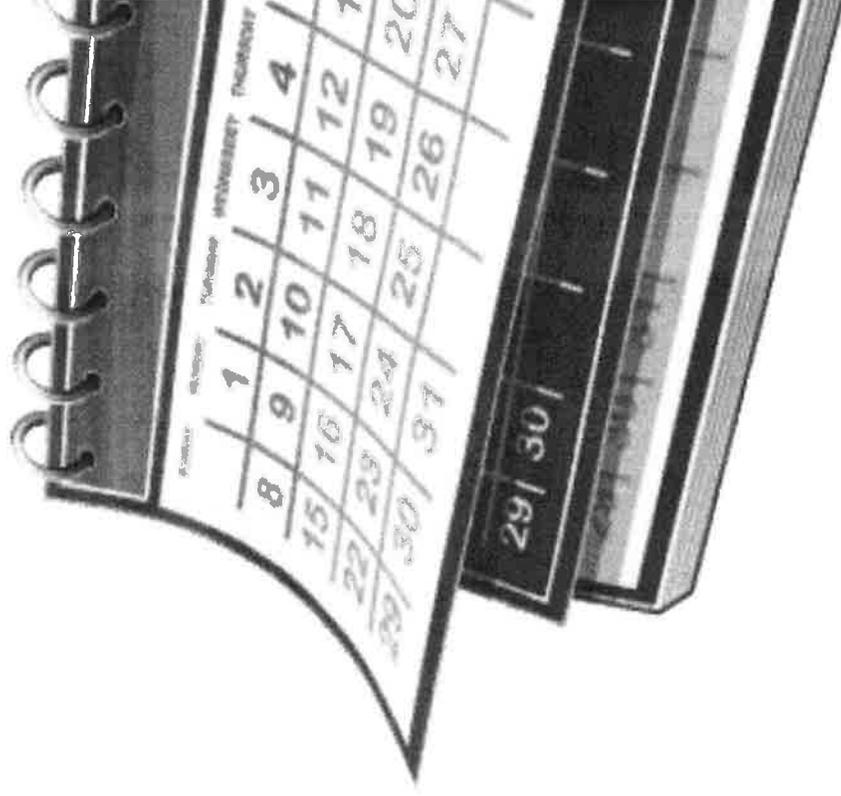
- May 5 & 6, 2023 @ FSMB Ann. Mtg.

- **APMLE Part III Score Release**

- June 8, 2023

- **FPMB Annual Meeting**

- TBD by poll: Late May or June 2023



Member-to-Member

Topics Discussion

(Community of Practice Session)



Definition

- Fall/Winter Meetings offer FPMB Member Boards a unique opportunity to deepen knowledge about podiatric medical licensure and regulation
- Meeting participants learn from others while contributing so that others learn from them

UNIQUE PERSPECTIVES

FPMB & Member Boards

Board Members & Staff

Podiatry-Specific &
Multidisciplinary Boards

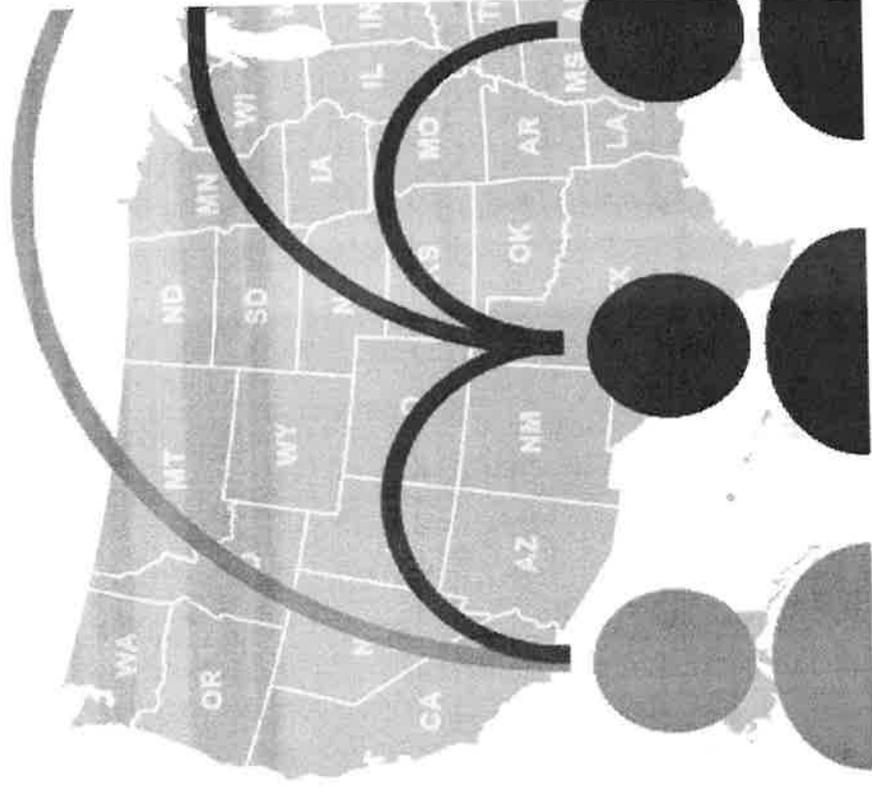
Large & Small DPM Populations

Coast-to-Coast



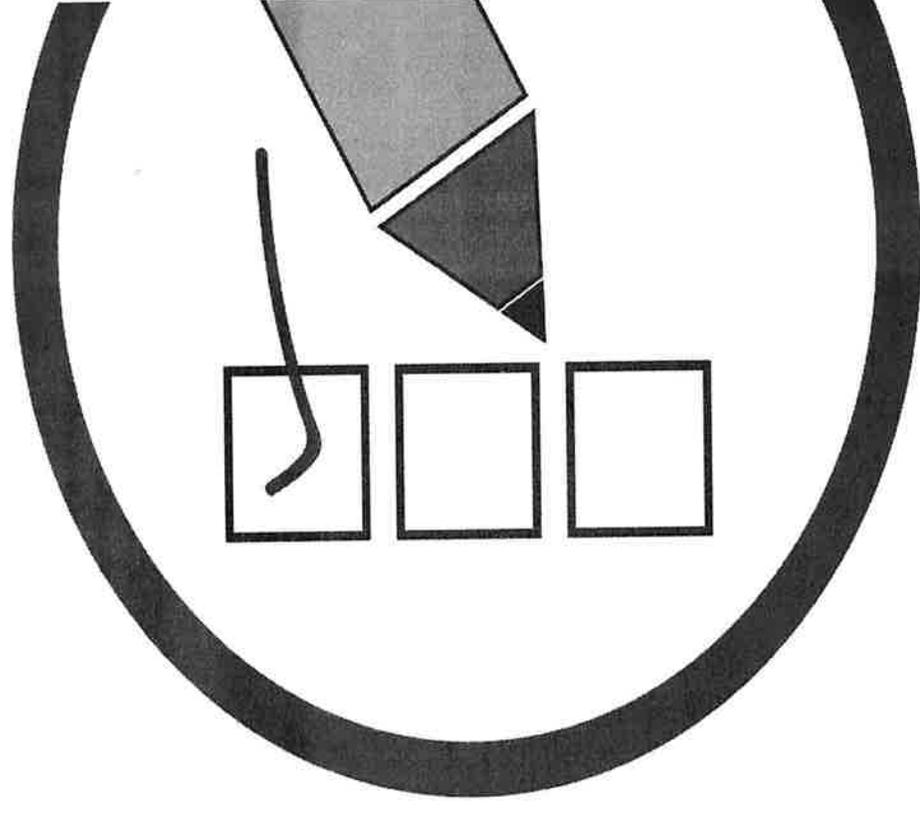
Interaction Tips

- **Your engagement is welcomed and appreciated.**
- Use Zoom’s “Raise Hand” feature when you wish to speak.
- Mute microphone when finished speaking.
- Use Zoom’s “Chat” feature to provide helpful information and/or links to resources.



Topics for Consideration *(alphabetical order)*

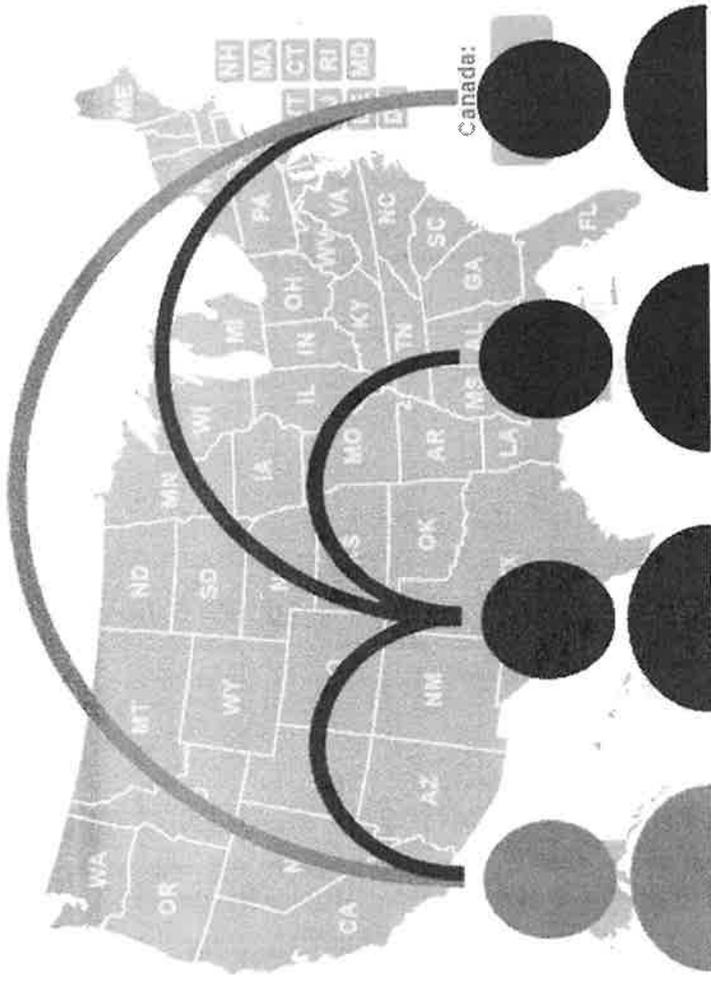
- Board Structure, Governance, and Operations
- Continuing Education
- License Portability
- Licensure & Regulation
- Occupational Licensure Reform
- Podiatric Workforce
- Technology



Meeting participants will vote to determine which topics are dis

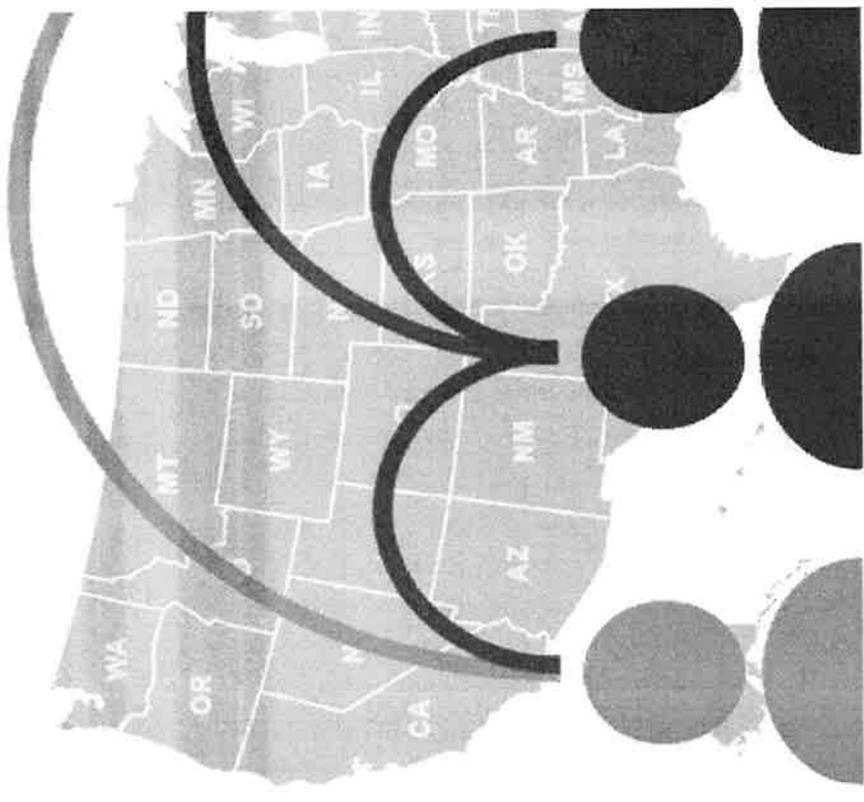
Board Structure, Governance, and Operations

- Public Members
 - GA, IL
- Vacancies
 - DC
- Board Member Training
 - AZ
- Separate vs. Combined
 - IL
- License Fees & Funding
 - AZ



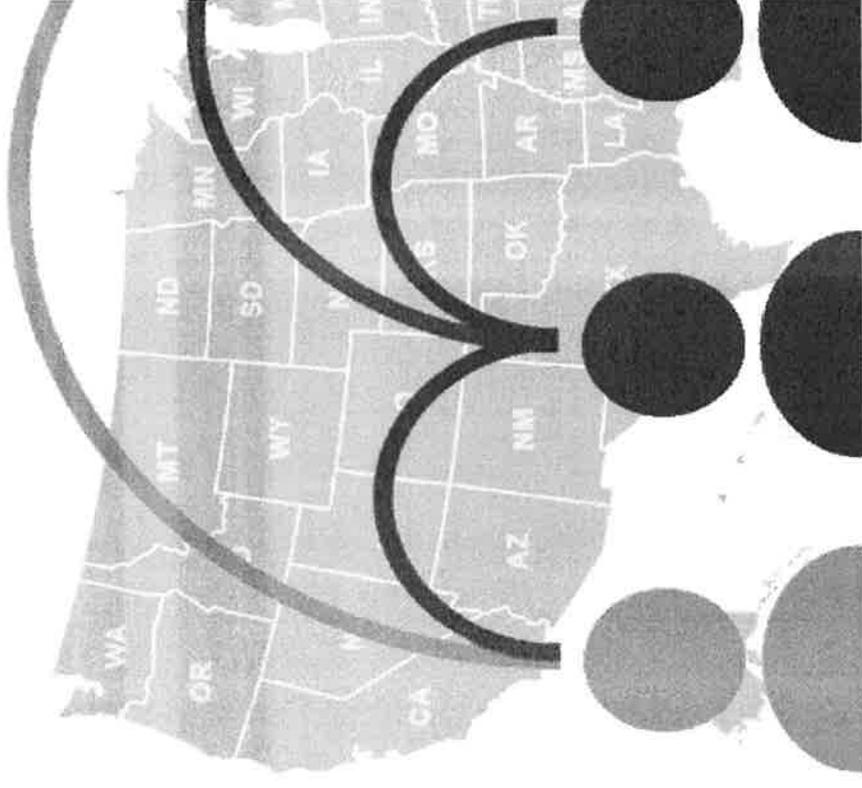
License Portability

- Reciprocity
 - CA, IL, NV
- Compacts
 - OH



Licensure & Regulation

- Scope of Practice
 - BC, DC
- Credentials
 - MD
- Privileges / Board Certification
 - IL, TX
- Additional Sub-Topics
 - AK, AZ, GA, KS, MD, OH, TX, UT



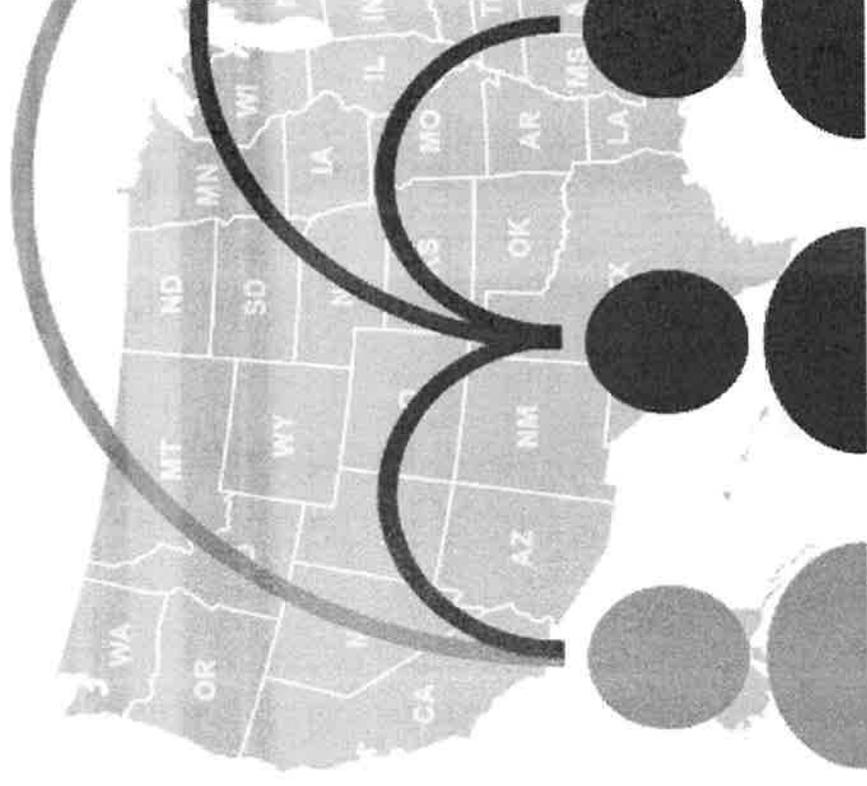
Podiatric Workforce

- Aging/Retiring Workforce

- KS, MO, NV

- Student Pipeline

- NV



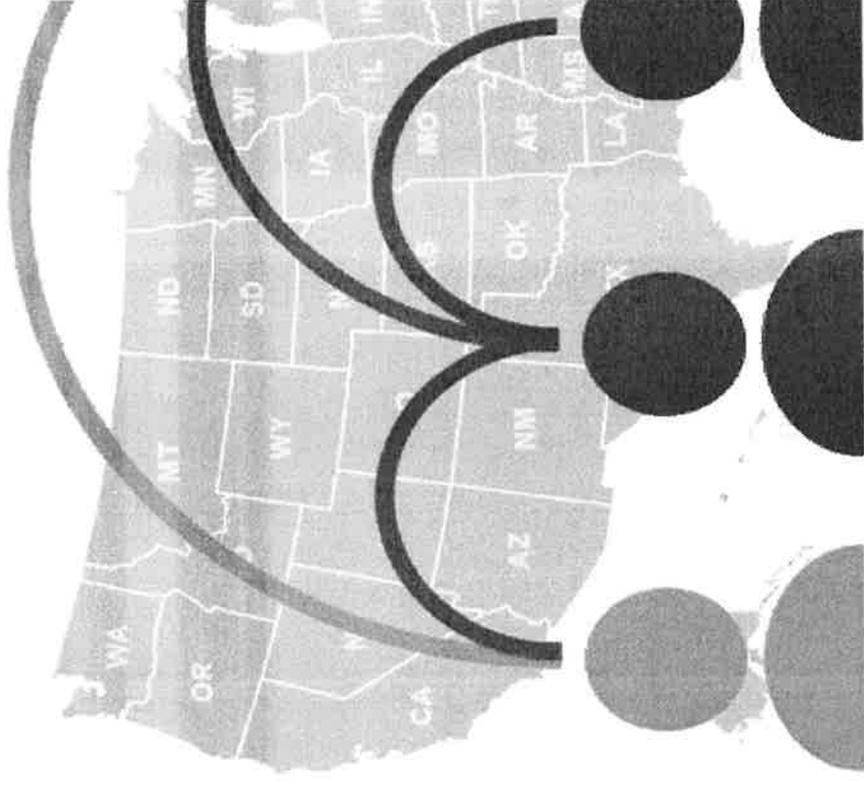
Technology

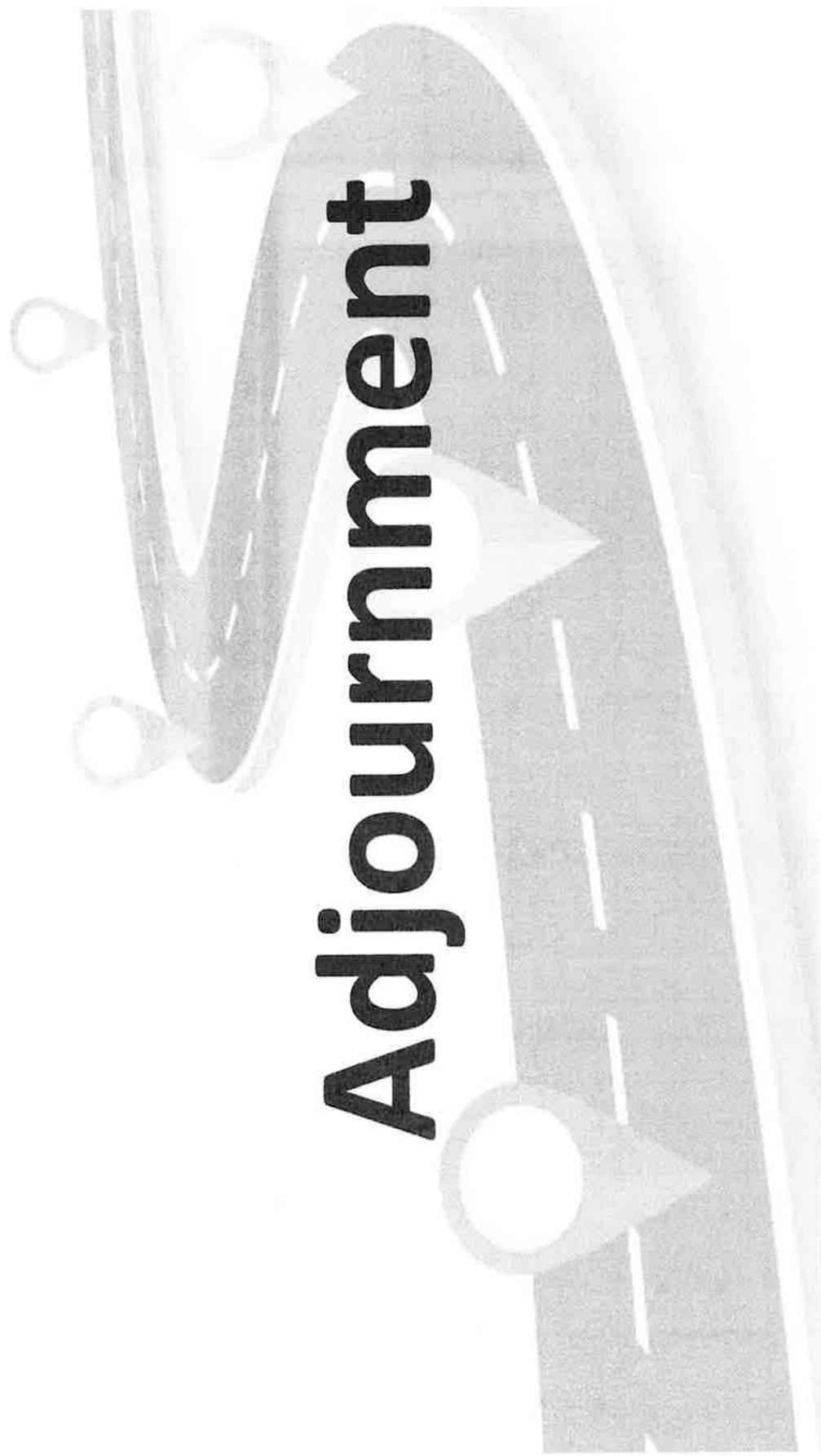
- Artificial Intelligence

- FL

- Electronic Licensing

- FL





Adjournment

Quality

Safety

Integrity



Licensure

Regulation

Practice

FPMB is an empowering leader, helping Member Boards work independently and collectively to promote and protect the public's podiatric health, safety, and welfare.

FPMB & Member Boards: Working together ...

Thank you very much for your preparation, participation, and engagement.

We Need YOUR Feedback!

A survey link will be emailed to you. Your important feedback is welcomed and appreciated.

... to protect the public & serve the profession with excellence

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Is It Reportable?

A practitioner is meeting with the state's licensing or certification authority to discuss options for entering into an impaired practitioner program. The practitioner receives a recommendation to enter into the program. Should the practitioner's entry into the program be reported to the NPDB by the licensing or certification authority?

If a practitioner voluntarily enters a treatment or rehabilitation program at the direction or suggestion of a licensing or certification authority and 1) no action is taken, or 2) there is no surrender of the license or an agreement not to practice, a report **should not** be submitted to the NPDB.

If 1) a licensure or certification action is taken (such as a probation, suspension, etc.) or 2) the practitioner surrenders or agrees to refrain from practicing and the practitioner enters a treatment or rehabilitation program as a requirement of the action, the licensing or certification authority **must report** the action to the NPDB. The fact that the practitioner entered a drug or alcohol treatment program however should remain confidential.