BOARD OF PODIATRIC MEDICAL EXAMINERS

OPEN SESSION MEETING

AGENDA

May 14, 2020

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. **Roll Call**
2. **Approval of minutes from the March 12, 2020 meeting** **Tab A**

B. BOARD PRESIDENT'S REPORT

C. EXECUTIVE DIRECTOR'S REPORT

D. OLD BUSINESS:

1. **SB 166- Drugs and Devices - Electronic Prescriptions - Controlled Dangerous Substances** **Tab B**
2. **PDMP Proposed Regulations- Report by Anna Gribble** **Tab C**
3. **Discussion regarding Telehealth**

E. NEW BUSINESS:

1. **Requests concerning changes for the categories and number of CME credits for the 2022-2023 renewal of license period** **Tab D**
2. **Virtual interactive podiatric medicine specific CME's; can they be considered as the in-person CME category, instead of the one way non-interactive podiatry specific webinars? Tab E**
3. **NPDB Insights** **Tab F**
4. **Review eligibility for FULL License:**
    a. **Nelson Maniscalco, DPM**
    b. **Alex Mattia, DPM**

SENATE BILL 166

J1

0lr0770

By: **Senator Kelley**
Introduced and read first time: January 13, 2020
Assigned to: Finance

Committee Report: Favorable with amendments
Senate action: Adopted
Read second time: March 4, 2020

CHAPTER _____

AN ACT concerning

Drugs and Devices – Electronic Prescriptions – Controlled Dangerous Substances

FOR the purpose of authorizing certain controlled dangerous substance prescriptions to be dispensed on an electronic prescription; requiring, except under certain circumstances, a certain health practitioner to issue a prescription for a controlled dangerous substance electronically; authorizing an authorized prescriber to issue a written or oral prescription for a controlled dangerous substance only under certain circumstances; requiring the Secretary of Health, in collaboration with the Maryland Health Care Commission, to adopt certain regulations regarding a certain waiver that includes certain provisions; authorizing the Secretary to issue a waiver that applies generally to a certain group of health practitioners or drugs; providing that a certain waiver shall apply to a certain health practitioner without requiring the health practitioner to go through a certain process; authorizing the Secretary to adopt certain regulations regarding certain exceptions to the requirement to issue an electronic prescription; requiring a certain health occupations board to take certain action against a health practitioner who violates certain provisions of this Act; authorizing a pharmacist to dispense a drug on a prescription transmitted in a certain manner under certain circumstances; providing that a pharmacist who receives certain prescriptions is not required to verify certain information about the prescription; altering the circumstances under which a pharmacist may refill and dispense a prescription; ~~requiring the Maryland Health Care Commission to convene a certain workgroup; requiring the workgroup to study, evaluate, and make recommendations on certain matters; requiring the workgroup to report its findings and recommendations to certain committees of the General Assembly on or before a~~

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**
[Brackets**]** indicate matter deleted from existing law.
Underlining indicates amendments to bill.
~~Strike-out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

~~certain date;~~ making conforming changes; providing for the construction of certain provisions of this Act; defining a certain term; providing for a delayed effective date; ~~providing for the termination of certain provisions of this Act;~~ and generally relating to electronic prescriptions for controlled dangerous substances.

BY repealing and reenacting, without amendments,
Article – Correctional Services
Section 1–101(a) and (d)
Annotated Code of Maryland
(2017 Replacement Volume and 2019 Supplement)

BY repealing and reenacting, without amendments,
Article – Criminal Law
Section 5–101(a)
Annotated Code of Maryland
(2012 Replacement Volume and 2019 Supplement)

BY adding to
Article – Criminal Law
Section 5–101(p–1)
Annotated Code of Maryland
(2012 Replacement Volume and 2019 Supplement)

BY repealing and reenacting, with amendments,
Article – Criminal Law
Section 5–501, 5–504, and 5–701
Annotated Code of Maryland
(2012 Replacement Volume and 2019 Supplement)

BY repealing and reenacting, with amendments,
Article – Health – General
Section 21–220
Annotated Code of Maryland
(2019 Replacement Volume)

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

Article – Correctional Services

1–101.

(a) In this article the following words have the meanings indicated.

(d) "Correctional facility" means a facility that is operated for the purpose of detaining or confining adults who are charged with or found guilty of a crime.

Article – Criminal Law

5–101.

(a) In this title the following words have the meanings indicated.

(P–1) "ELECTRONIC PRESCRIPTION" MEANS A PRESCRIPTION THAT:

(1) IS GENERATED ON AN ELECTRONIC APPLICATION AND TRANSMITTED AS AN ELECTRONIC DATA FILE; AND

(2) IF THE PRESCRIPTION IS FOR A CONTROLLED DANGEROUS SUBSTANCE, COMPLIES WITH THE REQUIREMENTS OF 21 C.F.R. PART 1306.

5–501.

(a) Except as provided in subsection (b) of this section, a person may not dispense a controlled dangerous substance without a written prescription **OR AN ELECTRONIC PRESCRIPTION** from an authorized provider if the substance is:

(1) listed in Schedule II; and

(2) a drug to which § 21–220 of the Health – General Article applies.

(b) A controlled dangerous substance to which subsection (a) of this section applies may be dispensed without a written prescription **OR AN ELECTRONIC PRESCRIPTION** by:

(1) an authorized provider who:

(i) is not a pharmacist; and

(ii) dispenses the controlled dangerous substance directly to an ultimate user; or

(2) a pharmacist if:

(i) an emergency exists;

(ii) the pharmacist dispenses the drug under regulations of the Department on an oral prescription that the pharmacist reduces promptly to writing and keeps on file; and

(iii) federal law authorizes the oral prescription.

(c) A prescription for a controlled dangerous substance listed in Schedule II shall be kept on file in conformity with the requirements for records and inventories under § 5–306 of this title.

(d) A person may not refill a prescription for a controlled dangerous substance listed in Schedule II.

5–504.

(a) Except when dispensed directly to an ultimate user by an authorized provider who is not a pharmacist, a controlled dangerous substance listed in Schedule III or Schedule IV that is a drug to which § 21–220 of the Health – General Article applies may not be dispensed without a written **PRESCRIPTION, AN ELECTRONIC PRESCRIPTION,** or **AN** oral prescription.

(b) Unless renewed by the authorized provider, the prescription may not be:

(1) filled or refilled more than 6 months after the date of prescription; or

(2) refilled more than five times.

5–701.

(a) Sections 5–701 through 5–704 of this subtitle apply to:

(1) the sale of prescription drugs by a manufacturer, wholesale distributor, retail pharmacist, or jobber to a person not legally qualified or authorized to purchase and hold prescription drugs for use or resale; and

(2) an authorized provider's assistant who is not licensed to administer prescription drugs.

(b) A person may not dispense a prescription drug except:

(1) on an authorized provider's:

(I) ELECTRONIC PRESCRIPTION;

[(i)**]** **(II)** written prescription; or

[(ii)**]** **(III)** oral prescription that the pharmacist reduces to writing and files; or

(2) by refilling a written **PRESCRIPTION, AN ELECTRONIC PRESCRIPTION,** or **AN** oral prescription that is authorized:

(i) by the authorized provider in the original prescription; or

(ii) by oral direction that the pharmacist reduces to writing and files.

(c) A person may not dispense a prescription drug by filling or refilling a written **PRESCRIPTION, AN ELECTRONIC PRESCRIPTION,** or **AN** oral prescription of an authorized provider unless the drug bears a label that, in addition to any requirements of the Department or federal law, contains:

(1) the name and address of the dispenser;

(2) the serial number and date of the prescription;

(3) the name of the authorized provider; and

(4) if stated in the prescription, the name and address of the patient and the directions for use.

(d) Except as otherwise provided under this title, a person may not:

(1) manufacture, distribute, or possess with intent to distribute a prescription drug;

(2) affix a false or counterfeit label to a package, container, or other receptacle containing a prescription drug;

(3) omit, remove, alter, or obliterate a label or symbol that is required by federal, State, or local law on a prescription drug; or

(4) obtain or attempt to obtain a prescription drug by:

(i) fraud, deceit, or misrepresentation;

(ii) the counterfeiting or altering of a prescription or written order;

(iii) concealing a material fact;

(iv) using a false name or address;

(v) falsely assuming the title of or falsely representing that the person is a manufacturer, distributor, or authorized provider; or

(vi) making or issuing a false or counterfeit prescription or written order.

(e) A person who violates this section is guilty of a misdemeanor and on conviction is subject to imprisonment not exceeding 2 years or a fine not exceeding $1,000 or both.

Article – Health – General

21–220.

(a) A drug that is intended for use by human beings and is in any of the following classifications may be dispensed by a pharmacist only on a written **PRESCRIPTION, AN ELECTRONIC PRESCRIPTION,** **AS DEFINED IN § 5–101 OF THE CRIMINAL LAW ARTICLE,** or **AN** oral prescription from a health practitioner authorized by law to prescribe the drug:

(1) A habit–forming drug to which § 21–218(b)(1) of this subtitle applies.

(2) A drug that because of its toxicity or other potentiality for harmful effect, the method of its use, or the collateral measures necessary to its use, is not safe for use except under the supervision of a health practitioner who is authorized by law to administer such a drug.

(3) A drug that is limited by an approved application under § 355 of the federal act or § 21–223 of this subtitle to use under the professional supervision of a health practitioner authorized by law to administer such a drug.

(b) (1) **[**A**]** **SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION AND** ~~**EXCEPT AS PROVIDED IN**~~ **SUBSECTION (C) OF THIS SECTION,** A prescription may be written or oral **OR MADE THROUGH AN ELECTRONIC PRESCRIPTION**.

(2) **[**However, a**]** **A** pharmacist may not dispense a drug on an oral prescription unless the pharmacist promptly writes out and files the prescription.

(C) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, A HEALTH PRACTITIONER AUTHORIZED BY LAW TO PRESCRIBE A CONTROLLED DANGEROUS SUBSTANCE WITHIN THE MEANING OF TITLE 5 OF THE CRIMINAL LAW ARTICLE SHALL ISSUE A PRESCRIPTION ~~**ELECTRONICALLY**~~ **FOR A CONTROLLED DANGEROUS SUBSTANCE USING AN ELECTRONIC PRESCRIPTION, AS DEFINED IN § 5–101 OF THE CRIMINAL LAW ARTICLE.**

(2) A HEALTH PRACTITIONER MAY ISSUE A WRITTEN OR, IF AUTHORIZED BY STATE AND FEDERAL LAW, ORAL PRESCRIPTION FOR A CONTROLLED DANGEROUS SUBSTANCE ONLY IF:

(I) ELECTRONIC PRESCRIBING IS NOT AVAILABLE DUE TO TEMPORARY TECHNOLOGICAL OR ELECTRICAL FAILURE;

(II) THE PRESCRIPTION IS TO BE DISPENSED BY A PHARMACY LOCATED OUTSIDE THE STATE;

~~(III) THE PRESCRIBING ENTITY AND DISPENSING ENTITY OF THE DRUG OR DEVICE ARE THE SAME;~~

(III) THE PRESCRIPTION IS ISSUED BY A HEALTH PRACTITIONER OUTSIDE THE STATE;

(IV) THE HEALTH PRACTITIONER IS PRESCRIBING AND DISPENSING THE CONTROLLED DANGEROUS SUBSTANCE DIRECTLY TO THE PATIENT;

(V) THE PRESCRIPTION IS BEING DISPENSED DIRECTLY TO THE PATIENT IN ACCORDANCE WITH § 12–102(C)(2)(IV) OF THE HEALTH OCCUPATIONS ARTICLE;

~~(IV)~~ (VI) THE PRESCRIPTION IS FOR AN INDIVIDUAL WHO:

1. RESIDES IN A NURSING OR ASSISTED LIVING FACILITY;

2. IS RECEIVING CARE THROUGH A HOSPICE OR PALLIATIVE CARE PROGRAM AND THE PRESCRIPTION IS RELATED TO THE CARE PROVIDED; ~~OR~~

3. IS RECEIVING CARE AT AN OUTPATIENT RENAL DIALYSIS FACILITY AND THE PRESCRIPTION IS RELATED TO THE CARE PROVIDED; OR

4. IS DETAINED OR CONFINED OR IN A CORRECTIONAL FACILITY, AS DEFINED IN § 1–101 OF THE CORRECTIONAL SERVICES ARTICLE;

~~(V)~~ (VII) THE PRESCRIPTION IS ISSUED BY A LICENSED VETERINARIAN;

~~(VI)~~ (VIII) THE PRESCRIPTION INCLUDES ELEMENTS THAT ARE NOT SUPPORTED BY THE MOST RECENT VERSION OF THE NATIONAL COUNCIL FOR PRESCRIPTION DRUG PROGRAMS PRESCRIBER/PHARMACIST INTERFACE SCRIPT STANDARD;

~~(VII)~~ (IX) THE PRESCRIPTION IS ISSUED FOR A DRUG FOR WHICH THE FEDERAL FOOD AND DRUG ADMINISTRATION REQUIRES THE PRESCRIPTION TO CONTAIN CERTAIN ELEMENTS THAT CANNOT BE TRANSMITTED ELECTRONICALLY;

~~(VIII) THE PRESCRIPTION IS NOT SPECIFIC TO ONE PATIENT, INCLUDING PRESCRIPTIONS THAT ARE:~~

~~1. IN ACCORDANCE WITH A STANDING ORDER;~~

~~2. FOR AN APPROVED PROTOCOL FOR DRUG THERAPY;~~

~~3. FOR COLLABORATIVE DRUG MANAGEMENT;~~

~~4. FOR COMPREHENSIVE MEDICATION MANAGEMENT; OR~~

~~5. IN RESPONSE TO A PUBLIC HEALTH EMERGENCY;~~

~~(IX)~~ (X) THE PRESCRIPTION PRESCRIBES A DRUG UNDER A RESEARCH PROTOCOL;

~~(X)~~ (XI) THE PRESCRIPTION IS ISSUED BY A HEALTH PRACTITIONER WHO HAS RECEIVED A WAIVER UNDER SUBSECTION (D)(1) OF THIS SECTION;

~~(XI)~~ (XII) THE PRESCRIPTION IS ISSUED BY A HEALTH PRACTITIONER WHO REQUESTED A WAIVER UNDER SUBSECTION (D)(1) OF THIS SECTION AND THE DEPARTMENT HAS NOT ISSUED A WAIVER TO THE PRACTITIONER OR HAS NOT REJECTED THE PRACTITIONER'S REQUEST FOR A WAIVER;

~~(XII)~~ (XIII) THE HEALTH PRACTITIONER ISSUING THE PRESCRIPTION OR THE DRUG FOR WHICH THE PRESCRIPTION IS ISSUED FALLS UNDER A WAIVER ISSUED BY THE SECRETARY UNDER SUBSECTION (D)(2) OF THIS SECTION;

~~(XIII)~~ (XIV) THE PRESCRIPTION IS ISSUED BY A HEALTH PRACTITIONER WHO WRITES A LOW VOLUME OF PRESCRIPTIONS FOR CONTROLLED DANGEROUS SUBSTANCES, AS DETERMINED BY THE MARYLAND HEALTH CARE COMMISSION; OR

~~(XIV)~~ (XV) THE PRESCRIPTION IS ISSUED BY A HEALTH PRACTITIONER UNDER CIRCUMSTANCES IN WHICH, ALTHOUGH THE PRACTITIONER HAS THE ABILITY TO ISSUE AN ELECTRONIC PRESCRIPTION AS REQUIRED BY PARAGRAPH (1) OF THIS SUBSECTION, THE HEALTH PRACTITIONER REASONABLY DETERMINES THAT:

1. IT WOULD BE IMPRACTICABLE FOR THE PRACTITIONER TO PRESCRIBE THE DRUG OR DEVICE BY ELECTRONIC PRESCRIPTION IN A TIMELY MANNER; AND

2. THE DELAY WOULD ADVERSELY IMPACT THE PATIENT'S MEDICAL CONDITION.

(3) THIS SUBSECTION MAY NOT BE CONSTRUED TO LIMIT THE RIGHT OF A PATIENT TO DESIGNATE A SPECIFIC PHARMACY TO DISPENSE A PRESCRIBED DRUG OR DEVICE TO THE INDIVIDUAL.

(D) (1) THE SECRETARY SHALL ADOPT REGULATIONS, IN COLLABORATION WITH THE MARYLAND HEALTH CARE COMMISSION, TO ESTABLISH A PROCESS FOR THE DEPARTMENT TO ISSUE A WAIVER FROM THE ELECTRONIC PRESCRIPTION REQUIREMENTS IN SUBSECTION (C)(1) OF THIS SECTION.

(2) (I) THE SECRETARY MAY ISSUE A WAIVER THAT APPLIES GENERALLY TO A GROUP OF HEALTH PRACTITIONERS OR DRUGS THAT MEET CONDITIONS SPECIFIED BY THE SECRETARY.

(II) ANY WAIVER ISSUED UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH FOR A GROUP OF HEALTH PRACTITIONERS SHALL APPLY TO A HEALTH PRACTITIONER IN THAT GROUP WITHOUT REQUIRING THE HEALTH PRACTITIONER TO GO THROUGH THE PROCESS ESTABLISHED IN REGULATIONS UNDER PARAGRAPH (1) OF THIS SUBSECTION.

(3) EXCEPT FOR A WAIVER ISSUED UNDER PARAGRAPH (2) OF THIS SUBSECTION, THE REGULATIONS ADOPTED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL SPECIFY THAT A WAIVER:

(I) MAY NOT EXCEED 1 YEAR; AND

(II) MAY BE GRANTED FOR THE FOLLOWING REASONS:

1. ECONOMIC HARDSHIP;

2. TECHNOLOGICAL LIMITATIONS THAT ARE NOT REASONABLY WITHIN THE CONTROL OF THE HEALTH PRACTITIONER; OR

3. ANY OTHER EXCEPTIONAL CIRCUMSTANCES AS DEMONSTRATED BY THE HEALTH PRACTITIONER.

(4) THE SECRETARY MAY ADOPT REGULATIONS ON:

(I) WHICH TEMPORARY TECHNOLOGICAL OR ELECTRICAL FAILURES CONSTITUTE AN EXCEPTION TO THE REQUIREMENT TO ISSUE AN ELECTRONIC PRESCRIPTION UNDER SUBSECTION (C)(1) OF THIS SECTION; AND

(II) THE CIRCUMSTANCES UNDER WHICH A HEALTH PRACTITIONER IS EXEMPT FROM THE REQUIREMENT TO ISSUE AN ELECTRONIC PRESCRIPTION UNDER SUBSECTION (C)(1) OF THIS SECTION BECAUSE THE PRESCRIPTION WILL BE DISPENSED BY A PHARMACY LOCATED OUTSIDE THE STATE.

(E) THE APPROPRIATE HEALTH OCCUPATIONS BOARD ESTABLISHED UNDER THE HEALTH OCCUPATIONS ARTICLE ~~SHALL~~ MAY TAKE DISCIPLINARY ACTION AGAINST A HEALTH PRACTITIONER WHO VIOLATES SUBSECTION (C) OF THIS SECTION.

(F) (1) A PHARMACIST MAY DISPENSE A DRUG ON A WRITTEN OR ORAL PRESCRIPTION FOR A CONTROLLED DANGEROUS SUBSTANCE THAT MEETS THE REQUIREMENTS OF THIS SECTION.

(2) A PHARMACIST WHO RECEIVES A WRITTEN OR ORAL PRESCRIPTION IS NOT REQUIRED TO VERIFY THAT THE PRESCRIPTION IS AN AUTHORIZED EXCEPTION TO THE ELECTRONIC PRESCRIPTION REQUIREMENT UNDER SUBSECTION (C)(2) OF THIS SECTION.

[(2)**] (G) (1) [**A**]** **IF A** prescription for a controlled dangerous substance within the meaning of Title 5 of the Criminal Law Article **IS WRITTEN, IT** may not be written on a preprinted prescription form that states the name, quantity, or strength of the controlled dangerous substance.

[(3)**] (2)** When a prescription is written, a separate prescription form is required for each controlled dangerous substance. If a pharmacist is otherwise satisfied that a prescription is valid the pharmacist may fill the prescription if the pharmacist promptly writes out and files a prescription for each substance and also files the original prescription.

[(4)**] (3)** A **WRITTEN** prescription shall be legible.

[(c)**] (H)** A pharmacist may not refill and dispense a prescription unless the refilling is authorized by:

(1) The health practitioner's specification in the original prescription as to how many times it may be refilled; ~~[~~or~~]~~

(2) An oral order of the health practitioner that promptly is written out and filed by the pharmacist~~; OR~~

~~(3) AN ELECTRONIC ORDER OF THE HEALTH PRACTITIONER~~.

[(d)**]** **(I)** The dispensing of a drug without complying with the requirements of this section is the dispensing of a misbranded drug.

[(e)**]** **(J)** (1) A drug that is subject to the prescription requirements of this section is misbranded if, at any time before it is dispensed, its label does not bear the statement "Caution: Federal Law Prohibits Dispensing Without Prescription", or "Caution: State Law Prohibits Dispensing Without Prescription".

(2) A drug to which the prescription requirements of this section do not apply is misbranded if, at any time before it is dispensed, its label bears the caution statement quoted in paragraph (1) of this subsection.

[(f)**]** **(K)** (1) The prescription requirements of this section do not apply to any drug that is exempted under a rule or regulation adopted by the Secretary.

(2) The Secretary, by rule or regulation, may exempt any drug from the requirements of this section if the Secretary finds that, as to the drug, the requirements of this section are not necessary for the protection of the public health.

(3) The Secretary, by rule and regulation, may exempt from the requirements of this section any drug that is removed from the prescription requirements of the federal act by a rule or regulation adopted under that act.

~~SECTION 2. AND BE IT FURTHER ENACTED, That:~~

~~(a) The Maryland Health Care Commission shall convene a workgroup of interested stakeholders, including:~~

~~(1) the Maryland Association of Chain Drug Stores;~~

~~(2) the Maryland Pharmacists Association;~~

~~(3) the Maryland State Medical Society;~~

~~(4) the Maryland Hospital Association;~~

~~(5) the Maryland Nurses Association;~~

~~(6) the Maryland State Dental Association;~~

~~(7) the Maryland Affiliate of the American College of Nurse Midwives; and~~

~~(8) the Maryland Society of Oral and Maxillofacial Surgeons.~~

~~(b) The workgroup shall study, evaluate, and make recommendations relating to the implementation of the electronic prescription requirement established under § 21–220(e) of the Health – General Article, as enacted by Section 1 of this Act, including by:~~

~~(1) identifying the successes and challenges of implementing the electronic prescription requirement and the use of prescription drug discount cards; and~~

~~(2) recommending options for increasing the electronic prescribing of prescriptions.~~

~~(c) On or before January 1, 2022, the workgroup shall report its findings and recommendations to the Senate Finance Committee and the House Health and Government Operations Committee in accordance with § 2–1257 of the State Government Article.~~

SECTION ~~3.~~ 2. AND BE IT FURTHER ENACTED, That this Act shall take effect January 1, ~~2021~~ 2022. ~~Section 2 of this Act shall remain effective for a period of 1 year and 6 months and, at the end of June 30, 2022, Section 2 of this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.~~

Approved:

_____

Governor.

_____

President of the Senate.

_____

Speaker of the House of Delegates.

C

Maryland
DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

Office of Provider Engagement and Regulation
Office of Controlled Substances Administration
Office of the Prescription Drug Monitoring Program
Kate Jackson, MPH, Director

April 28, 2020

Yvonne Umezurike, DPM
Vice President
Board of Podiatric Examiners

Dear Dr. Umezurike,

The Maryland Department of Health (MDH) Office of Provider Engagement and Regulation (OPER) appreciates your comment on behalf of the Maryland Board of Podiatric Examiners on the proposed Prescription Drug Monitoring Program (PDMP) regulations COMAR 10.47.07.

We acknowledge the Board of Podiatric Examiners concerns and would like to provide the following information.

Recommendation 1: *There seems to be enough regulations that affect practitioners already and PDMP seems to be regulating more than anticipated.*

The proposed regulatory changes to COMAR 10.47.07 are being promulgated as required by HB025, Chapter 531, Public Health – Prescription Drug Monitoring Program – Revisions, 2019 and HB466, Chapter 364, Prescription Drug Monitoring Program – Program Evaluation, 2019.

Recommendation 2: *We have an issue with PDMP reporting to so many different entities, exposing the Practitioner's data to various sectors.*

Through the promulgation of these regulations, the only new entity that will be able to receive prescription monitoring data is the Office of the Attorney General, as required by HB466 (Chapter 364, 2019). In line with other investigative entities, the Office of the Attorney General will be able to request prescription monitoring data for the purpose of furthering a bona fide existing investigation. Medical Directors of Health Care Facilities have a specific new use case for access to data, as required by HB466 (Chapter 364, 2019). Allowing Medical Directors of health care facilities access to prescription monitoring data to support PDMP integrations into electronic health records was a recommendation from the PDMP Advisory Board in previous Annual Reports. These regulations also remove barriers for expanded interstate data sharing, as

required by HB466 (Chapter 364, 2019), another recommendation from the PDMP Advisory Board in previous Annual Reports.

The Office of the Chief Medical Examiner could already request prescription monitoring data, and these regulations simply refine language to better reflect the medical examiner use case for data, as required by HB466 (Chapter 364, 2019)

The final impacted entity is the Office of Controlled Substances Administration (OCSA), who can already request prescription monitoring data for the purpose of furthering a bona fide existing investigation. These regulations reflect changes to the Program requirements made under HB025 (Chapter 531, 2019). Under the statutory change, the Program may refer health care practitioners to OCSA for OCSA to determine if an investigation is warranted if the Program determines education is not sufficient to address possible breaches of professional standards or possible violations of law, with an explicit role for the PDMP's Technical Advisory Committee. The Program will seek input from the PDMP Advisory Board on appropriate metrics to utilize when determining if a referral is necessary.

While limited new entities will have access to prescription monitoring data after promulgation of these regulations, the intended uses of the data disclosure are consistent with existing uses of the data and recommendations from the PDMP Advisory Board.

Recommendation 3: *We also have an issue with PDMP becoming more strict and impacting more rules on Practitioners*

The proposed regulatory changes to COMAR 10.47.07 do not create any additional requirements on practitioners in Maryland.

Sincerely,

Kate Jackson, MPH
Director
Office of Provider Engagement and Regulation
Public Health Services

D

MARYLAND PODIATRIC MEDICAL ASSOCIATION

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Towson, Maryland 21204

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Facsimile: (410) 332-0885

April 27, 2020

Department of Health
Yvonne U. Umezurike, D.P.M., President
Board of Podiatric Medical Examiners
Metro Executive Building
4201 Patterson Ave.
Baltimore, MD 21215-2299

Dear Dr. Umezurike and Members of the Board,

As you are aware, the inability of podiatrists to maintain their practices has been devastating as a result of .he current pandemic crisis, The financial impact on all of us, as well as the limits on gatherings and travel, minimize the availability and access to in person CMEs, and the ability to pay the costs of CMEs.

Therefore, MPMA would ask on behalf of our members and all podiatrists licensed in Maryland that the Board consider increasing the current limit on online CMEs and to reduce the total number of hours required for renewal of licenses, at least for the current renewal period.

Thank you for your consideration of this request. If we can provide any additional information or assistance, please contact us.

Sincerely,

Justin Lewis, DPM

Justin Lewis, DPM,
President

Richard Bloch

Richard Bloch
Executive Director

Cc: MPMA Board of Directors

Dear Ms. Schwartz,

I have heard chatter online that individuals want to have the state allow them to do all of their CME online (as of this time I believe the rule is 25 online and 25 live).

I disagree based on economics and the amendment of rules.

Companies, State societies, and Associations have already put much effort and money into having their seminars and meetings at hotels - so that they can offer individuals needed CME. To change the rule now - mid sentence - would be a difficult pill to swallow for all of the seminars who adhere to the rules and put meetings in place.

Besides all of the meetings have sponsors and exhibitors - who in turn support the profession - and its growth. Virtual meetings are a nice addition - but in no way give the same experience and education for the registrant.

I too am a practicing podiatrist.

Council on Podiatric Medical Education

9312 Old Georgetown Road
Bethesda, Maryland 20814
P 301.581.9200 | F 301.571.4903
www.cpme.org

Transitioning from an In-Person Continuing Education Activity to an Online Continuing Education Activity

What type of continuing education is the online activity?

Instructional Media

- A type of continuing education activity utilizing instructional materials including, but not limited to, printed, recorded, and/or computer-assisted materials.
- Instructional media may be used over time at various locations and in themselves constitute a planned continuing education activity.
- Examples include, but are not limited to:
  - Books
  - Journals
  - Computer-assisted instructional programs.
- Requirements include:
  - A post-assessment and evaluation methods
  - The passing score for the post-assessment
  - Must be free from "commercial breaks" and advertising within the educational content
- Requirements do not include:
  - Attendance verifications

Internet Live Activity

- An online continuing educational activity available at a certain time on a certain date and available only in real-time, just as if it were a continuing educational activity held in an auditorium.
- Once the event has taken place, learners may no longer participate in that activity.
- Examples include, but are not limited to:
  - A webcast
- Requirements include:
  - An evaluation process at the completion of the activity
  - Perform a minimum of two attendance verifications if the activity is four hours or more and perform one attendance verification if the activity is less than four hours
  - Must be free from commercial bias and advertising
- Requirements do not include:
  - A post-assessment
- If an internet live activity is the type of continuing education activity being offered, here are a few webinar platforms offering free services:
  - Google Hangouts
  - Zoom

Council on Podiatric Medical Education

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www.cpme.org

Transitioning from an In-Person Continuing Education Activity to an Online Continuing Education Activity– continued

- WebEx
- GoToMeeting
- GoToWebinar

Some questions to consider when searching for a STREAMING/HOSTING COMPANY –

- Does it offer video features?
- Does it offer help with quizzes, evaluations, or issuing continuing education certificates?
- Does it offer registration tracking?
- Is there a limit on group size?
- Is there a chat feature?
- Does it work on multiple devices and platforms?

Helpful links

- Council on Podiatric Medical Education
- Federation of Podiatric Medical Boards
- Google Forms & Surveys
- Survey Monkey

REQUESTS CONCERNING CHANGES FOR THE CATEGORIES AND NUMBER OF CME CREDITS FOR THE 2022-2023 RENEWAL OF LICENSE PERIOD

Number of Requests
To **waive all CME's for the upcoming renewal**
To have **all 50 CME's online**
To waive the 25 in-person CME's and **only have 25 online** total
To update **only CPR in-person** with zero additional CME's
To **keep the in-person CME requirement** as to not destroy the CME in person seminars industry for the next two years
To have the **replacement CME's online be podiatry specific**
To consider **all residency virtual lectures** for CME approval by the Board

All the inquiries reference that everyone has to rebuild their practice this year and will not be able to attend any **In Person conferences

Dear Ms. Schwartz and BPOME members,

E

It is with great enthusiasm that I submit the following 3 CME forms for consideration of providing Maryland licensees an option for virtual CME during these unprecedented times. Dates for the events are listed on the approval form.

Attendance will be taken by formal roll call / verbal correspondence during each meeting. I will be in charge of collecting this information during the hour long events.

Please let me know should you have any questions.

Thank you for your consideration.

Sincerely,

Maryland Didactic Syllabus for Virtual Lectures

Rationale: Given the current paucity of continuing medical education opportunity worldwide, with cancelled conferences / professional interaction due to social distancing, many organizations and providers have turned to virtual modalities to satisfy their academic interests.

Proposal:
1 weekly Journal Club and 2 monthly didactic case conference sessions offered to Maryland licensees

Cost: None

Wound / Limb Salvage Case Conference (First Wednesday of the month @ 7:30**)**

Description: A volunteer format where cases are discussed for 1 hour in length with a focus on *limb salvage and wound care*. Participants are invited to present their cases and receive answers to questions and professional advice in an evidence-based manner. Patient information is to be de-identified in keeping with HIPAA compliance. The format will be no different than any other case conference that would be held live and in-person. Additionally, providers presenting will need to provide a disclosure slide prior to their presentations. Trainees will also be invited to join.

Objectives include:

- Fostering professional engagement in academic discussion based on clinical experiences as they pertain to each case
- Strengthen ones ability to critically appraise case outcomes
- Gain an appreciation for evidenced based practice in limb salvage and wound care

Surgical Case Controversies (Last Wednesday of the month @ 7:30**)**

Description: A volunteer format where cases are discussed for 1 hour in length with a focus on*reconstructive foot and ankle surgery*. Participants are invited to present their cases and receive answers to questions and professional advice in an evidence-based manner. Patient information is to be de-identified in keeping with HIPAA compliance. The format will be no different than any other case conference that would be held live and in-person. . Additionally, providers presenting will need to provide a disclosure slide prior to their presentations. Trainees will also be invited to join.

Objectives include:

- Fostering professional engagement in academic discussion based on clinical experiences as they pertain to each case
- Strengthen ones ability to critically appraise case outcomes
- Gain an appreciation for evidenced based practice when performing foot and ankle reconstructive surgery

Weekly Journal Club (Monday Evening at 5:30pm)

Description: This educational program is primarily based out of the Baltimore DVA / Sinai Hospital residency program and led by Jacob Wynes DPM, MS. Participants are typically 12 residents, podiatric surgical fellows from Sinai Hospital and University of Maryland and is open to any state licensee who wishes to take part. The format is typically 30 minutes per article for a total of 1 hour, which includes covering the following *objectives*:

- Gain familiarity with interpretation of the medical literature and biostatistics
- Develop competency in literature review and critical appraisal of the article
- Engage in academic discussion based on clinical experiences as they pertain to each article

ONE HUNDRED FOURTH ANNUAL OHIO FOOT AND ANKLE

Virtual Scientific Seminar

May 14-16, 2020

23 CONTACT CME HOURS

Presented by the
Ohio Foot and Ankle Medical Foundation
in conjunction with the
Ohio Foot and Ankle Medical Association
www.ohfama.org

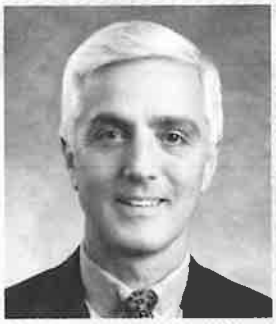
Schedule at a Glance

Thursday, May 14, 2020	Course Title	Presenter(s)
7:30 – 10:00 AM	Opioid Prescribing, Pain Management and Alternatives to Narcotics	Allen Jacobs, DPM; Karen Lynch, CNP; Gladstone McDowell, MD
8:00 - 9:30 AM	Breakout Session: Improving Patient Care While Avoiding Physician Burnout; Necessary Changes to Succeed in Private Practice	Cindy Pezza, PMAC
8:00 - 9:30 AM	Assistants Program Track Only: OSHA and HIPAA—How to Integrate OSHA and HIPAA Compliance Into Your Daily Routine	Michael Brody, DPM
10:00 - 11:30 AM	Breakout Session: APMA Coding and Documentation—Including Telemedicine	Jeff Lehrman, DPM; Sarah Abshier, DPM
10:30 - 11:30 AM	Wounds that Kill	Tracy Vlahovic, DPM
11:30 AM - 1:00 PM	Lunch and Learn: Choose from educational presentations. Options will be listed in May	
1:00 - 3:00 PM	Scientific Paper and Poster Competitions: Presentations from Podiatric Physician Residents in Ohio	Robert Brarens, DPM, Chair
1:00 - 3:00 PM	Breakout Session: APMA Coding and Documentation Continued	Karen Kellogg, DPM; Jeff Lehrman, DPM; Sarah Abshier, DPM
3:00 - 3:30 PM	BREAK—Virtual Exhibit Hall	
3:30 - 5:30 PM	PICA Risk Management Lecture: My Life is OVER!—The Anatomy of a Malpractice Case	Stephen Shannon, DPM; Dominic DeLaurentis, Jr, Esq.
3:30 - 5:30 PM	Assistants Program Track Only: Front and Back Office Staff Working Together toward a Common Goal: The Patient Experience and Treatment	Cindy Pezza, PMAC

Friday, May 15, 2020	Course Title	Presenter(s)
7:30 - 9:30 AM	The First Ray	Lawrence DiDomenico, DPM; Byron Hutchinson, DPM; Allen Jacobs, DPM; Adam Landsman, DPM; Mark Mendeszoon, DPM; Robert Mendicino, DPM; Barry Rosenblum, DPM
7:30 - 9:30 AM	Breakout Session: Education Inside and Outside the Practice Walls Increases Positive Clinical Outcome	Cindy Pezza, PMAC
9:30 - 10:00 AM	BREAK—Virtual Exhibit Hall	
10:00 - 11:30 PM	Non-Operative Algorithms and Post-Operative Therapy	Robert Mendicino, DPM; Peter Post, DPT; Jim Wilgus, DPT
10:00 - 11:30 AM	Breakout 4-Part Session 1. E-mailing, Texting and Personal Devices 2. OSHA—The Blood Borne Pathogen Rule 3. Changes with HIPAA Rules Due to COVID-19 4. Telemedicine and Risk Management	Michael Brody, DPM
11:30 AM - 1:00 PM	LUNCH—Exhibitor Marketplace—Virtual Exhibit Hall	
11:30 AM - 1:00 PM	WVPMA Membership Meeting	
1:00 - 3:00 PM	Achilles Tendon and Posterior Heel	Byron Hutchinson, DPM; Adam Landsman, DPM; Mark Mendeszoon, DPM; Barry Rosenblum, DPM; Brian Steginsky, DO; H. John Visser, DPM
1:00 - 3:00 PM	Creating and Implementing Proven Treatment Protocols to Improve Efficient Patient Care and Diagnosis	Cindy Pezza, PMAC
3:00 - 3:30 PM	BREAK—Virtual Exhibit Hall	
3:30 - 5:30 PM	A Comprehensive Review of Diabetes	Lawrence DiDomenico, DPM; John Grady, DPM; Allen Jacobs, DPM; Adam Landsman, DPM; Barry Rosenblum, DPM
3:30 - 5:30 PM	Audit and Documentation Tips to Meet Guidelines for Podiatry	Mike Demi

Saturday, May 16, 2020	Course Title	Presenter(s)
7:30 - 9:30 AM	Flatfoot 2020	Richard Derner, DPM; Lawrence DiDomenico, DPM; John Grady, DPM; Byron Hutchinson, DPM; Allen Jacobs, DPM; Robert Mendicino, DPM; Brian Steginsky, DO
9:30 - 9:45 AM	BREAK—Virtual Exhibit Hall	
9:45 - 11:30 AM	The Ankle	Richard Derner, DPM; Lawrence DiDomenico, DPM; Byron Hutchinson, DPM; Robert Mendicino, DPM; Brian Steginsky, DO
9:45 - 11:30 AM	Evaluation of the Vascular Status of the Podiatric Patient & Venous Evaluation of the Venous System of the Lower Limb and Foot	Mark Gazali, DO
11:30 AM - 1:00 PM	Lunch And Learn—Choose *one* educational presentation	
	1. Financially Surviving the Current COVID-19 Lockdown	Michael Brody, DPM (*Non-CECH*)
	2. Learning to Work ON Your Practice, Not Just IN It	Cindy Pezza, PMAC (*Non-CECH*)
1:00 - 3:45 PM	Interesting Cases and/or Unusual Case Presentation	Richard Derner, DPM; Lawrence DiDomenico, DPM; John Grady, DPM; Byron Hutchinson, DPM; Allen Jacobs, DPM; Robert Mendicino, DPM; H. John Visser, DPM

Dr. Lawrence DiDomenico
Scientific Co-Chair



Dr. Robert Mendicino
Scientific Co-Chair

Dr. Robert Brarens
Resident Competitions Chair

The 104th Annual Seminar
PREMIER SPONSORS

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104TH ANNUAL OHIO FOOT AND ANKLE

Virtual Scientific Seminar

Mission Statement for The Annual Ohio Foot and Ankle Virtual Scientific Seminar

The OFAMF's and OHFAMA's educational mission is to purposefully advance the art and science of podiatric medicine by providing the highest quality of didactic and clinical learning experiences to OH and WV members, non-members, and their medical assistants, and shall include a variety of instructional sessions aimed at significantly enhancing patient care, treatment protocols and practice efficiency. The program may include interactive educational adult learning methods and principles utilizing lectures, panel discussions, point-counterpoint, excuse the interruption forums, case studies, question and answer, handouts, audio visual materials (including media or narrations), hands-on workshops and roundtable discussions with moderators to achieve a well-rounded venue of postgraduate instruction.

(ADOPTED APRIL 2017)

KEY GOAL

To achieve 23 Hours of CME Category I in evidenced based podiatric medicine for professional development.

OBJECTIVES

Upon conclusion of the Annual Seminar, podiatric physicians will be able to:

- be *knowledgeably* informed or recall information regarding podiatric conditions, maladies or circumstances relating to the practice of medicine and podiatry
- extrapolate by *comprehension*, understanding or perception the insight gained via lecture and discussion relating to the practice of medicine and podiatry
- formulate or infer by *application* case relevance relating to the practice of medicine and podiatry
- distinguish by *analysis* the appropriate modalities in the treatment, care and protocols of current trends, application and practices of medicine in podiatry
- generalize, *synthesize*, or deduce by classification ways to develop treatment protocols based on current literature and evidenced based medicine
- compare, contrast and *evaluate* judgment values for those ideas presented between medical and surgical applications

Inquiry #4:

Ms. Schwartz,

I was wondering if this would count as in person or online CME?

Thank you,

4th Sonoma Seminar

20 CME*

Meetings Scheduled:
Friday & Saturday, May 15-16:
8:00am-7:00pm

Due to COVID-19 we have moved the Sonoma Seminar **ONLINE**. Join us for the same great meeting you've come to expect from IFAF, with a stellar faculty of leading podiatric physicians and surgeons!

**IFAF has been approved by the Council on Podiatric Medical Education as a provider of continuing education in podiatric medicine.*

IFAF
International Foot & Ankle Foundation
FOR EDUCATION AND RESEARCH

Due to COVID-19, the Sonoma Seminar will now be online!

New Lower Price! Less than $20/credit

For More information & Registration

F

National Practitioner Data Bank Query Fees Waived

The NPDB is temporarily waiving query fees (both one-time query and continuous query) to support our users' efforts in combatting the COVID-19 pandemic. The waiver is retroactive from March 1, 2020, through May 31, 2020. Read More

Is It Reportable?

My organization is extremely busy due to the COVID-19 pandemic and is unable to fully conduct investigations and hearings. If we summarily suspend a practitioner's privileges during this time, will the NPDB allow us to hold off on submitting the report until we are able to complete a full investigation?

We recognize that these are unprecedented times and hospitals and other health care entities are facing challenges never before encountered. Similarly, there has never been a more critical moment for accurate and timely NPDB information than the current one. We remain committed to ensuring the dependability of the NPDB as a valuable workforce tool and as such will not be pausing the reporting of any required information.

Health care entities are statutorily required to report any professional review action that adversely affects the clinical privileges of a physician or dentist for more than 30 days. Hence, a summary suspension meeting this statutory requirement is reportable to the NPDB. On a later date, after the investigation has been completed, if the reporting organization determines no action should have been taken and the practitioner's summary suspension is vacated, the reporting organization should void the report. However if the summary suspension is upheld and a subsequent action is taken, a revision to the action should be submitted. If you wish, you may add language to the narrative section of the report indicating an investigation relating to the summary suspension has yet to be conducted due to competing matters.

Querying with Centralized vs. Decentralized Credentialing

At the NPDB, we know many health care systems are composed of multiple entities (such as several hospitals, outpatient surgery centers, and clinics) where practitioners may be providing services at more than one facility. How your health care system queries these practitioners, and with whom those query results can be shared, is determined by your credentialing process.

Centralized Credentialing

If your health care system uses centralized credentialing, a single query will satisfy the querying requirements for all entities functioning within your health care system, even if a practitioner provides services in more than one of your entities.

Your health care system uses centralized credentialing if you:

- have universal credentialing,
- have a centralized peer review process,
- grant privileges to provide services in any of your facilities, and

- have one decision-making body.

Decentralized Credentialing

If your health care system uses decentralized credentialing, each entity must query independently on a practitioner, regardless of whether or not the practitioner is practicing in multiple entities and has already been queried on by some of those entities.

Your health care system uses decentralized credentialing if each entity within the health care system:

- conducts its own credentialing,
- has individual peer review processes,
- grants privileges to provide services in only that facility, and
- has its own decision-making body.

Sharing Querying Information?

If your health care system is utilizing centralized credentialing, you may share query response information between individual entities within your health care system, as you are functioning as a single, centralized system. If your health care system is utilizing decentralized credentialing, the sharing of query response information between entities is prohibited, as each of your entities is functioning separately from one another. Regardless of which form of credentialing your health care system uses, sharing a query response with an entity or individual that is not part of your health care entity's credentialing, investigation, or peer review process violates the confidentiality provisions of the NPDB, regardless of any written consent from the practitioner.

For more information about centralized and decentralized credentialing, and what they mean for your health care system's querying requirements, take a look at our How Many Queries Do I Need to Run? infographic, or visit the centralized credentialing and decentralized credentialing sections of the NPDB Guidebook.

Understanding Reports

When an authorized organization registers with the NPDB they are required by federal regulations to report certain actions taken against practitioners, providers, and suppliers.

Questions About When to Report?

Learn More

Organizations that are registered with the NPDB and are eligible to query may view reports stored in the NPDB; however, this information is intended to be used in combination with information from other sources when entities are making decisions regarding licensure, employment, contracting, membership, or clinical privileges, or when conducting investigations.

The following are some of the actions on which the NPDB collects information and maintains reports:

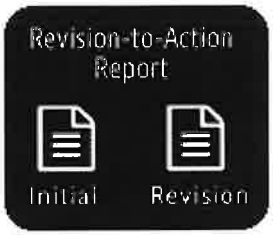
- Medical malpractice payments

- Federal and state licensure and certification actions
- Adverse clinical privilege/panel membership actions
- Negative actions or findings by private accreditation organizations and peer review organizations
- Health care-related criminal convictions and civil judgments
- Exclusions from participation in a federal or state health care program (including Medicare and Medicaid exclusions)
- Other adjudicated actions or decisions (including health plan contract terminations)

There are four different types of NPDB reports:

1. **Initial Report:**The first instance of a reportable action, such as a medical malpractice payment.
2. **Correction:** A report to correct an error made in a previously submitted report (e.g., wrong date of birth, name, gender, state license number, or type of action taken). The correction report replaces the previous report.

3. **Revision-to-Action**: A report of an action that modified a previously reported action, such as a reinstatement of a suspended license or a change to the length of a suspension.



4. **Void**: The withdrawal of a report in its entirety. Appropriate reasons for voiding a report include: the report was submitted in error, the action was not reportable because it did not meet NPDB reporting requirements, or the action was overturned on appeal.

The NPDB offers many different resources to better understand reporting. For more information on types of reports and reporting requirements, visit our Reporting FAQ page, or the Reports chapter of the NPDB Guidebook. For a complete list of reportable actions and the federal regulations that govern them, visit our Summary of Reporting Requirements table.

Dear NPDB

What is the minimum amount of information I can provide for a query and still receive an accurate result?

We encourage queriers to send us as much data as possible. When reports come in, they are sometimes missing pieces of data and not every field is populated – because some fields are optional, and information cannot always be obtained by reporting entities. We do not

have a master list of all practitioners and so we rely on matching the information from your query with the information in existing NPDB reports.

When submitting a query, you may be inclined to leave certain fields blank in order to save time. Please keep in mind that missing or inaccurate data may cause your query results to indicate that no report exists on the queried practitioner when, in fact, one does (i.e., a "false negative").

In addition, queries submitted with missing data generally require additional processing time, while queries with complete and accurate data are typically processed within seconds.

To ensure you receive the most accurate and timely query result:

- **Enter the practitioner's full name and any other names they have previously used.** Make sure you include first, middle, and last names and any suffix (Jr., Sr., III, etc.). Do not enter titles such as M.D., R.N., or Ph.D.
- **Select the practitioner's gender.** If gender is unknown or not supplied, select the unknown option.
- **Enter the practitioner's birth date.** Use the MM/DD/YYYY format (01/25/1955 for January 25, 1955).
- **Enter all the practitioner's identification numbers you have available.** This includes social security numbers (use the NNN-NN-NNNN format), DEA number, National Provider Identifier (NPI), etc.
- **Enter all license numbers held by the practitioner.** Enter the occupation and the state and license number(s). This includes any inactive or expired licenses previously held by the practitioner.
- **Enter the practitioner's professional school and year of graduation.** Enter the name of each health care professional school attended by the practitioner and their four-digit year of graduation.
- **Before submitting your query, review the information to ensure its accuracy.**

Using these strategies can speed up your query submission and response time, help ensure you receive accurate query results, and save you time and effort during your credentialing process.

For more information on the querying process, and for more instructions on how to submit quality queries, take a look at our querying infographics. If you are interested in learning how to create and maintain a Subject Database, which pre-populates query forms with identifying information, visit our How to Maintain a Subject Database page.

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

Previous editions of NPDB Insights are available in our archive.