



State Medical Board of Ohio

**POLICY COMMITTEE MEETING**

**July 8, 2020**

via live-streamed video conference

<p><b>Members:</b> Amol Soin, M.D., Chair Robert Giacalone, R.Ph., J.D. Mark Bechtel, M.D. Sherry Johnson, D.O.</p> <p><b>Other Board Members present:</b> Michael Schottenstein, M.D. Kim Rothermel, M.D. Bruce Saferin, D.P.M. Michael Gonidakis, Esq. Betty Montgomery Jonathan Feibel, M.D. Harish Kakarala, M.D.</p>	<p><b>Staff:</b> Stephanie Loucka, Executive Director Kimberly Anderson, Chief Legal Counsel Nathan Smith, Senior Legal and Policy Counsel Jill Reardon, Tessie Pollock, Chief Communications Officer</p>
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Dr. Soin called the meeting to order at 9:00 a.m.

### **Minutes Review**

**Dr. Bechtel moved to approve the draft minutes of the June 10, 2020 meeting of the Policy Committee.**

**Ms. Montgomery seconded the motion.** The motion carried.

### **Rule Review Update**

Ms. Anderson stated that a number of proposed rules have been filed at the Joint Committee on Agency Rule Review (JCARR) and a public hearing is scheduled for July 23, 2020. Five no-change rules are also filed to be effective in September. There are also proposed rules filed with the Common Sense Initiative (CSI) and other proposed rules ready to be filed with CSI. The Policy Committee will discuss two sets of rules that are at CSI for which public comments have been received.

### **Comments Received at the Common Sense Initiative (CSI)**

#### **Light-Based Medical Device Rules**

Ms. Anderson stated that 14 individuals made comments on the proposed light-based medical device rules. Ms. Anderson reminded the Committee that these rules were first proposed in early 2018, which generated a number of public comments at that time. Some public comments from that time, in addition to more recent public comments, alleged a possible anti-trust issue with these rules. CSI had no anti-trust concerns following their anti-trust review in December 2019.

Ms. Anderson stated that the comments received on the light-based medical device rules are wide-ranging, but the area of concern she asked the Committee to focus on today involves physician

assistants and structural concerns about the Physician Assistant Policy Committee (PAPC). Ms. Anderson stated that she will also discuss these items with the PAPC at its August 17 meeting and bring their recommendations back to the Policy Committee. Ms. Anderson recommended that the Committee allow Dr. Bechtel to work with staff on these matters, as he has been instrumental in drafting these rules. Dr. Bechtel agreed with Ms. Anderson's suggestions.

Responding to questions from Ms. Montgomery, Ms. Anderson stated that PAPC had reviewed these draft rules in 2018, at which time the rules went into CSI's anti-trust review process; a long period of time passed, nearly two years, before the rules emerged from that process. Ms. Anderson stated that this situation seems unique to the particular path these draft rules have taken.

Ms. Montgomery observed that there were a number of comments about the use of light-based medical devices for tattoo removal and that the Board has seemed to be inconsistent in the way it handles that issue. Dr. Bechtel stated that the goal of these new rules was to enable physicians to delegate to others the ability to use lasers. When different laser technologies were examined, the biggest concern was patient safety and avoiding things that could result in a lot of patient complications. It was found that vascular lasers has one of the least likelihoods of causing patient injury and is used to treat redness of the face, rosacea, dilated blood vessels, and other conditions. More aggressive lasers, called ablative lasers, can lead to permanent scarring, loss of pigment, and irreversible changes. The thought was that if the Board moves forward with expanding the ability of non-physicians to use lasers, it should start with the safest lasers.

Dr. Bechtel stated that the training to use a vascular laser is very robust. Learners have to undergo eight hours of education, observe 15 procedures, and perform 20 procedures under direct physician supervision before they can perform the procedure themselves. In addition, a physician must evaluate the patient prior to a non-physician performing the procedure, and then evaluate the patient afterwards for complications.

Dr. Bechtel commented that tattoo removal is very tricky and it is very difficult to determine which laser should be utilized. The procedure requires great skill, medical background, and has a potential for patient complications.

Ms. Montgomery asked if Dr. Bechtel feels comfortable with the proposed rules, despite the complaints, and that the Board has adequately addressed the complaints. Dr. Bechtel replied that he is comfortable with that.

Mr. Giacalone asked about laser hair removal, noting that there are over-the-counter devices that are available for hair removal. Dr. Bechtel stated that over-the-counter hair removal devices essentially singe hair away through application of heat, but it is not related to lasers. Dr. Bechtel stated that physicians can already delegate laser hair removal to registered nurses, physician assistants, and cosmetic therapists.

Dr. Bechtel stated that proper selection of patients is very important in laser hair removal. Patients with fine white hair may not do well with laser hair removal, while patients with darker skin may have a greater risk of complications with scarring and pigmentation. Dr. Bechtel stated that it is important to select patients who can be treated safely and who will be most beneficial for treatment.

Mr. Giacalone asked if there are any anti-trust issues with the draft rules. Dr. Bechtel commented that the draft rules actually expand rather than restrict the ability of non-physicians to use lasers. Mr. Giacalone asked if anything has occurred with laser technology in terms of safety or efficacy that may

justify loosening requirements. Dr. Bechtel stated that the draft rules reflect a review of all the latest technology and patient safety. Mr. Smith noted that the materials submitted to CSI included at least one article related to the dangers of laser hair removal, so that is something CSI considered as well.

Dr. Schottenstein observed that PAPC is supposed to have a member who is also a physician member of the Medical Board. That position on PAPC has been vacate since Dr. Edgin left the Board. Dr. Feibel stated that he would be happy to serve as the Medical Board member of the PAPC. Dr. Schottenstein thanked Dr. Feibel and appointed him to the PAPC.

### **Continuing Medical Education (CME) Rules**

Ms. Anderson stated that a number of changes were made to these rules in response to statutory changes. All of the comments received are centered on one draft rule, 4731-10-02. Comments from five associations were received with respect to the requirement for CME on licensees' duty to report. Ms. Anderson noted that this rule was a recommendation of the Strauss Working Group and she did not recommend changes to that rule.

Ms. Anderson stated that comments were also received from the Ohio Osteopathic Association (OOA) about CME for osteopathic physicians. It is proposed to address the OOA's comments by removing the requirement for Category 2A credits. There are also technical issues that have been fixed in the new draft. Ms. Anderson added that Dr. Johnson also has comments about the draft rules.

Ms. Anderson noted that additional lengthy comments were received from the OOA this morning and those comments have not yet been reviewed. Ms. Anderson stated that the new comments will be reviewed and provided to the Committee at a later time.

Dr. Johnson explained that there are different categories of CME's for the American Osteopathic Association (AOA) as compared to the OOA. Under AOA, Category 2A are courses that are taught at allopathic institutions. The OOA has requested that the requirement for 2A credits be removed because those courses do not have any osteopathic training component. The concern is that if an osteopathic physician has only allopathic CME credits, they are not continuing the tradition of osteopathy.

Dr. Johnson was also concerned about the provision for Category 1A under the current draft. Dr. Johnson opined that if "Category 1A" was changed to "Category 1," osteopathic physicians would have opportunity to continuing taking allopathic courses that can be approved by either the AOA or OOA. Dr. Johnson pointed out that if that change is made, then paragraph #3 would become redundant and can be removed. Dr. Johnson's was concerned that rule only says "Category 1A," then all of an osteopathic physician's CME's would have to be AOA or OOA approved, which affects the ability of all osteopathic physicians to obtain CME. Dr. Johnson stated that she would be happy to work with Ms. Anderson on the Board's response to the OOA's comments.

**Dr. Bechtel moved to make no changes to the proposed rule for CME on the duty to report. Dr. Bechtel further moved that Ms. Anderson work with Dr. Johnson to develop the Board's response to the OOA's comments, and to make technical fixes as required to the proposed rules. Mr. Giacalone seconded the motion. The motion carried.**

### **Telehealth**

Ms. Loucka stated that when the Committee last met on June 10, House Bill 679 was moving through the legislature. The bill has now passed the House and is in the Senate and Board staff plans to reach out to members of the Senate about its concerns.

As currently drafted, House Bill 679 does not account for the Board's current in-person physician visit requirements. Under current opiate and weight-loss prescribing rules, the patient's initial visit must be in-person. Ms. Loucka stated that while the Board is supportive of the bill, she asked the Committee for feedback on what guardrails should be included to define what an in-person visit looks like. Ms. Loucka also asked for input on whether the legislation should require a patient's initial visit to a physician to be in-person; there is no such requirement in the current version of the bill. Noting the bill's ambiguity on the standard of care, Ms. Loucka recommended including language granting the Board rule-making authority to define an appropriate standard of care for telehealth. Ms. Loucka also recommended language to address current conflicts with the Board's out-of-state practice requirements. Finally, Ms. Loucka asked the Committee for input on appropriate modes of communication for telehealth, especially considering vulnerable populations, technologically-challenged populations, and areas without broadband coverage.

Regarding how to address the issue of telehealth going forward, Dr. Soin advocated making this topic a standing agenda item for the Policy Committee and getting collective feedback from the Board. Dr. Soin also advocated forming a separate small committee that can move more rapidly on these issues between Board meetings as the bill moves through the legislature. Dr. Soin also encouraged all Board members to reach out to himself, Dr. Schottenstein, Ms. Loucka, or Ms. Anderson if they have any comments on telehealth to be circulated to all Board members. Dr. Soin asked that all Board members consider whether they would like to serve on an *ad hoc* Telehealth Committee, to be appointed at the afternoon full Board meeting.

Dr. Schottenstein commented that, in general, the Board can choose one of two directions on this topic. The Board may support, as a default, the expansion of telehealth and then place guardrails around specific areas of concern; or it may support, as a default, the restriction of telehealth and allow some expansion in certain areas. Dr. Schottenstein favored supporting the expansion of telehealth, stating that telehealth has the ability to fundamentally improve the health of the citizens of Ohio.

Ms. Montgomery commented that if the Board is not supportive of telehealth, it will be imposed by the legislature anyway because patients have realized the convenience of telehealth during this pandemic. Ms. Montgomery agreed that a committee on telehealth should be formed to foster more in-depth discussions. Ms. Montgomery commented that later today, the Board will consider a case that demonstrates the dangers of telehealth when it does not have appropriate guardrails.

### **Legislative Update**

In the interests of time, Dr. Soin stated that the legislative update will be discussed during the full Board meeting. Dr. Soin felt it is important for the Board to hear about the good work that Ms. Loucka, Ms. Anderson, and the entire Board team has done on changing the Board's legislative and bill tracking.

### **Adjourn**

**Dr. Bechtel moved to adjourn the meeting. Dr. Schottenstein seconded the motion. All Committee members voted aye. The motion carried.**

The meeting adjourned at 9:48 a.m.

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**MEMORANDUM**

TO: Amol Soin, M.D. Chair, Policy Committee  
Members, Policy Committee

FROM: Kimberly C. Anderson, Chief Legal Counsel

RE: Rule Review Update

DATE: August 3, 2020

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Attached are the updated rule schedule and rule spreadsheet.

**Action Requested: No action requested**

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Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4730-1-01	Regulation of Physician Assistants - Definitions		06/12/19	07/16/19	11/07/19	06/18/20	No change rule			09/18/20	06/18/25	
4730-1-05	Quality Assurance System		06/12/19	07/16/19	11/07/19	06/19/20	No change rule			09/18/20	06/29/25	
4730-1-06	Licensure as a physician assistant	03/22/19	06/12/19	12/04/19		06/18/20	07/23/20			09/30/18	09/30/23	
4730-1-06.1	Military provisions related to certificate to practice as a physician assistant	03/22/19	06/12/19	12/04/19						09/30/15	09/30/20	
4730-1-07	Miscellaneous Provisions		06/12/19	07/16/19	11/07/19	06/18/20	07/23/20			09/30/18	09/30/23	
4730-1-08	Physician assistant delegation of medical tasks and administration of drugs		06/12/19	07/16/19	11/07/19	06/18/20	07/23/20			07/31/16	07/31/21	
4730-2-01	Physician Delegated Prescriptive Authority - Definitions		06/12/19	07/16/19	11/07/19	06/18/20	No change rule			09/18/20	06/18/25	
4730-2-04	Period of on-site supervision of physician-delegated prescriptive authority		06/12/19	07/16/19	11/07/19	06/18/20	07/23/20			11/30/18	11/15/23	
4730-2-05	Addition of valid prescriber number after initial licensure		06/12/19	07/16/19	11/07/19	06/18/20	07/23/20			11/30/18	11/15/23	
4730-2-06	Physician Assistant Formulary		06/12/19	07/16/19	11/07/19	06/18/20	07/23/20			06/30/14	12/27/19	extension granted from 6/30/19
4730-2-07	Standards for Prescribing		06/12/19	07/16/19	11/07/19	06/18/20	07/23/20			9/30/18	12/27/19	extension granted from 6/30/19
4730-2-10	Standards and Procedures for use of OARRS		06/12/19	07/16/19	11/07/19	06/18/20	07/23/20			09/30/18	09/30/23	
4730-4-01	Definitions	05/09/19		11/15/19	05/20/20	06/18/20	07/23/20			04/30/19	04/30/24	
4730-4-02	Standards and procedures for withdrawal management for drug or alcohol addiction	05/09/19		11/15/19	05/20/20	06/18/20	07/23/20					
4730-4-03	Office Based Treatment for Opioid addiction									04/30/19	04/30/24	
4730-4-04	Medication assisted treatment using naltrexone									04/30/19	04/30/24	
4731-1-01	Limited Practitioners - Definition of Terms									03/30/20	03/30/25	
4731-1-02	Application of Rules Governing Limited Branches of Medicine or Surgery									07/31/19	07/31/24	
4731-1-03	General Prohibitions										08/31/23	
4731-1-04	Scope of Practice: Mechanotherapy									12/31/18	12/31/23	
4731-1-05	Scope of Practice: Massage Therapy				04/24/19	Refiled 8/20/19 4/29/19	06/05/19		10/16/19	11/05/19	11/05/24	
4731-1-06	Scope of Practice: Naprapathy									08/31/18	08/31/23	
4731-1-07	Eligibility of Electrologists Licensed by the Ohio State Board of Cosmetology to Obtain Licensure as Cosmetic Therapists Pursuant to Chapter 4731 ORC and Subsequent Limitations									12/31/18	12/31/23	

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4731-1-08	Continuing Cosmetic Therapy Education Requirements for Registration or Reinstatement of a License to Practice Cosmetic Therapy									09/30/19	09/30/24	
4731-1-09	Cosmetic Therapy Curriculum Requirements										08/31/23	
4731-1-10	Distance Education									01/31/19	01/31/24	
4731-1-11	Application and Certification for certificate to practice cosmetic therapy									03/30/20	03/30/25	
4731-1-12	Examination									11/30/16	11/30/21	
4731-1-15	Determination of Standing of School, College or Institution									12/31/18	12/31/23	
4731-1-16	Massage Therapy curriculum rule (Five year review)									01/31/19	11/30/21	
4731-1-17	Instructional Staff									05/31/19	05/31/24	
4731-1-18	Grounds for Suspension, Revocation or Denial of Certificate of Good Standing, Hearing Rights									03/30/20	03/30/25	
4731-1-19	Probationary Status of a limited branch school									03/30/20	03/30/25	
4731-1-24	Massage Therapy Continuing Education	03/09/16		10/26/16	04/24/19	04/29/19	06/05/19					Withdrawn 8/30/19
4731-1-25	Determination of Equiv. Military Educ. For CT/MT	03/22/19	06/12/19	12/04/19						12/31/15	12/31/20	
4731-2-01	Public Notice of Rules Procedure									12/07/17	12/07/22	
4731-4-01	Criminal Records Checks - Definitions									09/30/19	09/30/24	
4731-4-02	Criminal Records Checks									09/30/19	09/30/24	
4731-5-01	Admission to Examinations									06/09/17	06/09/22	
4731-5-02	Examination Failure; Inspection and Regrading									06/09/17	06/09/22	
4731-5-03	Conduct During Examinations									06/09/17	06/09/22	
4731-5-04	Termination of Examinations									06/09/17	06/09/22	
4731-6-01	Medical or Osteopathic Licensure: Definitions									07/31/19	07/31/24	
4731-6-02	Preliminary Education for Medical and Osteopathic Licensure									07/31/19	07/31/24	
4731-6-04	Demonstration of proficiency in spoken English									06/09/17	06/09/22	
4731-6-05	Format of Medical and Osteopathic Examination									07/31/19	07/31/24	
4731-6-14	Examination for physician licensure									07/31/19	07/31/24	
4731-6-15	Eligibility for Licensure of National Board Diplomats and Medical Council of Canada Licentiates									07/31/19	07/31/24	

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4731-6-21	Application Procedures for Certificate Issuance; Investigation; Notice of Hearing Rights									07/31/19	07/31/24	
4731-6-22	Abandonment and Withdrawal of Medical and Osteopathic Licensure Applications									07/31/19	07/31/24	
4731-6-30	Training Certificates									07/31/19	07/31/24	
4731-6-31	Limited Preexamination Registration and Limited Certification									07/31/19	07/31/24	
4731-6-33	Special Activity Certificates									07/31/19	07/31/24	
4731-6-34	Volunteer's Certificates									07/31/19	07/31/24	
4731-6-35	Processing applications from service members, veterans, or spouses of service members or veterans.			12/04/19						07/31/19	07/31/24	
4731-7-01	Method of Notice of Meetings									07/31/19	07/31/24	
4731-8-01	Personal Information Systems	04/29/20								04/21/16	04/21/21	
4731-8-02	Definitions	04/29/20								04/21/16	04/21/21	
4731-8-03	Procedures for accessing confidential personal information	04/29/20								04/21/16	04/21/21	
4731-8-04	Valid reasons for accessing confidential personal information	04/29/20								04/21/16	04/21/21	
4731-8-05	Confidentiality Statutes	04/29/20								07/31/16	07/31/21	
4731-8-06	Restricting & Logging access to confidential personal information	04/29/20								04/21/16	04/21/21	
4731-9-01	Record of Board Meetings; Recording, Filming, and Photographing of Meetings									09/15/19	06/17/24	
4731-10-01	Definitions	10/25/19		05/26/20						02/02/18	02/02/23	
4731-10-02	Requisite Hours of Continuing Medical Education for License Renewal or Reinstatement	10/25/19		05/26/20						05/31/18	05/31/23	
4731-10-03	CME Waiver	10/25/19		05/26/20						05/31/18	05/31/23	
4731-10-04	Continuing Medical Education Requirements for Restoration of a License	10/25/19		05/26/20						05/31/18	05/31/23	
4731-10-05	Out-of-State Licensees	10/25/19		05/26/20						05/31/18	05/31/23	
4731-10-06	Licensure After Cutoff for Preparation of Registration Notices	10/25/19		05/26/20						05/31/18	05/31/23	
4371-10-07	Internships, Residencies and Fellowships	10/25/19		05/26/20						05/31/18	05/31/23	
4371-10-08	Evidence of Continuing Medical Education	10/25/19		05/26/20						05/31/18	05/31/23	
4731-10-09	Continuing Medical Education Requirement for Mid-term Licensees	10/25/19		05/26/20						05/31/18	05/31/23	
4731-10-10	Continuing Medical Education Requirements Following License Restoration	10/25/19		05/26/20						05/31/18	05/31/23	
4731-10-11	Telemedicine Certificates	10/25/19		05/26/20						05/31/18	05/31/23	

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4731-11-01	Controlled substances; General Provisions Definitions				11/14/19	corrected-7/16/20 6/18/2020	07/23/20			12/23/18	12/07/22	
4731-11-02	Controlled Substances - General Provisions	07/26/19								04/30/19	12/31/20	
4731-11-03	Schedule II Controlled Substance Stimulants	07/26/19								12/31/15	12/31/20	
4731-11-04	Controlled Substances: Utilization for Weight Reduction	07/26/19								02/29/16	02/28/21	
4731-11-04.1	Controlled substances: Utilization for chronic weight management	07/26/19								12/31/15	12/31/20	
4731-11-07	Research Utilizing Controlled Substances	07/26/19								09/30/15	09/30/20	
4731-11-08	Utilizing Controlled Substances for Self and Family Members									08/17/16	08/17/21	
4731-11-09	Prescribing to persons the physician has never personally examined.									03/23/17	03/23/22	
4731-11-11	Standards and procedures for review of "Ohio Automated Rx Reporting System" (OARRS).	07/26/19								12/31/15	12/31/20	
4731-11-13	Prescribing of Opioid Analgesics for Acute Pain									08/31/17	08/31/22	
4731-11-14	Prescribing for subacute and chronic pain			3/21/19	11/14/19	corrected-7/16/20 6/18/2020	07/23/20			12/23/18	12/23/23	
4731-12-01	Preliminary Education for Licensure in Podiatric Medicine and Surgery									06/30/17	06/30/22	
4731-12-02	Standing of Colleges of Podiatric Surgery and Medicine									06/30/17	06/30/22	
4731-12-03	Eligibility for the Examination in Podiatric Surgery and Medicine ( <b>see note below</b> )									04/19/17	04/19/22	
4731-12-04	Eligibility of Licensure in Podiatric Medicine and Surgery by Endorsement from Another State									06/30/17	06/30/22	
4731-12-05	Application Procedures for Licensure in Podiatric Medicine and Surgery, Investigation, Notice of Hearing Rights.									06/30/17	06/30/22	
4731-12-06	Visiting Podiatric Faculty Certificates									06/30/17	06/30/22	
4731-12-07	Podiatric Training Certificates									06/30/17	06/30/22	
4731-13-01	Conduct of Hearings - Representative; Appearances									07/31/16	07/31/21	
4731-13-02	Filing Request for Hearing									07/31/16	07/31/21	
4731-13-03	Authority and Duties of Hearing Examiners									09/30/18	07/31/21	
4731-13-04	Consolidation										04/21/21	
4731-13-05	Intervention										04/21/21	
4731-13-06	Continuance of Hearing									09/30/16	09/30/21	
4731-13-07	Motions									09/30/18	04/21/21	

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4731-13-07.1	Form and page limitations for briefs and memoranda									09/30/18	09/30/23	
4731-13-08	Filing									07/31/16	07/31/21	
4731-13-09	Service									07/31/16	07/31/21	
4731-13-10	Computation and Extension of Time									07/31/16	07/31/21	
4731-13-11	Notice of Hearings									07/31/16	07/31/21	
4731-13-12	Transcripts									07/31/16	07/31/21	
4731-13-13	Subpoenas for Purposes of Hearing	05/09/19	06/12/19							07/31/16	07/31/21	
4731-13-14	Mileage Reimbursement and Witness Fees										04/21/21	
4731-13-15	Reports and Recommendations									07/31/16	07/31/21	
4731-13-16	Reinstatement or Restoration of Certificate									07/31/16	07/31/21	
4731-13-17	Settlements, Dismissals, and Voluntary Surrenders									04/21/16	04/21/21	
4731-13-18	Exchange of Documents and Witness Lists									07/31/16	07/31/21	
4731-13-20	Depositions in Lieu of Live Testimony and Transcripts in place of Prior Testimony									07/31/16	07/31/21	
4731-13-20.1	Electronic Testimony									07/31/16	07/31/21	
4731-13-21	Prior Action by the State Medical Board									04/21/16	04/21/21	
4731-13-22	Stipulation of Facts									04/21/16	04/21/21	
4731-13-23	Witnesses									09/14/16	09/30/21	
4731-13-24	Conviction of a Crime									04/21/16	04/21/21	
4731-13-25	Evidence									07/31/16	07/31/21	
4731-13-26	Broadcasting and Photographing Administrative Hearings									04/21/16	04/21/21	
4731-13-27	Sexual Misconduct Evidence									04/21/16	04/21/21	
4731-13-28	Supervision of Hearing Examiners									04/21/16	04/21/21	
4731-13-30	Prehearing Conference									04/21/16	04/21/21	
4731-13-31	Transcripts of Prior Testimony									04/21/16	04/21/21	
4731-13-32	Prior Statements of the Respondent									04/21/16	04/21/21	
4731-13-33	Physician's Desk Physician									04/21/16	04/21/21	
4731-13-34	Ex Parte Communication									07/31/16	07/31/21	
4731-13-35	Severability									04/21/16	04/21/21	
4731-13-36	Disciplinary Actions									07/31/16	07/31/21	
4731-14-01	Pronouncement of Death									06/30/16	06/30/21	
4731-15-01	Licensee Reporting Requirement; Exceptions									11/17/17	11/17/22	
4731-15-02	Healthcare Facility Reporting Requirement									11/17/17	11/17/22	
4731-15-03	Malpractice Reporting Requirement									11/17/17	11/17/22	
4731-15-04	Professional Society Reporting									11/17/17	11/17/22	
4731-15-05	Liability; Reporting Forms; Confidentially and Disclosure									11/17/17	11/17/22	
4731-16-01	Rules governing impaired physicians and approval of treatments programs - Definitions									11/17/17	11/17/22	
4731-16-02	General Procedures in Impairment Cases									11/17/17	11/17/22	

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4731-16-04	Other Violations									11/17/17	11/17/22	
4731-16-05	Examinations									11/17/17	11/17/22	
4731-16-06	Consent Agreements and Orders for Reinstatement of Impaired Practitioners									11/17/17	11/17/22	
4731-16-07	Treatment Provider Program Obligations									11/17/17	11/17/22	
4731-16-08	Criteria for Approval									11/17/17	11/17/22	
4731-16-09	Procedures for Approval									11/17/17	11/17/22	
4731-16-10	Aftercare Contracts									11/17/17	11/17/22	
4731-16-11	Revocation, Suspension, or Denial of Certificate of Good Standing									11/17/17	11/17/22	
4731-16-12	Out-of-State Impairment Cases									11/17/17	11/17/22	
4731-16-13	Patient Consent; Revocation of Consent									11/17/17	11/17/22	
4731-16-14	Caffeine, Nicotine, and Over-The Counter Drugs									11/17/17	11/17/22	
4731-16-15	Patient Rights									11/17/17	11/17/22	
4731-16-17	Requirements for the one-bite program									01/31/19	01/31/24	
4731-16-18	Eligibility for the one-bite program									01/31/19	01/31/24	
4731-16-19	Monitoring organization for one-bite program									01/31/19	01/31/24	
4731-16-20	Treatment providers in the one-bite program									01/31/19	01/31/24	
4731-16-21	Continuing care for the one-bite program									01/31/19	01/31/24	
4731-17-01	Exposure-Prone Invasive Procedure Precautions - Definitions									12/31/16	12/31/21	
4731-17-02	Universal Precautions									11/30/16	11/30/21	
4731-17-03	Hand Washing										08/17/21	
4731-17-04	Disinfection and Sterilization									12/31/16	12/31/21	
4731-17-05	Handling and Disposal of Sharps and Wastes										08/17/21	
4731-17-06	Barrier Techniques										08/17/21	
4731-17-07	Violations									11/09/16	11/30/21	
4731-18-01	Definitions	01/10/18	01/20/20	05/12/20								Chapter 18 rules were
4731-18-02	Use of Light Based Medical Devices	01/10/18	01/20/20	05/12/20						05/31/02	06/30/05	reviewed by CSI for
4731-18-03	Delegation of the Use of Light Based Medical Devices	01/10/18	01/20/20	05/12/20						06/30/00	06/30/05	anti-trust. Determination
4731-18-04	Delegation of phototherapy and photodynamic therapy	01/10/18	01/20/20	05/12/20						05/31/02	05/31/07	rec'd 12/219
4731-20-01	Surgery Privileges of Podiatrist - Definition of Foot									05/31/18	05/31/23	
4731-20-02	Surgery: Ankle Joint									05/31/18	05/31/23	
4731-22-01	Emeritus Registration - Definitions									08/31/17	08/31/22	
4731-22-02	Application									08/31/17	08/31/22	
4731-22-03	Status of Registrant									05/12/17	05/12/22	
4731-22-04	Continuing Education Requirements									05/12/17	05/12/22	
4731-22-06	Renewal of Cycle of Fees									05/12/17	05/12/22	
4731-22-07	Change to Active Status									08/31/17	08/31/22	

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4731-22-08	Cancellation of or Refusal to Issue an Emeritus Registration									05/12/17	05/12/22	
4731-23-01	Delegation of Medical Tasks - Definitions									11/30/16	11/30/21	
4731-23-02	Delegation of Medical Tasks									11/30/16	11/30/21	
4731-23-03	Delegation of Medical Tasks: Prohibitions									08/17/16	08/17/21	
4731-23-04	Violations									08/17/16	08/17/21	
4731-24-01	Anesthesiologist Assistants - Definitions									07/31/19	07/31/24	
4731-24-02	Anesthesiologist Assistants; Supervision									07/31/19	07/31/24	
4731-24-03	Anesthesiologist Assistants; Enhanced Supervision									07/31/19	07/31/24	
4731-24-05	Military Provisions Related to Certificate to Practice as an Anesthesiologist Assistant			12/04/19						07/31/19	07/31/24	
4731-25-01	Office-Based Surgery - Definition of Terms										03/01/23	
4731-25-02	General Provisions									05/31/18	05/31/23	
4731-25-03	Standards for Surgery Using Moderate Sedation/Analgesia									05/31/18	08/31/23	
4731-25-04	Standards for Surgery Using Anesthesia Services									05/31/18	05/31/23	
4731-25-05	Liposuction in the Office Setting									03/01/18	03/01/23	
4731-25-07	Accreditation of Office Settings									05/31/18	05/31/23	
4731-25-08	Standards for Surgery									09/30/19	09/30/24	
4731-26-01	Sexual Misconduct - Definitions									06/30/16	06/30/21	
4731-26-02	Prohibitions									06/14/16	06/14/21	
4731-26-03	Violations; Miscellaneous									06/30/16	06/30/21	
4731-27-01	Definitions									02/04/19	02/02/24	
4731-27-02	Dismissing a patient from the medical practice									05/31/19	05/31/24	
4731-27-03	Notice of termination of physician employment or physician leaving a practice, selling a practice, or retiring from the practice of medicine									05/31/19	05/31/24	
4731-28-01	Mental or Physical Impairment									08/31/17	08/31/22	
4731-28-02	Eligibility for confidential monitoring program									08/31/18	08/31/23	
4731-28-03	Participation in the confidential monitoring program									08/31/18	08/31/23	
4731-28-04	Disqualification from continued participation in the confidential monitoring program									08/31/18	08/31/23	
4731-28-05	Termination of the participation agreement for the confidential monitoring program									08/31/18	08/31/23	
4731-29-01	Standards and procedures for operation of a pain management clinic.									06/30/17	06/30/22	
4731-30-01	Internal Management Definitions									09/23/18	09/23/23	
4731-30-02	Internal Management Board Metrics	07/26/19								09/23/18	09/23/23	

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4731-30-03	Approval of Licensure Applications					05/07/20				10/17/19	10/17/24	
4731-31-01	Requirements for assessing and granting clearance for return to practice or competition. (concussion rule)					04/10/19	05/13/19			11/30/19	11/30/24	
4731-32-01	Definition of Terms									09/08/17	09/08/22	
4731-32-02	Certificate to Recommend Medical Marijuana									09/08/17	09/08/22	
4731-32-03	Standard of Care									09/08/17	09/08/22	
4731-32-04	Suspension and Revocation of Certificate to Recommend									09/08/17	09/08/22	
4731-32-05	Petition to Request Additional Qualifying Condition or Disease									09/08/17	09/08/22	
4731-33-01	Definitions	05/09/19		11/15/19	05/20/20	06/18/20	07/23/20			04/30/19	04/30/24	
4731-33-02	Standards and procedures for withdrawal management for drug or alcohol addiction	05/09/19		11/15/19	05/20/20	06/18/20	07/23/20					
4731-33-03	Office-Based Treatment for Opioid Addiction									04/30/19	04/30/24	
4731-33-04	Medication Assisted Treatment Using Naltrexone									04/30/19	04/30/24	
4731-34-01	Standards and Procedures to be followed by physicians when prescribing a dangerous drug that may be administered by a pharmacist by injection.									07/31/19	07/31/24	
4731-35-01	Consult Agreements	01/18/19		03/21/19	11/14/19	06/18/20	07/23/20					
4731-35-02	Standards for managing drug therapy	01/18/19		03/21/19	11/14/19	06/18/20	07/23/20					
4731-36-01	Military provisions related to education and experience requirements for licensure	03/22/19	06/12/19	12/04/19								
4731-36-02	Military provisions related to renewal of license and continuing education	03/22/19	06/12/19	12/04/19								
4731-36-03	Processing applications from service members, veterans, or spouses of service members or veterans.	03/22/19	06/12/19	12/04/19								
4731-36-04	Temporary license for military spouse	02/11/20	02/12/20	02/14/20								
4759-2-01	Definitions	04/19/18	07/11/18	09/25/18						11/30/19	11/30/24	
4759-4-01	Applications	04/19/18	07/11/18	09/25/18						11/30/19	11/30/24	
4759-4-02	Preprofessional experience	04/19/18	07/11/18	09/25/18							08/28/24	
4759-4-03	Examination	04/19/18	07/11/18	09/25/18						11/30/19	11/30/24	
4759-4-04	Continuing Education	08/27/19								11/30/19	11/30/24	
4759-4-08	Limited permit	8/27/19 4/19/18	07/11/18	09/25/18						11/30/19	11/30/24	
4759-4-09	License certificates and permits	04/19/18	07/11/18	09/25/18						11/30/19	11/30/24	
4759-4-12	Consideration of military experience, education, training and term of service	03/22/19	06/12/19	12/04/19						11/30/19	11/30/24	
4759-4-13	Temporary license for military spouse	03/22/19	06/12/19	12/04/19						11/30/19	11/30/24	
4759-5-01	Supervision of persons claiming exemption									08/28/19	08/28/24	
4759-5-02	Student practice exemption	04/19/18	07/11/18	09/25/18						11/30/19	11/30/24	

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4759-5-03	Plan of treatment exemption	04/19/18	07/11/18	09/25/18						11/30/19	11/30/24	
4759-5-04	Additional nutritional activities exemption										07/01/24	
4759-5-05	Distribution of literature exemption										07/01/24	
4759-5-06	Weight control program exemption										07/01/24	
4759-6-01	Standards of practice innutrition care	04/19/18	07/11/18	09/25/18						11/30/19	11/30/24	
4759-6-02	Standards of professional performance	04/19/18	07/11/18	09/25/18							12/18/17	
4759-6-03	Interpretation of standards	04/19/18	07/11/18	09/25/18						11/30/19	11/30/24	
4759-9-01	Severability	04/19/18	07/11/18	09/25/18						11/30/19	11/30/24	
4759-11-01	Miscellaneous Provisions	04/19/18	07/11/18	09/25/18						11/30/19	11/30/24	
4761-2-03	Board Records									02/28/19	02/28/24	
4761-3-01	Definition of terms									02/28/19	02/28/24	
4761-4-01	Approval of educational programs									02/28/19	02/28/24	
4761-4-02	Monitoring of Ohio respiratory care educational programs									02/28/19	02/28/24	
4761-4-03	Recognition of military educational programs for active duty military members and/or military veterans			12/04/19						11/15/18	11/15/23	
4761-5-01	Waiver of licensing requirements pursuant to division (B) of section 4761.04 or the Revised Code	04/23/19	06/12/19	11/06/19	01/10/20	06/18/20	07/23/20			04/24/13	04/24/18	
4761-5-02	Admission to the Ohio credentialing examination	04/23/19	06/12/19	11/06/19	01/10/20	06/19/20	No change rule			09/19/20	06/19/25	
4761-5-04	License application procedure	04/23/19	06/12/19	11/06/19	01/10/20	06/18/20	07/23/20			08/12/13	08/15/18	
4761-5-06	Respiratory care practice by polysomnographic technologists	04/23/19	06/12/19	11/06/19	01/10/20	06/18/20	No change rule			09/18/20	06/18/25	
4761-6-01	Limited permit application procedure	04/23/19	06/12/19	11/06/19	01/10/20	06/18/20	07/23/20			02/28/19	02/28/24	
4761-7-01	Original license or permit, identification card or electronic license verification									02/28/19	02/28/24	
4761-7-03	Scope of respiratory care defined										11/15/23	
4761-7-04	Supervision			11/06/19	01/10/20	06/18/20	07/23/20				11/15/23	
4761-7-05	Administration of medicines										11/15/23	
4761-8-01	Renewal of license or permits	03/22/19	06/12/19	12/04/19							08/15/18	
4761-9-01	Definition of respiratory care continuing education			11/06/19	01/10/20	06/18/20	07/23/20				02/28/24	
4761-9-02	General RCCE requirements and reporting mechanism	03/22/19	06/12/19	12/04/19							05/06/15	
4761-9-03	Activities which do not meet the Ohio RCCE requirements									02/28/19	02/28/24	
4761-9-04	Ohio respiratory care law and professional ethics course criteria			11/06/19	01/10/20	06/18/20	07/23/20				02/28/24	
4761-9-05	Approved sources of RCCE			11/06/19	01/10/20	06/18/20	07/23/20				02/28/24	
4761-9-07	Auditing for compliance with RCCE requirements			11/06/19	01/10/20	06/18/20	07/23/20				05/06/15	
4761-10-01	Ethical and professional conduct									02/28/19	02/28/24	



# Legal Dept. Rules Schedule

As of 8/03/20

## RULES AT CSI

### Comment Deadline 12/20/19

Military Rules for all license types

### Comment Deadline 2/28/20

4731-36-04

### Comment Deadline 5/27/20

4731-18 – Light Based Medical Device Rules

### Comment Deadline 6/12/20

4731-10-CME Rules

### Approved to File with CSI

4731-11-02	4731-11-03	4731-11-04
4731-11-04.1	4731-11-07	4731-11-11
4774-1-01	4759-4-04	4759-4-08
4774-1-02	4759-6-02	
4774-1-03		
4774-1-04		
4731-8-01		
4731-8-02		
4731-8-03		
4731-8-04		
4731-8-05		
4731-8-06		

## **RULES READY FOR INITIAL CIRCULATION**

Hearing rules-4731-13-01-4731-13-36

Exposure Prone Invasive Procedures

## RULES AT JCARR

### Filed 6/19/20 – Hearing Scheduled 7/23/20

4730-1-01	4730-1-05	4730-1-06
4730-1-07	4730-1-08	4730-2-01
4730-2-04	4730-2-05	4730-2-06
4730-2-07	4730-2-10	4730-4-01
4730-4-02	4731-11-01	4731-11-14
4731-33-01	4731-33-02	4731-35-01
4731-35-02	4761-5-01	4761-5-02
4761-5-04	4761-5-06	4761-6-01
4761-7-04	4761-9-01	4761-9-04
4761-9-05	4761-9-07	4761-10-03

### **No Change Rules-Filed with JCARR**

4730-1-01	Effective 9/16/20
4730-1-05	Effective 9/17/20
4730-2-01	Effective 9/16/20
4761-5-02	Effective 9/17/20
4761-5-06	Effective 9/16/20



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**Legislative Update: August 12, 2020**

**SB 246 – Occupational Licensing (Sen. Roegner, McColley) Companion HB432**

*To require an occupational licensing authority to issue a license or government certification to an applicant who holds a license, government certification, or private certification or has satisfactory work experience in another state under certain circumstances.*

- The policy team has worked with the bill sponsors to submit language that addresses the concern of the ability of the Board to adequately review out of state applications. The legislative service commission is currently drafting our proposed changes to be reviewed by staff and the legislature before being submitted as an amendment to the bill language.

**Status:** 7/21/2020 Senate General Government and Agency Review, (Sixth Hearing)

There are no currently scheduled hearings.

**HB 679 – Telehealth**

*To establish and modify requirements regarding the provision of telehealth services and to declare an emergency.*

- The ad hoc committee continues to discuss the bill provisions. Changes around initial visits, consistency in standard of care, Medical Board rulemaking authority and synchronous technology are proposed based on the last discussions with the committee. The legal team has drafted changes based on those discussions to be reviewed at the next committee meeting.

**Status:** 6/09/2020 House Insurance, (Third Hearing) Reported

6/10/2020 House Vote, Passed 91/3

6/12/2020 Senate, Introduced

This bill has not been assigned to a committee.



**MEMORANDUM**

TO: Amol Soin, M.D. Chair, Policy Committee  
Members, Policy Committee

FROM: Kimberly C. Anderson, Chief Legal Counsel

RE: CSI Comments regarding CME Rules

DATE: August 3, 2020

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Last month, the Committee discussed comments received on proposed changes to Rule 4731-10-02, Ohio Administrative Code.

The Board discussed the comments from the Ohio Osteopathic Association which indicated opposition to the added allowance of Category 2A credits for osteopathic physicians as a condition of licensure. The OOA requested that the current language be restored to the original language of Rule 4731-10-02. Dr. Johnson also provided input on this issue, and the Policy Committee directed staff to work with Dr. Johnson and the OOA to reach agreement on the proposed language.

On July 17, 2020, Dr. Johnson, Jill Reardon, Joe Turek, and I participated in a telephone conference with representatives from the OOA. During the call, Dr. Johnson proposed changing the references to Category 1-A to Category 1 and deleting the reference to Category 2-A. The representatives from OOA indicated that they would be in favor of this proposed change. A copy of the proposed rule is attached for your review.

Also attached are selected pages from the AOA CME guide which explains the types of activities which constitute Category 1-A, 1-B, 2-A and 2-B credit. This material is brought to your attention since there may be differences in the AMA Category 1 activities.

**Action Requested: Approve amendments to Rule 4731-10-02(A)(1)(c), (A)(2)(b) and delete paragraph (A)(3) and provide information to CSI.**

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**\*\*\* DRAFT - NOT YET FILED \*\*\***

4731-10-02

**Requisite hours of continuing medical education for license renewal or reinstatement.**

(A) During a registration period, a licensee shall be required to complete fifty hours of CME. A licensee must complete a minimum of one hour of CME, approved by the board, on the topic of a licensee's duty to report misconduct under section 4731.224 of the Revised Code. The remainder shall be completed by participating in the following:

- (1) Educational activities recognized by the American medical association as category 1 pursuant to its CME categorization system, and
  - (a) Are certified for category 1 CME credit by the Ohio state medical association
  - (b) Are certified for category 1 CME credit by an institution or organization accredited by the Ohio State Medical Association or the Accreditation Council for Continuing Medical Education; or
  - (c) Have been awarded category 1 CME credit directly by the American medical association.
- (2) Educational activities recognized by the American osteopathic association as category 1-A pursuant to its CME categorization system, and
  - (a) Are certified for category 1-A CME credit by the Ohio osteopathic association
  - (b) Are certified for category 1-A CME credit by an institution or organization accredited by the Ohio osteopathic association or the American osteopathic association; or
  - (c) Have been awarded category 1-A CME credit directly by the American osteopathic association
- ~~(3) Educational activities recognized by the American osteopathic association as category 2-A pursuant to its CME categorization system~~
- (4) Educational activities certified for category 1 CME credit by the Ohio foot and ankle medical association
- (5) Educational activities certified for continuing education contact hours by a provider approved by the council on podiatric medical education
- (6) Internships, residencies, or fellowships accredited by the accreditation council for graduate medical education, the American osteopathic association, or the council on podiatric medical education. Credit shall be earned at a rate of one hour of CME for each week of participation.

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- (7) Pursuant to section 4745.04 of the Revised Code, providing health care services in Ohio, as a volunteer, to indigent and uninsured persons, up to a maximum of three hours per registration period.
- (B) If a licensee has not completed the requisite hours of CME, a licensee is not eligible for license renewal or license reinstatement until such time as the requisite hours have been completed. Any CME undertaken after the end of a registration period and utilized for purposes of renewing or reinstating a suspended license cannot also be utilized to meet the CME requirement of the current registration period.
- (C) Licensees who are not working in the medical profession or who are retired from practice but wish to renew or reinstate their licenses shall meet the CME requirements of section 4731.282 of the Revised Code and this chapter of the Administrative Code.
- (D) Licensees residing or practicing out of the state who wish to renew or reinstate their licenses must meet the CME requirements of section 4731.282 of the Revised Code and this chapter of the Administrative Code even though not currently residing or practicing in Ohio.
- (E) During a volunteer registration period, every holder of a volunteer's certificate shall be required to complete one hundred fifty hours of CME pursuant to the requirements of section 4731.295 of the Revised Code. Seventy-five hours must meet the criteria established in paragraph (A)(1) of this rule. If a holder of a volunteer's certificate has not completed the requisite hours of CME, a holder is not eligible for certificate renewal until such time as the requisite hours have been completed. Any CME undertaken after the end of a volunteer registration period and utilized for purposes of renewing a suspended certificate cannot also be utilized to meet the CME requirement of the current volunteer registration period.
- (F) During a clinical research registration period, every holder of a clinical research faculty certificate shall be required to complete seventy-five hours of CME pursuant to the requirements of section 4731.293 of the Revised Code. Such hours must meet the criteria established in paragraph (A)(1) of this rule. If a holder of a clinical research faculty certificate has not completed the requisite hours of CME, a holder is not eligible for certificate renewal until such time as the requisite hours have been completed. Any CME undertaken after the end of a clinical research registration period and utilized for purposes of renewing a suspended certificate cannot also be utilized to meet the CME requirement of the current clinical research registration period.
- (G) During a conceded eminence registration period, every holder of a certificate of conceded eminence shall be required to complete fifty hours of CME pursuant to the requirements of section 4731.297. Such hours must meet the criteria established in paragraph (A)(1) of this rule. If a holder of a certificate of conceded eminence

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has not completed the requisite hours of CME, a holder is not eligible for certificate renewal until such time as the requisite hours have been completed. Any CME undertaken after the end of a conceded eminence registration period and utilized for purposes of renewing a suspended certificate cannot also be utilized to meet the CME requirement of the current conceded eminence registration period.

2019 – 2021

**CONTINUING MEDICAL EDUCATION**  
Guide for Osteopathic Physicians



American Osteopathic Association  
142 East Ontario Street  
Chicago, IL 60611



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2019 – 2021

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## Types of CME Credit

The AOA assigns CME credit to four categories: 1-A, 1-B, 2-A, and 2-B. In very general terms, Category 1 is typically osteopathic CME; and Category 2 denotes allopathic CME. Category A is usually live activities, and Category B is not (with a few exceptions).

AOA Category 1-A Credit		
Activity Type	Description	Rules, Caps, etc.
<b>Formal Osteopathic CME</b>	<ul style="list-style-type: none"> <li>Formal face-to-face programs or interactive online programs sponsored by AOA-accredited Category 1 CME sponsors</li> </ul>	<ul style="list-style-type: none"> <li>Granted on an hour-for-hour basis</li> <li>Specialty Specific Certifying Boards have the discretion to determine when in-person CME is important (e.g., clinical procedural content) and limit the amount of online CME earned during a 3-year CME cycle accordingly.</li> </ul>
<b>Medical Teaching</b>	Formal delivery of medical education lectures in the following settings: <ul style="list-style-type: none"> <li>in osteopathic and allopathic medical colleges</li> <li>at specialty or divisional society conferences</li> <li>to students, interns, residents, fellows, and staff</li> </ul>	<ul style="list-style-type: none"> <li>Granted on an hour-for-hour basis</li> <li>Must be verified by the CME Department of the medical college, sponsoring hospital, or sponsor. To report CME earned by medical teaching, please submit a letter from the institution stating the number of hours and date(s) to receive credit.</li> <li>CME credits will not be awarded for preparation of lectures.</li> </ul>
<b>Interactive CME on the Internet</b>	<ul style="list-style-type: none"> <li>Synchronous or asynchronous delivery of interactive internet CME provided by an AOA-accredited Category 1 CME sponsor</li> </ul>	<ul style="list-style-type: none"> <li>If delivery of content is asynchronous, to qualify for Category 1-A credit, instructor responses to participant questions must be received within 48 hours.</li> <li>Synchronous or asynchronous, interactive internet CME from <i>AMA PRA Category 1™</i> or AAFP-accredited sponsors will count as Category 2-A.</li> <li>Specific Specialty Certifying Boards have the discretion to determine when in-person CME is important (e.g., clinical procedural content) and limit the amount of online CME earned during a 3-year CME cycle accordingly.</li> </ul>
<b>Standardized Life Support Courses</b>	Standardized life support courses including provider, refresher, and instructor levels. Includes the following types of courses: <ul style="list-style-type: none"> <li>Advanced Trauma Life Support</li> <li>Advanced Cardiac Life Support</li> <li>Basic Life Support</li> <li>Pediatric Advanced Life Support (AHA) or Advanced Pediatric Life Support (AAP)</li> <li>Neonatal Advanced Life Support</li> <li>Advanced Life Support in Obstetrics</li> <li>Adult Fundamentals of Critical Care Support</li> <li>Pediatric Fundamentals of Critical Care Life Support</li> <li>Advanced HAZMAT Life Support</li> <li>Advanced Burn Life Support</li> <li>Basic Disaster Life Support</li> <li>Advanced Disaster Life Support</li> </ul>	<ul style="list-style-type: none"> <li>Online standardized courses will be awarded CME credit for the practical part only.</li> <li>Specific Specialty Certifying Boards have the discretion to determine when in-person CME is important (e.g., clinical procedural content) and limit the amount of online CME earned during a 3-year CME cycle accordingly.</li> <li>If a physician submits a certificate of completion that contains a specific number of credits awarded from the course, that amount will be recognized by the AOA. In cases where the certificate of completion does not contain a specific number of credits, CME will be awarded per the chart listed in <i>Appendix E</i>.</li> </ul>



## AOA Category 1-A Credit (cont'd)

Activity Type	Description	Rules, Caps, etc.
<b>Grand Rounds</b>	<ul style="list-style-type: none"> <li>• Must be conducted by an AOA-accredited Category 1 CME sponsor to receive Category 1-A CME credit</li> </ul>	<ul style="list-style-type: none"> <li>• Granted on an hour-for-hour basis</li> <li>• All non-osteopathic grand rounds will receive Category 1-B CME credit.</li> </ul>
<b>Oral/Practical Examinations for AOA Certifying Boards</b>	<ul style="list-style-type: none"> <li>• Administration of an oral and/or practical examination for an AOA specialty certifying board</li> </ul>	<ul style="list-style-type: none"> <li>• Granted on an hour-for-hour basis</li> </ul>
<b>Standardized Federal Aviation Courses</b>	<p>The following courses can count for credit:</p> <ul style="list-style-type: none"> <li>• Aviation Medicine</li> <li>• Flight Surgeon Primary Course</li> <li>• Cardiology-themed Seminars</li> <li>• Neurological-themed Seminars</li> <li>• Basic Standardized Seminars</li> <li>• All federally-mandated medical courses</li> <li>• All standardized CME courses offered for the purpose of maintaining an aeromedical examiner designation</li> </ul>	<ul style="list-style-type: none"> <li>• Granted on an hour-for-hour basis</li> <li>• Must be sponsored by the Federal Aviation Administration, the United States Armed Services, or the Civil Aeronautic Institute</li> </ul>
<b>Federal Activities (Active Duty/Uniformed Service)</b>	<ul style="list-style-type: none"> <li>• Formal CME programs to participants who are on active duty or employed by a uniformed service</li> </ul>	<ul style="list-style-type: none"> <li>• Granted on an hour-for-hour basis</li> <li>• All other federal CME activities will receive Category 1-B CME credit.</li> </ul>
<b>Judging Osteopathic Clinical Case Presentations and Research Poster Presentations</b>	<ul style="list-style-type: none"> <li>• Serving as a formal judge for osteopathic clinical case presentations and research poster presentations at a formal CME function implemented by an AOA-accredited sponsor</li> </ul>	<ul style="list-style-type: none"> <li>• Granted on an hour-for-hour basis</li> <li>• Maximum of ten (10) CME credits per 3-year AOA CME cycle</li> </ul>
<b>Clinical Case Presentations and Research Poster Presentations</b>	<ul style="list-style-type: none"> <li>• Primary author in preparing and presenting a clinical case or research poster presentation implemented by an AOA-accredited sponsor</li> </ul>	<ul style="list-style-type: none"> <li>• Must be primary author</li> <li>• Will receive 5 CME credits per presentation</li> </ul>



AOA Category 1-B Credit		
Activity Type	Description	Rules, Caps, etc.
<b>GME Faculty/Preceptors</b>	<ul style="list-style-type: none"> <li>Serving as GME faculty, GME core faculty, or preceptors in any AOA-approved osteopathic or ACGME-accredited graduate medical education</li> </ul>	<ul style="list-style-type: none"> <li>Granted on an hour-for-hour basis</li> <li>A maximum of 20% of the required CME credits per 3-year AOA CME cycle may be earned for precepting medical students, residents, and/or fellows.</li> <li>No credit is available for precepting physician assistants or nurse practitioners.</li> <li>If CME for GME Faculty/Precepting is not reported directly by the sponsor, please submit a letter from the institution stating the number of hours and date(s) to receive credit.</li> </ul>
<b>UGME Preceptors</b>	<ul style="list-style-type: none"> <li>Serving as preceptors for any COCA-accredited college of osteopathic medicine</li> </ul>	<ul style="list-style-type: none"> <li>Granted on an hour-for-hour basis</li> <li>A maximum of 20% of the required CME credits per 3-year AOA CME cycle may be earned for precepting medical students, residents, and/or fellows.</li> </ul>
<b>Non-Interactive CME on the Internet</b>	<ul style="list-style-type: none"> <li>Includes audio and video programs on the Internet sponsored by AOA-accredited Category 1 CME sponsors</li> <li>These courses are typically programs that are available on an on demand schedule and are not a real-time, interactive simultaneous conference.</li> </ul>	<ul style="list-style-type: none"> <li>Category 2-B credit will also be awarded to journal-type CME on the Internet that is produced by an AOA-accredited sponsor, ACCME accredited provider for <i>AMA PRA Category 1™</i>, or approved by the AAFP. These courses are essentially static, textbook type programs. They may have hypertext jumps to help the reader pursue specific information.</li> <li>Reading of journals indexed in PubMed, other types of home study, and non-interactive CME on the internet have a combined maximum of 25% of the required CME credits per 3-year AOA CME cycle</li> </ul>
<b>Grand Rounds (Non-osteopathic)</b>	<ul style="list-style-type: none"> <li>Grand rounds that occur at an organization that is not an AOA Category 1 CME sponsor</li> </ul>	<ul style="list-style-type: none"> <li>Granted on an hour-for-hour basis</li> </ul>
<b>Residency/Fellowship Training</b>	<ul style="list-style-type: none"> <li>Formal training as a resident or fellow in an AOA-approved or ACGME-accredited training program</li> </ul>	<ul style="list-style-type: none"> <li>Twenty (20) credits of Category 1-B CME may be awarded per year</li> </ul>



## AOA Category 1-B Credit (cont'd)

Activity Type	Description	Rules, Caps, etc.
<b>Journal Reading (JAOA and other osteopathic journals)</b>	<ul style="list-style-type: none"> <li>Reading an issue of the <i>Journal of the American Osteopathic Association (JAOA)</i> and passing the respective CME quiz with a minimum grade of 70%</li> </ul>	<ul style="list-style-type: none"> <li>Two (2) CME credits will be awarded for each issue of the JAOA</li> <li>Non-members who submit hard copies of completed quizzes will be charged a fee per JAOA quiz for staff time to grade, record, and provide a letter as documentation of applicable CME. In addition, non-members have the capability of completing the quizzes online at <a href="http://aoaonlinelearning.osteopathic.org">aoaonlinelearning.osteopathic.org</a>.</li> <li>Reading of all other osteopathic medical journals indexed in PubMed qualifies for AOA Category 1-B credit, and reading of all other medical journals qualifies for AOA Category 2-B credit and is awarded one-half (0.5) CME credit for each journal read and reported on the form.</li> <li>Reading of journals indexed in PubMed, other types of home study, and non-interactive CME on the internet have a combined maximum of 25% of the required CME credits per 3-year AOA CME cycle</li> </ul>
<b>AOA Primary Certification Examination</b>	<ul style="list-style-type: none"> <li>Passing any AOA specialty certifying board primary certification examination</li> </ul>	<ul style="list-style-type: none"> <li>15 Category 1-B CME credits for each exam passed</li> </ul>
<b>AOA Subspecialty/ CAQ Certification Examination</b>	<ul style="list-style-type: none"> <li>Passing any AOA specialty certifying board certification examination in any subspecialty or certificate of added qualifications</li> </ul>	<ul style="list-style-type: none"> <li>15 Category 1-B CME credits for each exam passed</li> </ul>
<b>AOA OCC Component 3 Examination/ Process</b>	<ul style="list-style-type: none"> <li>Passing any AOA specialty certifying board OCC examination or completing the OCC Component 3 process in any specialty, subspecialty, or certificate of added qualifications</li> </ul>	<ul style="list-style-type: none"> <li>15 Category 1-B CME credits for completing Component 3 per 3-year AOA CME cycle</li> </ul>
<b>Postgraduate Studies</b>	<ul style="list-style-type: none"> <li>Obtaining an advanced degree, such as masters in public health, business administration or doctorate studies of any kind</li> </ul>	<ul style="list-style-type: none"> <li>Twenty-five (25) credits of Category 1-B CME may be awarded.</li> <li>Credits are awarded upon completion of the degree.</li> </ul>



## AOA Category 1-B Credit (cont'd)

Activity Type	Description	Rules, Caps, etc.
<b>Exam Construction – Committee Work</b>	<ul style="list-style-type: none"> <li>Meetings or seminars of an AOA specialty certifying board or conjoint committee, an AOA practice affiliate's postgraduate in-service examination committee, or at a meeting of the National Board of Osteopathic Medical Examiners</li> </ul>	<ul style="list-style-type: none"> <li>Participation in exam development/ construction and job task analyses can earn a maximum combined 50% of the required CME per 3-year AOA CME cycle.</li> </ul>
<b>Exam Construction – Item Writing</b>	<ul style="list-style-type: none"> <li>Writing examination items accepted by an AOA specialty certifying board or conjoint committee, an AOA-accredited Category 1 provider, and/or the National Board of Osteopathic Medical Examiners</li> </ul>	<ul style="list-style-type: none"> <li>Participation in exam development/ construction and job task analyses can earn a maximum combined 50% of the required CME per 3-year AOA CME cycle.</li> </ul>
<b>Exam Construction – Clinical Case Development</b>	<ul style="list-style-type: none"> <li>Writing clinical cases accepted by an AOA specialty certifying board or conjoint committee, or the National Board of Osteopathic Medical Examiners</li> </ul>	<ul style="list-style-type: none"> <li>Participation in exam development/ construction and job task analyses can earn a maximum combined 50% of the required CME per 3-year AOA CME cycle.</li> </ul>
<b>Job Task Analyses (JTAs)</b>	<ul style="list-style-type: none"> <li>Participation in the development of a Job Task Analysis for an AOA specialty certifying board or conjoint committee or response to the survey given as part of the JTA process. JTAs are essential self-assessment examinations conducted every 5-7 years as the basis for all board certification examinations.</li> </ul>	<ul style="list-style-type: none"> <li>Participation in exam development/ construction and job task analyses can earn a maximum combined 50% of the required CME per 3-year AOA CME cycle.</li> </ul>
<b>Publications</b>	<ul style="list-style-type: none"> <li>Development and publication of scientific papers and online osteopathic educational programs</li> </ul>	<ul style="list-style-type: none"> <li>10 CME credits per article published</li> </ul>
<b>Peer Review – JAOA</b>	<ul style="list-style-type: none"> <li>Participation as a physician peer reviewer for the JAOA.</li> </ul>	<ul style="list-style-type: none"> <li>3 Category 1-B CME will be awarded per completed peer review for the JAOA with a maximum of 20% of the required CME credits.</li> </ul>
<b>Federal Programs (not Active Duty / Uniformed Service)</b>	<ul style="list-style-type: none"> <li>Any formal CME programs to participants who are not on active duty or employed by a uniformed service</li> </ul>	<ul style="list-style-type: none"> <li>Active duty or uniformed service employment constitutes Category 1-A</li> </ul>



## AOA Category 1-B Credit (cont'd)

Activity Type	Description	Rules, Caps, etc.
<b>Committee and Hospital Staff Work</b>	<p>Participating in patient care in non-administrative hospital department staff activities, including care-based committees, such as:</p> <ul style="list-style-type: none"> <li>• Critical care committee</li> <li>• Utilization review</li> <li>• Pharmacy and therapeutics</li> <li>• Patient safety</li> <li>• Tumor board</li> <li>• Morbidity and mortality</li> <li>• Any other patient-care oriented committee designed to improve patient care</li> </ul>	<ul style="list-style-type: none"> <li>• To obtain credit, physicians must submit the appropriate form.</li> <li>• Maximum of five (5) CME credits can be earned per 3-year AOA CME cycle</li> </ul>
<b>Non-osteopathic CME Programs (conversion from Category 2-A to Category 1-B)</b>	<ul style="list-style-type: none"> <li>• Non-osteopathic CME programs can automatically count as Category 2-A or 2-B credit.</li> <li>• The BOS may recognize non-osteopathic specialty or subspecialty programs that would otherwise qualify as Category 2-A credit for Category 1-B credit, when there is essentially no equivalent course content available within the osteopathic profession. Credit for such programs will be applied to all physicians in that specialty or subspecialty who participate in the course.</li> <li>• The course must consist of at least three (3) credit hours and be provided by a provider accredited by the ACCME for <i>AMA PRA Category 1 Credit</i><sup>™</sup> or the AAFP, or an internationally known sponsor acceptable to the BOS.</li> </ul>	<p>To request consideration for Category 1-B credit, the physician must write to the BOS at AOA Headquarters in Chicago and provide the following:</p> <ol style="list-style-type: none"> <li>1. A completed <a href="#">Non-osteopathic Program's Requests for Category 1-B Credit</a> form</li> <li>2. A copy of the printed program (or syllabus) outlining the lectures being presented, length of the lecture and the faculty presenting at the conference</li> <li>3. An official document verifying the physician's attendance</li> </ol> <ul style="list-style-type: none"> <li>• The applicant should be aware that this request will be forwarded to the specialty affiliate to verify that similar programs and/or lectures have not been or are not being offered by an AOA-accredited CME provider.</li> <li>• The AOA performs reviews of non-osteopathic courses as a member service. Non-members may request AOA Category 1-B credit for non-osteopathic sponsored CME programs by following the same procedure outline, along with payment of a fee for each program submitted for review.</li> </ul>



## AOA Category 2-A Credit

Activity Type	Description	Rules, Caps, etc.
<b>Formal Educational Programs (Non-osteopathic)</b>	<ul style="list-style-type: none"> <li>Formal face-to-face educational programs that are sponsored by an ACCME accredited provider for <i>AMA PRA Category 1 Credit™</i>; approved by the American Academy of Family Physicians (AAFP); approved by an internationally known sponsor acceptable to the BOS, or an AOA-accredited Category 1 CME Sponsor that does not meet the faculty/ hours requirement for Category 1-A credit</li> </ul>	<ul style="list-style-type: none"> <li>Granted on an hour-for-hour basis</li> </ul>
<b>Interactive CME on the Internet</b>	<ul style="list-style-type: none"> <li>Real time, interactive internet CME (live online programs) provided by an <i>AMA PRA Category 1™</i> or AAFP-accredited sponsor</li> </ul>	<ul style="list-style-type: none"> <li>Real time, interactive internet CME provided by AOA Category 1-A accredited sponsors will count as Category 1-A.</li> <li>Specialty Specific Certifying Boards have the discretion to determine when in-person CME is important (e.g., clinical procedural content) and limit the amount of online CME earned during a 3-year CME cycle accordingly.</li> </ul>
<b>Judging Clinical Case Presentations and Research Poster Presentations (Non-osteopathic)</b>	<ul style="list-style-type: none"> <li>Serving as a formal judge for clinical case presentations and research poster presentations at a formal CME function</li> </ul>	<ul style="list-style-type: none"> <li>Granted on an hour-for-hour basis</li> <li>Maximum of ten (10) CME credits per 3-year AOA CME cycle</li> </ul>
<b>Clinical Case Presentations and Research Poster Presentations (Non-osteopathic)</b>	<ul style="list-style-type: none"> <li>Primary author in preparing and presenting a clinical case or research poster presentation</li> </ul>	<ul style="list-style-type: none"> <li>Must be primary author</li> <li>Will receive 5 CME credits per presentation</li> </ul>



## AOA Category 2-B Credit

Activity Type	Description	Rules, Caps, etc.
<b>Home Study</b>	<ul style="list-style-type: none"> <li>Viewing non-osteopathic medical video, audio, or online CME courses</li> </ul>	<ul style="list-style-type: none"> <li>Reading of journals indexed in PubMed, other types of home study, and non-interactive CME on the internet have a combined maximum of 25% of the required CME credits per 3-year AOA CME cycle</li> </ul>
<b>Journal Reading (other than the <i>JAOA</i> and other osteopathic journals)</b>	<ul style="list-style-type: none"> <li>Reading of all medical journals (other than the <i>JAOA</i> and osteopathic journals indexed in PubMed) is awarded one-half (0.5) CME credit for each journal read.</li> <li>Includes journal-type CME on the internet</li> </ul>	<ul style="list-style-type: none"> <li>Reading of journals indexed in PubMed, other types of home study, and non-interactive CME on the internet have a combined maximum of 25% of the required CME credits per 3-year AOA CME cycle</li> <li>To receive credit, please submit the appropriate form.</li> </ul>
<b>Textbook Reading</b>	<ul style="list-style-type: none"> <li>Reading medical textbooks</li> </ul>	<ul style="list-style-type: none"> <li>Five (5) CME credits may be granted for each medical textbook read.</li> <li>To obtain CME credit, please submit the appropriate form documenting the name of the medical textbook(s) read.</li> </ul>
<b>Non-Interactive CME on the Internet</b>	<ul style="list-style-type: none"> <li>Journal-type CME on the Internet that is produced by an AOA-accredited sponsor, ACCME accredited provider for <i>AMA PRA Category 1™</i>, or approved by the AAFP. These courses are essentially static, textbook type programs. They may have hypertext jumps to help the reader pursue specific information.</li> </ul>	<ul style="list-style-type: none"> <li>Audio and video programs on the internet that are sponsored by AOA-accredited Category 1 CME sponsors will receive Category 1-B credit.</li> <li>Reading of journals indexed in PubMed, other types of home study, and non-interactive CME on the internet have a combined maximum of 25% of the required CME credits per 3-year AOA CME cycle</li> </ul>
<b>American Board of Medical Specialties (ABMS) Maintenance of Certification and Subspecialty/CAQ Examinations</b>	<ul style="list-style-type: none"> <li>Participation in Maintenance of Certification or examinations for certificate(s) of added qualification sponsored by the American Board of Medical Specialties (ABMS)</li> </ul>	<ul style="list-style-type: none"> <li>Maximum of fifteen (15) CME credits per 3-year AOA CME cycle</li> </ul>
<b>Scientific Exhibits</b>	<ul style="list-style-type: none"> <li>The preparation and presentation of scientific exhibits at a county, regional, state, or national professional meeting</li> </ul>	<ul style="list-style-type: none"> <li>Ten (10) credits per scientific exhibit</li> </ul>



## Non-Qualifying Activities

### A. Volunteer Work

- The AOA applauds volunteer work, but such work does not qualify for CME credit.

### B. Medical Facility Tours

- Such tours do not qualify for CME credit.

### C. Healthcare Committee and Departmental Meetings.

- Such meetings do not count for CME credit unless they fall under the activities listed in “Committee and Hospital Staff Work”.

### D. Osteopathic State Licensing Board Participation

### E. Inspections

### F. Physician Administrative Training

### G. Quality Assessment Programs

- While participation in Quality Assessment Programs does not qualify for CME credit, participation in Quality Improvement and Quality Assessment Programs may count for OCC Component 4 credit through the Quality Improvement Activity Attestation.

### H. Observation at Medical Centers

### I. Medical Economics Courses

## Reporting CME Activities

- Reporting of osteopathic CME credit is the responsibility of the accredited AOA Category 1 sponsor. Credits submitted by a physician for such activities will not be accepted by the AOA. AOA Category 1 CME sponsors have ninety (90) days after the program to submit CME credits.
- Reporting of CME earned from an ACCME-accredited provider for *AMA PRA Category 1 Credit™* or AAFP CME programs to the AOA is the responsibility of the physician. A certificate of attendance must be provided to the AOA Department of Client and Member Services at [crc@osteopathic.org](mailto:crc@osteopathic.org) indicating the total number of hours attended. Transcripts from other institutions (hospitals, CME trackers, etc.) will also be accepted if it contains the total number of hours.
- All submissions should include the physician’s name and AOA ID number.





To: Dr. Soin, Chairman Policy Committee of the State of Ohio Medical Board

From: Chelsea Wonski, Legislative Director and Jill Reardon, Director of External Affairs

Date: August 12, 2020

Attached please find a memo received from a coalition of Ohio hospitals and associations in support of the State Medical Board of Ohio joining the Interstate Medical Licensure Compact (Compact). This subject was considered by the Board in 2015 and the resulting memo is also attached. The same concerns that were present at that time remain concerns today.

The Compact is a formal agreement between states to address efforts for physicians seeking licensure in multiple states. The compact became operational in April 2017 and in part, its purpose is to allow for expedited licensure by streamlining the licensing process. Currently, the Compact includes 29 states, the District of Columbia, and the Territory of Guam.

**To be eligible for a license through the Compact process, physicians must meet the following criteria:**

- Hold a full, unrestricted license to practice medicine in a Compact state; and
- Hold specialty board certification or hold a time unlimited specialty certificate; and
- Have no discipline on any state medical license; and
- Have no discipline related to controlled substance prescribing; and
- Not be under investigation by any licensing or law enforcement agency; and
- Passed the USMLE or COMLEX within 3 attempts; and
- Successfully completed a graduate medical education program.

**The memo supporting joining the Compact lists a few of the benefits as:**

Promoting the development of robust telehealth programs to expand access; and

Advancing Ohio's status as a destination for medical care; and

Reducing administrative burdens for physicians and the state including an expedited licensing system.

**The staff review of the memo finds:**

**• The Compact would inhibit the Board's ability to regulate Ohio licensees independently and adequately.**

- Our authority to properly vet applicants would be diminished. Ohio would have no ability to deny or restrict a license to a physician who has been determined to be eligible for a license through the Compact, even if that individual would be denied a license under the

eligibility requirements of Ohio law, or would be subject to denial or discipline under Ohio law. This could result in a problematic applicant engaging in a type of “forum shopping” to avoid the scrutiny that the individual’s application would, and should, otherwise undergo.

- The Compact Commission will adopt rules that have the force of law in the member states and supersede any conflicting state law. If Ohio becomes a member of the Compact, the rules would be applicable to Ohio even if Ohio votes in opposition to their adoption at the Compact Commission.
- The rules of the Compact Commission will determine the application process for the interstate expedited license, the issuance of the license and determine what disciplinary or investigatory information is required to be shared with other member boards.
- It is possible for the Compact Commission to take legal action against a state medical board for non-compliance with the compact by-laws as illustrated in the 2019 court case titled Interstate Medical Licensure Compact Commission v. State of South Dakota.

● **The Compact would bifurcate the current physician licensing process, creating additional bureaucracy, thus slowing the issuance of a license.**

- Under the Compact, there would be two different licensure processes and two sets of eligibility requirements: (1) those under Ohio law and (2) those mandated by the Compact. Yet, the license being applied for is the same. This could cause confusion for both applicants and staff. Further, this will require integration into the statewide licensing system, eLicense with additional software programming charges,
- There will be duplicative reporting of licensure and disciplinary information to the FSMB and to the Commission.
- All complaints against physicians who hold a license issued via the Compact must be reported to the Commission. Meanwhile, complaints against licensees that do not hold a license issued via the Compact are confidential pursuant to Ohio law. Further, many states have a different interpretation of the word “complaint,” and there will likely be inconsistencies in the application of this requirement.
- Because renewal of an interstate expedited license must be completed through the Commission, license renewal will take longer to complete whereas today all licensees have instantaneous renewal upon application submission and payment.

● **There are unnecessary fees imposed upon physicians seeking membership.**

- To participate in the compact, physicians must pay the commission fee of \$700 in addition to the state initial licensure fees for each state to which they wish to obtain a license.
- Physicians would only benefit from the services of the compact if/when they seek to attain many state licenses during the one-year period from when they are deemed eligible for licensure through the Compact. However, the Compact’s own data shows that an average of less than two state licenses are applied for and issued per physician, rendering the alleged benefits of the Compact meaningless. It would be more cost effective for each physician to simply apply for each state individually to avoid the compact membership fees. Physicians licensed through the compact are also subject to additional Compact fees every time they apply for a license from another state or renew such licenses.

Adoption of the Compact would remove the ability of the board to adequately regulate its licensees. Maintaining local self-determination through state legislative processes is most suitable for Ohio licensees and patients.

The Ohio General Assembly has introduced and continues discussion on legislation to address any licensing barriers to out of state licensees applying in Ohio. The Medical Board continues to work with

the legislature to ensure the Boards current ability to adequately review applicants to the current standard of evaluation.

The Medical Board staff continues to work with the Medical Board members to define what telemedicine looks like for medical professionals in Ohio and looks forward to working with the Ohio General Assembly on this topic.

Ohio currently has numerous options for physicians considering licensure in this state, including an expedited license available to physicians who have already practiced for five years in another state and have no criminal or disciplinary history. Currently, the entire application process for a typical out of state applicant is under two weeks, with approximately 50% of such applications being processed in one week. Meanwhile, the Compact's data shows that application processing times approach two months on average. Joining the Compact will not promote the development of robust telehealth programs to expand access nor will it advance Ohio's status as a destination for medical care. The Compact solely involves licensing and Ohio already has an efficient and inexpensive licensing process that is designed to ensure that only qualified and safe practitioners are permitted to practice in this state. The board has received few, if any, complaints from Ohio's renowned healthcare institutions regarding an inability to recruit practitioners into this state.

The coalition is to be commended for its continued efforts to improve the climate for the licensing and practicing of its medical professionals. However, the Compact would not create any new services or options for physicians in Ohio, and it will likely increase the costs to physicians and limit the Board's authority to regulate its licensees.



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July 8, 2015

To Physicians Licensed in the State of Ohio,

You may be aware of the Interstate Licensure Compact for physicians that has been adopted by some states to address multi-state licensure. The State Medical Board of Ohio has decided not to pursue legislation to implement the Interstate Licensure Compact at this time, and would like to provide you with the reasoning behind that decision.

For those of you who are not familiar with the Interstate Licensure Compact, it is a formal agreement between states to address licensure for physicians seeking licensure in multiple states. The Compact Agreement was developed in September 2014 and to date has been adopted by the legislatures of nine states (Alabama, Idaho, Minnesota, Montana, Nevada, South Dakota, Utah, West Virginia and Wyoming). According to the Federation of State Medical Boards' website, an additional 10 states have legislation pending to adopt the Interstate Licensure Compact (Iowa, Illinois, Maryland, Michigan, Nebraska, Oklahoma, Rhode Island, Texas, Vermont and Wisconsin). The Compact is governed by the Interstate Compact Commission which was activated when seven states adopted the Compact. It is estimated that the Interstate Compact Commission will become fully operational in the next 12 to 18 months.

In order to be eligible for a license through the Compact process, physicians must meet the following criteria:

- Hold a full, unrestricted license to practice medicine in a Compact state;
- Hold specialty board certification or hold a time unlimited specialty certificate;
- Have no discipline on any state medical license;
- Have no discipline related to controlled substance prescribing;
- Not be under investigation by any licensing or law enforcement agency;
- Passed the USMLE or COMLEX within 3 attempts;
- Successfully completed a graduate medical education program.

The Board has identified several areas of concern with the Interstate Licensure Compact, including loss of self-determination, financial issues, legal issues, and the administrative burden associated with additional bureaucracy and lack of operational clarity.

**Loss of Self-Determination: The Compact would remove the Ohio Medical Board's authority to regulate its licensees.**

- The Compact Commission will adopt rules that have the force of law in the member states and supersede any conflicting state law. If Ohio becomes a member of the Interstate Compact, the rules would be applicable to Ohio even if Ohio votes in opposition to their adoption at the Compact Commission.
- The rules of the Compact Commission will determine the application process for the interstate expedited license, the application fee, the issuance of the license, the renewal fee and determine what disciplinary or investigatory information is required to be shared with other member boards.

- Ohio would have no ability to deny or restrict a license to a physician who has been determined to be eligible for the Interstate Compact license by another member board, even if that individual would be denied a license under Ohio law.

### **Financial Issues: The Compact imposes duties without providing for appropriate funding to the Ohio Board**

- Licensure and renewal fees are virtually the exclusive source of funding for the Board.
- The Compact requires states to provide services without receiving a fee. For example, if Ohio is designated as the “state of principal license” by the applicant, Ohio must determine whether the applicant is eligible for the interstate expedited license without receiving any fee. If Ohio finds the applicant to be ineligible, it must incur the costs of an administrative hearing under the Ohio Administrative Procedures Act, without any fee.
- The Commission will levy an annual assessment to the member states to cover the operations of the Commission, with the assessment determined by a formula adopted by the Commission. At this time, the amount of this fee is unknown.
- Renewals must be made through the Commission. The Commission will collect the fee for renewal in each state of licensure and then distribute the allotted amount to each state. Currently, the Board receives the majority of its funding from the biennial renewal fees.

### **Legal Concerns: The Compact may not be legally permissible, and violates the confidentiality of investigations**

- Under the Compact, licensure records for physicians granted an interstate license are deemed to be investigatory records, and, therefore, confidential. Under the Ohio Public Record Law, licensure records are public documents and are regularly shared with hospitals, physicians and other members of the public. This discrepancy will create legal challenges under the Ohio Public Record Law.
- There is a strong likelihood that the Compact will create a due process legal challenge to the Ohio disciplinary requirements. If a license is suspended in one state, it is automatically suspended without a hearing in all states. Even if the state that originally imposed the suspension reinstates the license, the other states must hold a hearing before reinstating the license.
- The requirement to share investigatory information with other member states puts Ohio’s participation with DEA and law enforcement task forces at risk. Although the information is classified as “confidential” it doesn’t preclude another state from providing the information to the physician being investigated. This is in direct conflict with DEA and law enforcement task force requirements.

### **Additional Bureaucracy and Confusion: The Compact will likely add an administrative burden and slow the licensure processes**

- If Ohio adopts the Compact, there will be two different licensure processes: (1) Ohio law and (2) the Compact. Both processes include an “expedited” license but the requirements are different. This will confuse applicants and the staff.
- There will be duplicative reporting of licensure and disciplinary information to the FSMB and to the Commission.
- All complaints against physicians who hold the interstate expedited license must be reported to the Commission. However, many states have a different interpretation of the word “complaint,” and there will likely be inconsistencies in the application of this requirement.

- Because renewal of an interstate expedited license must be completed through the Commission, renewal will likely take longer to be reflected in Ohio's database.

Ohio currently has numerous options for physicians considering licensure in this state, including an expedited license available to physicians who have already practiced for five years in another state. The Interstate Licensure Compact would not create any new services or options for physicians in Ohio, and it will likely increase the costs to the physicians and limit the Board's authority to regulate its licensees. For these reasons, the Board is not pursuing legislation to adopt the Compact in Ohio.

We would like to hear from you on this issue. Please send any comments to Joan Wehrle at [Joan.Wehrle@med.ohio.gov](mailto:Joan.Wehrle@med.ohio.gov).

Sincerely,

*The State Medical Board of Ohio*



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