# Protecting Advocating Serving

## The FSMB and State Medical Boards: Responding to the COVID-19 Pandemic

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#### Federation of State Medical Boards (FSMB)

- We are the umbrella organization for all 71 of the state and territorial medical boards across the United States
- State medical boards <u>protect the public</u> through the licensing, disciplining and regulation of physicians, PAs, and other health care professionals (e.g. respiratory therapists)
- Established by our member boards in 1912, the FSMB <u>supports</u> state <u>medical boards</u> through education, assessment, research and advocacy and promotes regulatory best practices across states. We co-sponsor the <u>USMLE</u> exam.



## FSMB Census of Actively Licensed Physicians in the United States, 2018



- There are 985,026 actively licensed physicians
- 91% have MD degrees, 9% have DO degrees
- 76% are U.S./Canadian medical school graduates
- 23% are International Medical Graduates (IMGs)
- 64% are male, 35% are female
- 22% hold more than one state medical license
- 82% are specialty board certified by ABMS or AOA

(Young A, Chaudhry HJ, Pei X, et al. FSMB Census of Licensed Physicians in the U.S., 2018. *J Med Reg*. 105(2): 9-23.)



#### **FSMB** Response to COVID-19

- We mobilized <u>data and advocacy</u> resources to assist states and territories in their efforts to <u>quickly</u> increase health care workforce capacity
- We provided <u>free access</u> to our <u>Physician Data Center (PDC)</u> to enable hospitals to quickly/accurately verify medical licenses
- We created an *Ad Hoc Task Force on Pandemic Preparedness* (later renamed *Pandemic Response*)
- We developed a **COVID-19 website** (<u>www.fsmb.org</u>) with state-by-state details on licensure waivers & other resources
- We released <u>recommendations</u> for licensure portability during COVID-19



#### The States' Response to COVID-19

- The states and territories have shown <u>extraordinary flexibility</u> by temporarily <u>waiving</u> or <u>modifying</u> medical licensure requirements to meet healthcare workforce needs:
  - 49 states have modified medical licensure requirements and/or renewals for out of state health care professionals
  - 45 states have modified in-state medical licensure requirements for telehealth from other states
  - 33 states have expedited licensure for retired or inactive physicians
  - 29 states are part of the <u>Interstate Medical Licensure Compact</u>
  - 11 states are allowing early MD and DO graduates to provide care under the supervision of a licensed physician before July 1

#### **New York State**

- 100,000 volunteers answered Gov. Cuomo's call for health care workers to treat NY patients
- The FSMB has worked with many states and territories to help them <u>verify credentials</u> of doctors and PAs using FSMB's <u>Physician Data Center (PDC)</u>
- The PDC database (public version: <a href="www.DocInfo.org">www.DocInfo.org</a>) includes <a href="current">current</a> and <a href="historical">historical</a> medical licensure information for every physician and PA in the U.S. dating back to 1960:
  - Name, DOB, Medical Education, Licensure Status and History, Disciplinary History, Specialty Certification Status

### Interprofessional Consensus Statement March 20, 2020

 The FSMB partnered with leaders of the NCSBN (nursing), NABP (pharmacy), ASPPB (psychology), FSBPT (physical therapy), NBCOT (occupational therapy), and ASWB (social work) to issue a consensus statement:

We "remain committed to public health, public protection and patient safety and will continue to explore ways to support <u>qualified healthcare professionals</u> as they respond to this evolving national emergency."



### Coalition for Physician Accountability April 9, 2020

 The FSMB partnered with leaders of the AMA, AOA, CMSS, AAMC, AACOM, ACCME, ACGME, ECFMG, LCME, NBME, and NBOME to issue a <u>consensus statement:</u>

We support "strengthened efforts that must be in place to safeguard the public and... protect our nation's health care workforce during the COVID-19 pandemic so they remain able to meet the public's needs."



#### **Lessons Learned Thus Far...**

- State and territories can be <u>extraordinary flexible</u> when there is an <u>emergency need</u> to rapidly expand access to quality health care
- Value of Accurate/Current Electronic Data & Records
  - States and territories, <u>and hospitals</u>, need to be able to rapidly verify the qualifications and credentials of physicians and PAs (through <u>FSMB's</u> <u>Physician Data Center</u>) who are already licensed in the United States
  - State and territories, <u>and medical schools</u>, need to move beyond paper credentials ("wet" signatures) and transcripts
- States and territories value their primary mission (<u>safeguarding the</u> <u>public</u>) as much as they value the <u>health/safety of health care workers</u>
- A USPHS Ready Reserve Corps is timely



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#### Thank you!

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