

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman James Barnett at 1:30 P.M. on January 18, 2007 in Room 231-N of the Capitol.

All members were present except:

Pete Brungardt
Vicki Schmidt

Committee staff present:

Emalene Correll, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Jim Wilson, Office of Revisor of Statutes
Nobuko Folmsbee, Office of Revisor of Statutes
Morgan Dreyer, Committee Secretary

Conferees appearing before the committee:

Mindee Reece, Director, Center for Public Health Preparedness, Kansas Department of Health and Environment
Lawrence Buening, Executive Director, Kansas State Board of Healing Arts
Patti Artzer, Administrative/Fiscal Officer, Board of Emergency Medical Services

Others attending:

See attached list.

Presentation on Public Health Emergency Response in Kansas:

Assistance from Out-of-State Clinicians

Upon calling the meeting to order, Chairman Barnett called on Mindee Reece, Director, Center for Public Health Preparedness, Kansas Department of Health and Environment who stated information on public health emergency response in Kansas concerning the assistance from out-of-state clinicians. Highlights from her presentation included:

1. Background
2. Emergency system for the Advance Registration of Volunteer Health Professionals
3. Current Interstate Cooperation

A copy of her presentation is (Attachment 1) attached hereto and incorporated into the Minutes as referenced.

The Chair asked for questions or comments from the Committee. Questions came from Senators Jordan, and Barnett regarding preparedness in terms of a pandemic such as vaccines and equipment, EMAC, good samaritan policy, sharing information.

Presentation on Information Understanding Hurricane Katrina on related Public Emergency Issues

The Chair then called upon Lawrence Buening, Executive Director, Kansas State Board of Healing Arts who presented information concerning problems faced in Hurricane Katrina and responding out-of-State physicians. Highlight of his presentation included:

1. Information concerning the Victims of Hurricane Katrina
2. Statute concerning the Healing Arts - 65-28, 125, Limited permit to practice a branch of the healing arts; issuance; qualifications; practice limitations; renewal.
3. Booklet: Responding in Times of Need - Katrina and Beyond by the Federation of State Medical Boards
 - a. Executive Summary
 - b. The Crisis and The Response
 - c. Responding to the Crisis
 - d. Reinventing the Credentialing Wheel
 - e. In Search of Credentials
 - f. Key Lessons Learned

CONTINUATION SHEET

MINUTES OF THE Senate Public Health and Welfare Committee at 1:30 P.M. on January 18, 2007 in Room 231-N of the Capitol.

g. Resources Available from the FSMB

A copy of his presentation is (Attachment 2) attached hereto and incorporated into the Minutes as referenced.

Chairman Barnett asked if there were any questions or comments from the Committee. Questions came from Senator Barnett regarding the development of a draft for legislation.

Presentation on Pandemic: Out-of State Health Providers concerning EMS

The Chair asked if anyone else would care to share information on this topic. Patti Artzer, Administrative/Fiscal Officer, Board of Emergency Medical Services who stated that EMS did not have the legal authority to allow personnel from other states to enter the state to aid during a disaster. Testimony was not provided for the Committee, but a copy of her presentation would be sent to the Committee Secretary to copy for the Committee at a later time.

There were no questions from the Committee.

Adjournment

As there was no further business, the meeting was adjourned at 2:10 p.m.

The next meeting is scheduled for Tuesday, January 23, 2007.

Thurs. Jan. 18, 2007
Senate Public Health and Welfare Committee

Please Sign In

Sam Morin

DEBORAH STERN

Mary Blubaugh

~~Frank Green~~

Dick Morrissey

LARRY BUENING

Michelle Peterson

Leonore Rowe

Timothy D. Stevens

Sky Wentland

Shi Faust

Carolyn Maddendoy

Vivah Tidwell

Emily Geier

Patti Artzer

DAVE CROMWELL

Sarah Green

Kansas Medical Society

KG. HOSPITAL ASSN.

KS BN

KDHE

KDHE

BD OF HEALING ARTS

Capitol Strategies

KWK

Kansas Adjutant General's Dept.

KNASW

KDHE

Ks ST No Assn

Ks ST No Assn

Hein Law Firm

Bd of EMS

Bd of EMS

KHI News Service



Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH
AND ENVIRONMENT

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Division of Health

**Public Health Emergency Response in Kansas:
Assistance from Out-of-State Clinicians
Presented to
Senate Public Health and Welfare Committee
By Mindee Reece
Director, Center for Public Health Preparedness
Kansas Department of Health and Environment**

January 18, 2007

Introduction

Chairman Barnett and other members of the Committee, thank you for the opportunity to provide you with an overview of the issues and challenges involved with obtaining assistance from out-of-state health care providers in Kansas during a public health emergency that requires resources and assistance beyond what can be provided within our state. My name is Mindee Reece. I am the Director of the Center for Public Health Preparedness for the Kansas Department of Health and Environment (KDHE).

It is important to note that a primary issue of concern within Kansas and in other states is the issue of health and medical surge capacity at all levels. There are a limited number of clinicians, epidemiologists, pharmacists, and other health professionals who would be needed to investigate and care for individuals during a widespread outbreak of infectious disease or other public health emergency situation. This lack of depth would create serious problems if a situation requiring sustained response were to take place in Kansas. This problem exists within KDHE and at the community level, where the actual response would take place.

Background

The Center for Public Health Preparedness, which is located within the agency's Division of Health, works to build public health and healthcare capacity in order to prepare for and respond to public health emergency situations, including acts of terrorism, infectious disease outbreaks, and natural disasters such as ice storms and floods. This all-hazards approach to preparedness and response serves the state well in assuring plans are developed and tested for a variety of situations.

OFFICE OF THE DIRECTOR OF HEALTH
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 300, TOPEKA, KS 66612-1368

Voice 785-296-1086 Fax 785-296-1562

*Senate Public Health and Welfare
Committee*

*Attachment #1
January 18, 2007*

KDHE's preparedness and response activities are guided by the general public health authority contained in KSA 65-100, et seq. In an emergency response situation, the agency works in collaboration with the Adjutant General's Department, which has the primary statutory authority in disaster emergencies.

While Kansas has recently been identified nationally as a leader in the area of public health emergency preparedness, the issue of sharing of health and medical professionals during an emergency response is in its relative infancy nationally, as well as within the state.

As noted previously, health and medical surge capacity is a serious issue for Kansas. Additionally, the issues of licensure reciprocity, malpractice and liability coverage, and determining who is responsible for worker's compensation coverage and costs for non-governmental health care workers pose serious challenges for Kansas and other states in developing systems and plans for sharing of health and medical staff in response to an emergency.

Emergency System for the Advance Registration of Volunteer Health Professionals

To help address these issues, KDHE is in the process of developing an Emergency System for the Advance Registration of Volunteer Health Professionals, known as ESAR-VHP. ESAR-VHP is a standardized, volunteer registration system to assist with both in-state and cross state-line movement of volunteer health professionals to assist with emergencies and disasters. This system is a requirement of the state's Bioterrorism Program Cooperative Agreement from the Health Resources Services Administration (HRSA), which also provides funding for the project, based on the identified need for an emergency "surge" or supplemental health care workforce that can be mobilized to respond immediately to an emergency. The experiences of New York City hospitals in the aftermath of the World Trade Center destruction were instructive about the issues confronting the use of health care professional volunteers in an emergency or mass casualty event. According to reports, hospital administrators involved in responding to the World Trade Center tragedy indicated that they were not able to use medical volunteers when they were unable to verify the volunteer's basic identity, licensing, credentials (training, skills, and competencies), and employment. In effect, this precious, needed health workforce surge capacity could not be used.

To this end, each state is required by HRSA to establish a standardized, volunteer registration system. Each state-based system will include readily available, verifiable, up-to-date information regarding the volunteer's identity, licensing, credentialing, accreditation, and privileging in hospitals or other medical facilities. The establishment of these standardized systems will give each state the ability to quickly identify and better utilize health professional volunteers in emergencies and disasters. In addition, these state systems will, ultimately, enable the sharing of these pre-registered and credentialed health care professionals across state lines and even nationally.

In Kansas, a multi-disciplinary task force was created during 2006 to collaboratively review and develop plans for the ESAR-VHP, which includes KDHE, the Kansas Hospital Association, Medical Reserve Corps – Region VII, Kansas Board of Healing Arts, Kansas State Board of Nursing, Kansas Behavioral Sciences Regulatory Board, Kansas Association of Local Health

Departments, Kansas Medical Society, American Red Cross, Kansas Adjutant General's Department, and Kansas Association of Osteopathic Medicine.

A vendor was employed via a Request for Proposals bid process to develop the software application to support the Kansas ESAR-VHP, with plans for the system to be operational by summer 2007. The Kansas Board of Healing Arts and Kansas Behavioral Sciences Regulatory Board added a volunteer recruitment question to the licensure renewals in the spring of 2006, with 527 behavioral health professionals and 2,087 physicians volunteering to assist with an emergency in Kansas to date. Of these totals, all 527 of the behavioral health professionals and 835 physicians have indicated they would also volunteer to assist with an emergency response in another state.

Current Interstate Cooperation

While the ESAR-VHP project is new in Kansas, the issue of interstate assistance is not, with Kansas participating in the Emergency Management Assistance Compact (EMAC). EMAC provides for mutual assistance between states in managing any emergency or disaster that is duly declared by the governor of the affected state, whether arising from natural disaster, technological hazard, man-made disaster, civil emergency aspects of resources shortages, or enemy attack (KSA 48-9a01). Additionally, Kansas and nine other states are members of the Mid-America Alliance, a group developed to explore a framework for mutual assistance among states during a situation that stresses one individual state's resources but does not initiate a governor-declared state of emergency. Colorado, Iowa, Kansas, Missouri, Montana, Nebraska, North Dakota, South Dakota, Utah, and Wyoming have agreed to share services, resources, and information to effectively address the needs of citizens during a public health emergency.

The Mid-America Alliance states are collaborating to investigate ways of providing mutual aid during state-specific emergencies, which could include material and resources such as laboratory testing as well as ways of sharing staff to assist with the response and recovery effort. The current focus is to review legal issues, identify barriers, and to start setting up protocols and initiate pre-planning of what types of mutual aid are most likely for the participating states.

The response to Hurricane Katrina, one of the nation's most devastating natural disasters, illustrated the serious challenges with sharing of health and medical staff across state boundaries. While EMAC allows the sharing of state resources across state borders, there are some significant issues that require resolution before health and medical resources may effectively be shared between states.

Most health care providers work in settings outside of state government so therefore do not qualify for the liability and worker's compensation agreements offered through EMAC. The issues of liability protection, malpractice coverage, worker's compensation coverage, and credentialing and clinical privileges are very large obstacles that need to be overcome in order to effectively share health professionals between states, as well as within the State of Kansas. When asked repeatedly to send health professionals to assist in the response to Hurricane Katrina, the issue of who would assume the costs for liability and worker's compensation coverage for the non-governmental employees was an insurmountable barrier that prohibited Kansas and many other states from providing adequate levels of assistance to the hospitals in New Orleans and other areas of Louisiana and Mississippi.

Conclusion

The issue of sharing of health and medical professionals between states is of critical importance to the overall public health emergency preparedness effort. We have taken the initial steps to begin recruiting volunteer health professionals to assist in Kansas and other states during public health emergencies, and are very pleased with the initial numbers of behavioral health professionals and physicians who have volunteered. It's important to note that there are still outstanding issues we are currently working to address, including licensure reciprocity, liability coverage, and worker's compensation coverage across state lines. At this time, we do not know of any focused effort to address these issues at the national level.

KDHE will continue to work with its partner agencies and organizations to develop an effective ESAR-VHP for Kansas, and to jointly address the challenges with sharing of health professionals within the state as well as across state lines.

Thank you for the opportunity to provide testimony on this topic. I will now stand for questions.

KANSAS STATE BOARD OF HEALING ARTS

POLICY STATEMENT NO. 05-05

Subject: **Victims of Hurricane Katrina**
Date: **September 20, 2005**

On August 29, 2005, Hurricane Katrina caused unprecedented devastation along the Gulf Coast. The hurricane and the flooding in the storm's aftermath forced an estimated 1 million people from their homes, and it is reported that nearly 293,000 homes have been damaged or destroyed. As a result, thousands of people have been displaced from their homes without any personal belongings or documents and need to relocate elsewhere. Included among those displaced are health care professionals who require expeditious licensure in order to go to work in Kansas. In addition, there may be individuals who obtained their education in schools that have been destroyed by the storm and who cannot obtain official transcripts of their professional education.

The Board directs its staff to provide assistance to individuals who complete an application and provide a sworn statement that, as a result of the storm, they cannot supply documents required for a post-graduate permit, temporary permit and/or permanent licensure. This assistance should include staff acquiring for those applicants and at no charge to them the profiles, examination scores, Board action reports, NPDB/HIPDB reports, and verification of other state licenses required by the Board's applications, rules and regulations, and policies.

Information obtained from national professional associations, the Federations and other states will be considered substantially equivalent to school transcripts and certification from professional school for those applicants who attended professional school in an area affected by the storm. Information provided by other organizations will also be considered substantially equivalent to a notarized copy of diploma and professional recommendations for individuals who, on August 29, 2005, resided in an area affected by the storm. Further, information acquired from other organizations will be considered substantially equivalent for proof of post-graduate professional training that was obtained in an institution within the area affected by the storm.

Individuals whose credentials have been deemed substantially equivalent to those required by rule and regulation, Board application, or Board policy shall be granted temporary permits allowing full practice within their profession once the application has been otherwise deemed complete. The Licensing Administrator shall provide the names of those individuals who have had their credentials determined to be substantially equivalent pursuant to this policy at the next regular meeting of the Board following the issuance of the temporary permit. The Board will then determine on a case-by-case basis which individuals should be granted a permanent license. This policy shall become effective immediately and be valid through and including February 28, 2006 unless otherwise modified or extended by the Board.

*Senate Public Health and Welfare
Committee
Attachment #2
January 18, 2007*

Kansas Legislature

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65-28,125

Chapter 65.--PUBLIC HEALTH Article 28.--HEALING ARTS

65-28,125. Limited permit to practice a branch of the healing arts; issuance; qualifications; practice limitations; renewal. (a) There is hereby created a designation of limited permit to practice a branch of the healing arts which may be issued by the board to a person who holds a degree from a healing arts school; is duly licensed and in good standing to practice the same branch of the healing arts in another state, territory, or the District of Columbia; has made proper application upon forms provided by the board; has paid the prescribed fee established under K.S.A. 65-2852 and amendments thereto; has not previously been licensed in this state; and will provide professional services in this state only as a charitable health care provider as defined under K.S.A. 75-6102 and amendments thereto.

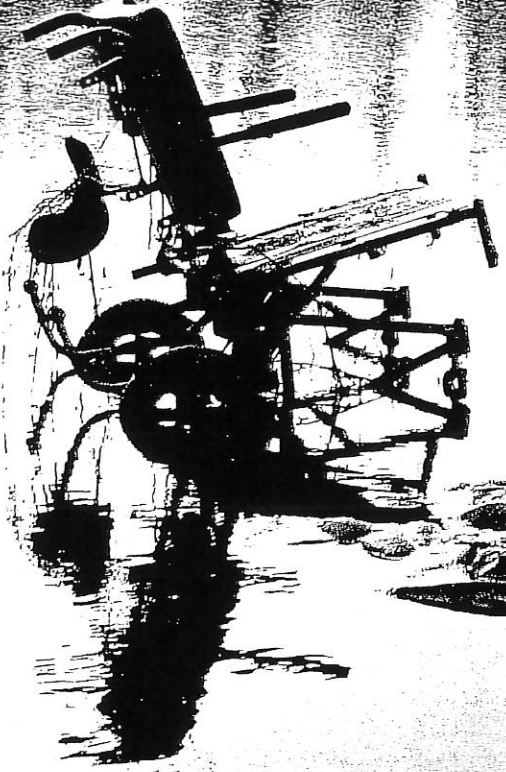
(b) The limited permit issued under subsection (a), when issued, shall authorize the person receiving the permit to practice the appropriate branch of the healing arts as a charitable health care provider but shall not authorize the person receiving the permit to otherwise engage in the practice of the healing arts in this state.

(c) The provisions of subsections (a), (d) and (e) of K.S.A. 65-2809 and amendments thereto relating to expiration, renewal and reinstatement of a license shall be applicable to a limited permit issued under this section.

(d) This section shall be a part of and supplemental to the Kansas healing arts act.

History: L. 1995, ch. 82, § 5; July 1.

RESPONDING IN
TIMES OF NEED

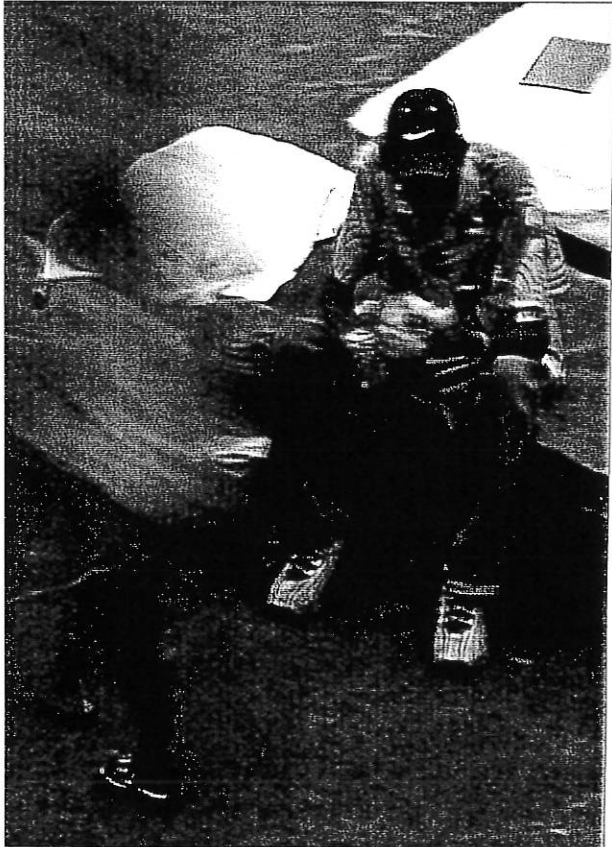


STATE
MEDICAL
BOARDS

KATRINA & BEYOND

A#2

RESPONDING IN TIMES OF NEED: KATRINA & BEYOND



2 EXECUTIVE SUMMARY

SECTION ONE

HURRICANE KATRINA: A DISASTER UNFOLDS

4 THE CRISIS AND THE RESPONSE

6 RESPONDING TO THE CRISIS

10 REINVENTING THE CREDENTIALING WHEEL

12 IN SEARCH OF CREDENTIALS

SECTION TWO

14 KEY LESSONS LEARNED

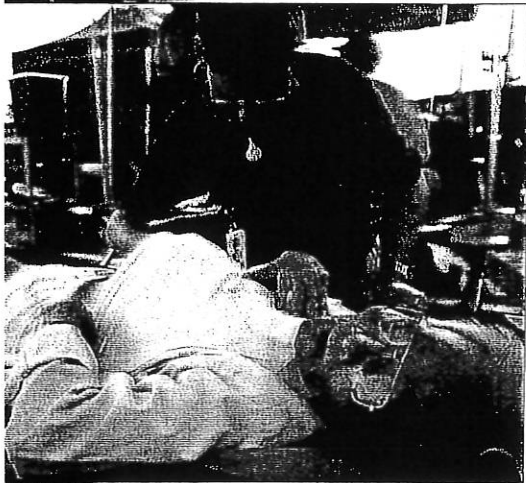
SECTION THREE

17 RESOURCES AVAILABLE FROM THE FSMB



EXECUTIVE SUMMARY

James N. Thompson, M.D.,
President/CEO
Federation of State Medical Boards



As stewards of public protection, it is our duty to be ready for whatever might come our way.

As we all saw during the Hurricane Katrina crisis, a lack of coordination and systems left large gaps in the health care system that put the public at risk. I am pleased to report this was not the case with the state medical board community.

Working together, the staffs of the Federation of State Medical Boards (FSMB) and its member boards performed admirably during the crisis in fulfilling our charge of protecting the public. The FSMB and state medical boards performed the difficult, dual task of expediting medical care for the victims of Katrina, while simultaneously protecting the public from dangerous doctors or imposter physicians.

In the wake of Katrina, many states are examining their emergency preparedness plans and systems. It is good to remember in such reviews that disasters come in all sizes, and that all emergencies are not created equal. A broken water pipe can destroy data just as easily as raging floodwaters.

The FSMB is here to help its member boards in all kinds of adverse situations, big and small. This is why we've created this booklet –

Responding In Times Of Need: Katrina and Beyond. It briefly reviews:

- The response to the Hurricane Katrina crisis by the FSMB and state medical boards;
- Lessons learned; and
- Resources the FSMB offers to help member boards in times of need.

We hope you find it helpful. And we sincerely hope you'll never need to use its tools and lessons during an actual disaster. But as stewards of public protection, I know you'll agree it is our duty to be ready for whatever might come our way.



SECTION ONE

HURRICANE KATRINA: A DISASTER UNFOLDS

All communications used by the board to link to the world – phone, fax, e-mail and cell phone – were down.

THE CRISIS AND THE RESPONSE

The most destructive and costliest natural disaster in U.S. history, Hurricane Katrina swept through the Gulf Coast on Aug. 29, 2005, destroying lives and property, displacing people and wreaking havoc across an entire region.

For the Louisiana State Board of Medical Examiners, the hurricane created a worst-case disaster scenario. Staff and board members were prevented from returning to the board's offices in New Orleans' Central Business District for nearly six weeks due to flooding. The board's website, used by hospitals, health care clinics and other medical boards to verify physician licensure, was knocked offline. All other communications used by the board to link to the world – phone, fax, e-mail and cell phone – were down.

Even as stunned officials began assessing the epic scope of the disaster, two enormous migrations of physicians were already well underway. One was an exodus of an estimated 6,000 physicians out of the Gulf Coast region – doctors who were either displaced or

following evacuee patients to shelters in other states. The other was an influx of thousands of physicians who volunteered to help in the devastated region. One of the top priorities on the minds of many of these doctors was: I need to get licensed *now*.

Medical boards in the states surrounding the disaster area – used to a steady but manageable trickle of applications for licensure each day – were suddenly swamped with phone calls, faxes and e-mails. However, with the Louisiana board website out of commission, the main vehicle for verifying licensure of the state's displaced physicians was unavailable. Even more troubling was Louisiana's inability to verify the legitimacy of physicians coming into the devastated region to help.

"We simultaneously started getting license applications from Louisiana doctors coming out of state and volunteer doctors from other states seeking to help out in Texas," said Jaime Garanflo, manager of Customer Affairs for the Texas Medical Board. "All of a sudden the fax machine started going wild."



In Mississippi, the medical board's offices, located upstate in Jackson, escaped the devastation endured by the state's coastal communities. But the board still faced the huge task of dealing with hundreds of displaced doctors from Louisiana and placing volunteer physicians where they were most urgently needed.

In the days and weeks to follow, an executive order by Louisiana's governor issued shortly after Katrina hit would complicate matters even more for the state's medical board.

HUNDREDS OF MEDICAL STUDENTS, RESIDENT-PHYSICIANS AND PRACTICING PHYSICIANS LOST PROOF OF THEIR MEDICAL EDUCATION AND POSTGRADUATE TRAINING.

"The governor issued an order that we would take any and all doctors," said Dr. Kim Edward LeBlanc, M.D., Ph.D., president and interim executive director



of the Louisiana board. "That was fine if they were from another state. But we couldn't verify those coming in from other countries. The order was well-intentioned, and we needed the help, but it had unintended consequences, and we had stories of people abusing the situation."

And, of course, the Louisiana medical board wasn't the only health care entity knocked out of commission by the hurricane. Across the Gulf Coast, medical schools, hospitals and physicians' practices were destroyed by floodwaters. Hundreds of medical students, resident-physicians and practicing physicians lost proof of their medical education and postgraduate training.

In the stricken region, imposter physicians and doctors with significant disciplinary histories began showing up at hospitals and clinics. The Federation of State Medical Boards Physician Data Center – a repository of data on more than 700,000 licensed U.S. physicians – began receiving calls from previously sanctioned physicians seeking license verification so they could "help." Emergency clinics in Mississippi and Louisiana reported uncredentialed doctors with questionable skills showing up to assist hurricane victims.

Looking back on all that transpired, Dr. LeBlanc said that he would urge other boards to plan not only for emergencies, but also for the worst-case scenario.

"Plan for the worst," he said. "Plan

for no communications. Ask yourself, "What would I do?"

IMMEDIATE EFFECTS FOR THE LOUISIANA BOARD

- No access to medical board office for six weeks
- No access to files
- No access to computer servers
- No ability to check licensees
- No phone, Internet or cell phone service
- Physicians needed to treat hurricane victims
- Rapidly deploying hundreds of medical volunteers

ONGOING CHALLENGES FOR THE LOUISIANA BOARD

- Louisiana governor's executive order: Licensed physicians from any state or country do not need licensure in Louisiana
- Who will make decisions?
- Where is staff?
- Where will they live?
- Access to computer servers
- Setting up temporary board office
- Who will answer the telephone?

2-7

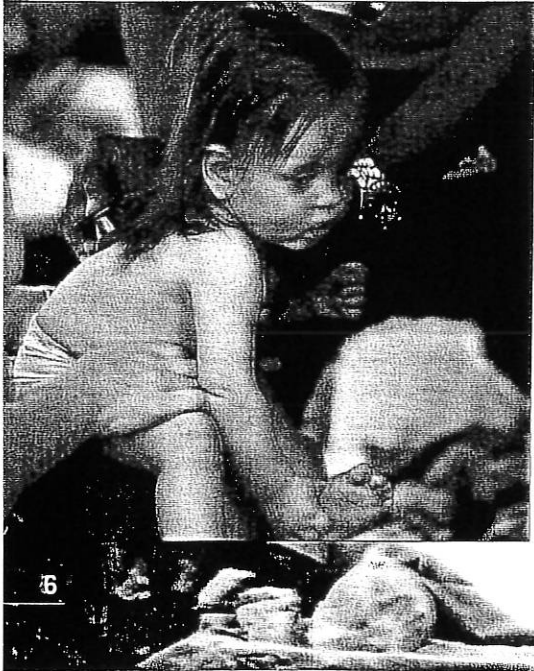


HURRICANE KATRINA: A DISASTER UNFOLDS



"We looked for ways to slash red tape. We did the least amount we felt comfortable with to get people licensed and still protect the public."

– Jaime Garanfio,
Manager of Customer Affairs,
Texas Medical Board



RESPONDING TO THE CRISIS

Medical boards, along with numerous other governmental entities across the Gulf Coast, suddenly found their emergency plans inadequate, misunderstood or simply overwhelmed by the unprecedented situation.

With thousands of doctors moving in and out of the crisis areas, medical boards needed to quickly find ways to get physicians practicing while simultaneously protecting the public. Working together, the FSMB and its member boards, with help from affiliated national organizations and Administrators in Medicine, began to put ad hoc systems in place. In the heat of the crisis, "best practices" gave way to "best practices under the circumstances."

VERIFYING LOUISIANA LICENSES

"Shortly after the hurricane hit, it became apparent that the Louisiana board was going to need our help, so we moved to quickly establish an emergency response team and put systems in place to support the board," said Tim Knettler, vice president of FSMB

Member Resource Centers and Services.

With the use of its national database of physician data, the FSMB set up and posted on its website a 24-hour system to verify, at no charge, Louisiana physician/physician assistant licensure to state medical boards, disaster aid facilities and hospitals. This system, which operated throughout September 2005, verified the licenses of more than 1,200 displaced doctors, enabling them to be quickly available for hurricane victims both in and outside of Louisiana.

"The Louisiana board had sent a completely updated file of their licensees in late July to our All Licensed Physicians Database so we were able to quickly and effectively provide this emergency service," said David Hooper, director of the FSMB Physician Data Center. "This ensured that the hundreds of verifications we were soon providing to medical boards, hospitals and clinics in the disaster area were up-to-date and accurate."

The quick establishment of the verification system shut down a surge of phone calls to the FSMB from sanc-

continued on page 8

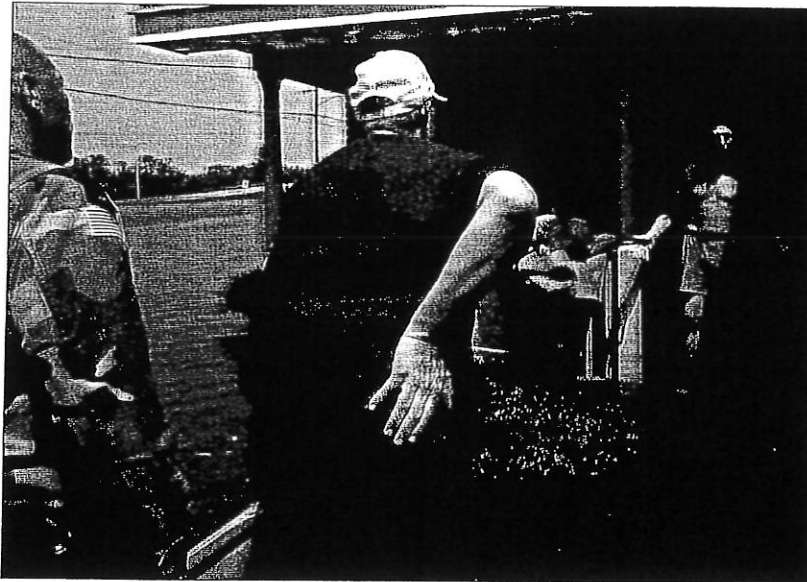
tioned and unlicensed individuals seeking to have their alleged license verification forwarded to personal addresses.

Additionally, the Louisiana board authorized the FSMB to serve as a temporary display agent for the verification of licensure for physicians and physician assistants licensed in Louisiana, which met the Joint Commission on Accreditation of Healthcare Organizations' (JCAHO) standards for primary source verification for Louisiana licensure.

As the magnitude of the devastation became apparent, FSMB member boards extended the scope of their work to meet the enormous health care challenge created by Katrina. Many boards helped coordinate groups of volunteer physicians moving into devastated areas, while simultaneously scrambling to handle the influx of displaced doctors who fanned out across the country.

"We looked for ways to slash red tape," said Jaime Garanflo, manager of Customer Affairs for the Texas Medical Board. "We did the least amount we felt comfortable with to get people licensed and still protect the public."

Both the Texas and Mississippi boards used the Federation Physician Data



AS THE MAGNITUDE OF THE DEVASTATION BECAME APPARENT, FSMB MEMBER BOARDS EXTENDED THE SCOPE OF THEIR WORK TO MEET THE ENORMOUS HEALTH CARE CHALLENGE CREATED BY KATRINA.

Center because it could instantly verify whether or not a physician had a clean disciplinary history. They also queried the American Medical Association (AMA) for physician profiles. Both boards turned down applicants with disciplinary issues of one sort or another.

The Texas board used its discretion in its interpretation of a rule that allows it to issue a "visiting physician temporary license." Typically used for a day or two to permit a doctor to do a procedure for

educational purposes, this license can be extended at the discretion of the executive director. The board started issuing licenses for a period of 45 days, usually getting physicians a license the same day they applied.

Staff did whatever was needed to get doctors licensed so they could help hurricane victims, or restart their lives in new states.

"At times, I issued these temporary licenses from my home computer," Garanflo

said. "Some staff worked Labor Day weekend when things really got bad on the Gulf Coast, even giving out their home phone numbers to help licensees make contact."

The Mississippi board issued emergency temporary licenses for volunteers to practice until the state of emergency was lifted, and for displaced Louisiana doctors who had filed for permanent licensure in Mississippi. The latter received an emergency license good for 120 days, so they could begin practicing immediately while waiting for their permanent license to be approved.

CONNECTING PHYSICIANS AND COMMUNITIES

In addition to licensing hundreds of physicians, boards faced the enormous task of helping channel volunteer doctors to where they were most

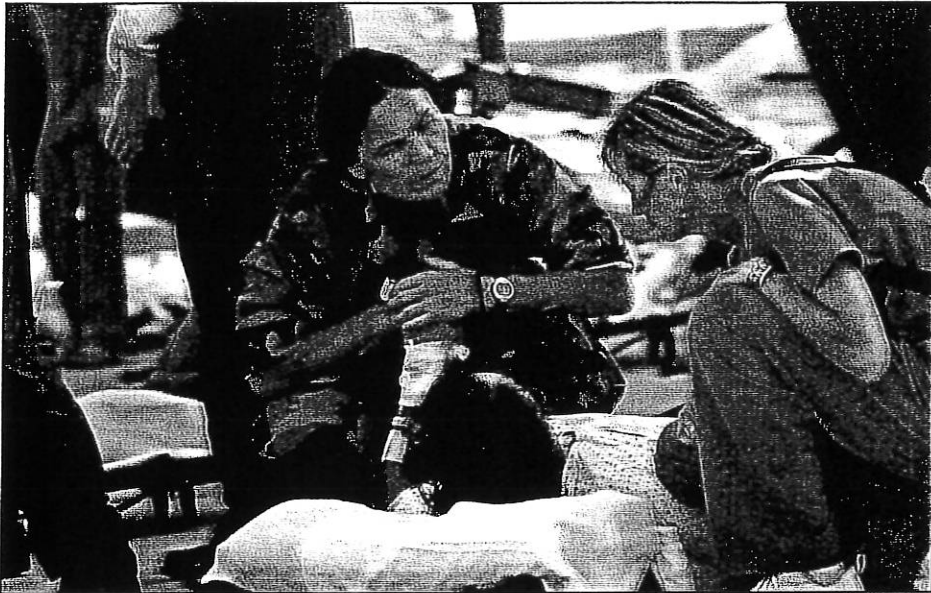
IN ADDITION TO LICENSING HUNDREDS OF PHYSICIANS, BOARDS FACED THE ENORMOUS TASK OF HELPING CHANNEL VOLUNTEER DOCTORS TO WHERE THEY WERE MOST NEEDED.

where to send them."

A not-for-profit group, Information and Quality Healthcare (IQH), soon stepped into this role, creating a clearinghouse of doctors and locations where they were needed. The contact information for this group was put in the temporary permit letter from the Mississippi board.

The Texas board, which required a supervising Texas licensee for each

Board of Physicians, for example, organized three teams totaling 165 health care workers who assessed and treated an estimated 6,200 patients during the teams' 18-day stay. The Maryland team treated more than 650 patients on one day alone.



needed.


"The main problem was working with other entities of the state and getting a central agency that was willing to log in where physicians were needed and where they were sent," said Rhonda Freeman, licensure director for the Mississippi Board of Medical Licensure. "When the crisis hit, all we knew was that all these physicians wanted to help, but we didn't know

incoming volunteer, initially struggled to match volunteers with supervising licensees. Eventually the board identified medical directors who would assume responsibility for all doctors at key evacuee sites, such as the Astrodome.

Medical boards also played a crucial role as clearinghouses of volunteer physicians and other health care personnel, with many states sending groups of varying sizes. The Maryland



HURRICANE KATRINA: A DISASTER UNFOLDS



"Our hearts went out to these physicians who had lost everything – their homes, their practices, their patients, all of the things they had spent so many years building, lost in only a few days."

– Meridee Silva,
Federation Credentials
Verification Service

REINVENTING THE CREDENTIALING WHEEL

Even as expedited licensure systems were putting hundreds of physicians in the Gulf Coast back on the job within a day or two of their applying, another huge challenge was developing.

Displaced Gulf Coast doctors, residents and medical students, their educational and postgraduate training credentials destroyed by Katrina, began contacting medical boards seeking licensure in new states. Boards in turn began contacting the Federation Credentials Verification Service (FCVS) to put together the missing pieces of physicians' credentials puzzles.

Established in 1996 at the request of FSMB's member boards as a tool to facilitate license portability, FCVS is a permanent repository for "core" medical credentials for physicians and physician assistants that includes medical education, postgraduate training, examination history, board action history, board certification and identity. These credentials are subsequently available at a physician's request whenever he or she seeks licensure in another jurisdiction.

"The hurricane really showed us the

value of FCVS," said Rhonda Freeman, of the Mississippi board. "If physicians who did their training at Tulane or LSU had registered their credentials with FCVS, we could simply have called FCVS and had their credentials e-mailed over in a day rather than piecing them together over a period of weeks."

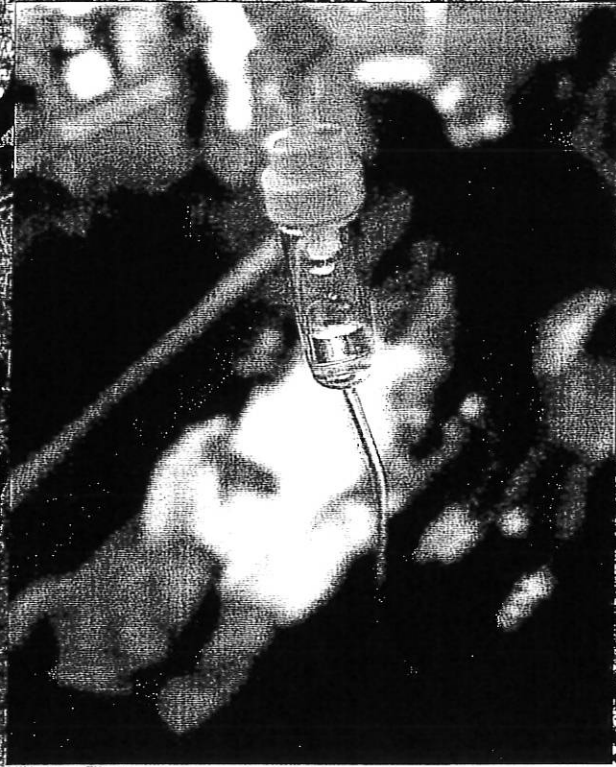
Modeled after the best practices of state medical boards, FCVS's standard "credentialing wheel" verifies core medical credentials directly with medical schools and postgraduate training programs. With Gulf Coast medical schools and residency programs knocked out by Katrina, FCVS had to find the next best thing to a "primary source."

"When we began helping the Katrina physicians obtain licensure, whether it was to begin a practice in another state or complete training, we learned the meaning of 'reinventing the credentialing wheel,'" said Julie Briscoe of FCVS.

FCVS quickly assembled a "hurricane team." With permission to work outside FCVS's normal credentialing parameters, the team began tapping into the exten-

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"OUR CHALLENGE WAS TO FIND
AN ORGANIZATION THAT HAD
CREDENTIALS VERIFICATION THAT
MEDICAL BOARDS WOULD VIEW
AS AN APPROPRIATE SOURCE FOR
THAT INFORMATION."

sive network of relationships it has forged over the last decade with state medical boards and national organizations representing medical schools and postgraduate training programs.

During the crisis, FCVS primarily dealt with displaced physicians who were seeking licensure in a new jurisdiction or doctors who did medical school or residency training in Louisiana and had no way to verify that training for licensure purposes. FCVS had more than 54,000 individual physician credentials on file when Katrina hit, but only a small number of those graduated from a Louisiana medical school or completed postgraduate training in Louisiana.

"Our challenge was to find an organization that had credentials verification for the physician that medical boards would view as an appropriate source for that information," said Kevin Caldwell, director of FCVS.

The task of piecing together a physician's past usually began with FCVS staff lending a compassionate, empathetic ear.

"Our hearts went out to these physicians who had lost everything – their homes, their practices, their patients, all of the things they had spent so many years building, lost in only a few days," said Meridee Silva of FCVS.

FCVS eventually helped more than 125 physicians find this new life by assisting them in locating their medical credentials. Some of the stories told by physicians helped by FCVS were surreal:

- For Kirby Green, M.D., a native

Louisianan who had practiced internal medicine and emergency medicine in New Orleans for 27 years, the prospect of relocating to another state after the hurricane was wrenching. FCVS staff stepped him through the application process and located credentials Dr. Green needed from the American Board of Internal Medicine. Dr. Green was one of a heroic group of staff who endured a horrific week at New Orleans' Charity Hospital after the hurricane, helping more than 1,000 patients. Subsisting on tiny rations of food and water, medical personnel used IVs to stay hydrated as they worked in temperatures that hovered between 98 and 100 degrees, running up and down 12 flights of dark stairwells, usually with equipment. "Our physicians, nurses and other personnel were heroic, doing what was thought impossible and doing it with almost nothing," said Dr. Green who eventually decided to relocate to Utah.

- A second-year resident at Tulane in neurosurgery, Mohammad Almubaslat, M.D., contacted FCVS for help as he sought to continue his residency training in Texas after evacuating from New Orleans. Using contacts at the Accreditation Council for Graduate Medical Education, FCVS was able to verify Dr. Almubaslat's Tulane credentials so he could continue in another program. When FCVS staff later spoke to Dr. Almubaslat he was stuck in traffic trying to flee Hurricane Rita as it threatened southern Texas! He was able to return

later and resume his residency training.

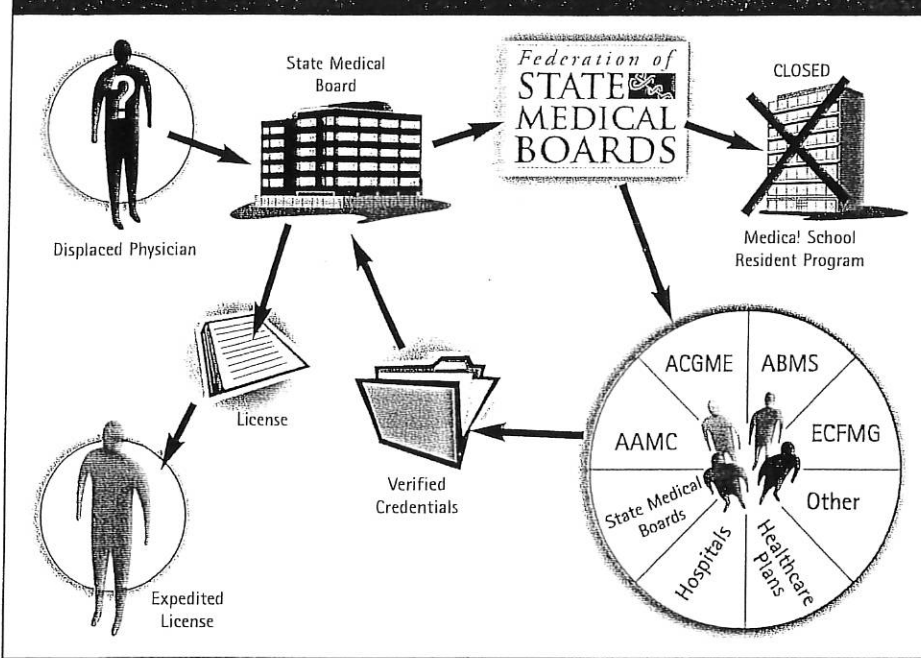
- FCVS staff initially reached Keith Goodfellow, M.D., by phone as he stood in his front yard in Hancock County, Miss., staring for the first time at the bare spot where his home had stood before Katrina literally blew it away. Able to salvage a single trash bagful of personal belongings, Dr. Goodfellow moved to Alabama. With no way to verify Dr. Goodfellow's credentials from the Louisiana State University medical school or New Orleans' Charity Hospital, where he did his postgraduate training, FCVS used contacts at the Association of American Medical Colleges and the American Board of Obstetrics and Gynecology to rebuild Dr. Goodfellow's credentials so he could obtain licensure in Alabama while deciding where to permanently relocate his family.

"The heroism, dedication and sacrifice physicians displayed encouraged us to try and help them find a new life, because the one they had was no longer in New Orleans," said Nicole Lloyd of FCVS.

IN SEARCH OF CREDENTIALS

Since all allopathic U.S. medical schools report matriculation information to the Association of American Medical Colleges (AAMC), the staff was able to provide medical boards with primary source equivalent verification of physicians' medical education credentials dating to 1975. The Accreditation Council for Graduate Medical Education

IN SEARCH OF CREDENTIALS



(ACGME), which receives data from U.S. postgraduate training programs, was able to fill in gaps on displaced physicians' postgraduate training dating to 2000. If verification wasn't available through these organizations, FCVS turned to the American Board of Medical Specialties (ABMS), which obtains credentials of physicians who become certified by one of ABMS's 24 specialty boards. The American Osteopathic Association (AOA) provided information on doctors of osteopathy, while the Educational Commission for Foreign Medical Graduates (ECFMG) quickly provided missing medical education information for internationally trained doctors. If the above failed to turn up needed credentials, FCVS reviewed the

history of the physician's state medical licensure (obtained through the Federation Physician Data Center or directly from the physician) to identify state medical boards that might have credentials information for the physician. If FCVS staff came up empty handed after all these efforts, they tracked down previous hospital and/or managed care groups where the physician had participated and been credentialed.

"I was astounded at the 'need to help' that all of these agencies gave," said Kevin Caldwell, of FCVS. "Not one person with whom we spoke was anything but kind, interested and willing to go the extra mile to help us help these physicians."

KATRINA PHYSICIAN FROM VIETNAM STARTS OVER – AGAIN

One of the more elaborate credentialing cases handled by FCVS

involved Dr. Bong Quy Mui.

A Vietnamese refugee who had lost everything during the Vietnam War, Dr. Mui and his family had re-established their lives



in St. Bernard Parish, just east of New Orleans. Perhaps no area was as hard hit by Katrina as this parish, with some 25,000 houses ruined. Dr. Mui's office was destroyed, his medical school documents from Vietnam lost in a sea of mud. After talking to Dr. Mui, FCVS staff sifted through clues to locate his medical credentials. A call to the American Medical Association found what was needed: the AMA, which sponsored an instructor exchange program with medical schools in Vietnam during the war, was able to provide a copy of the curriculum Dr. Mui would have had to complete prior to graduating medical school, as well as evidence that his final thesis, also required for graduation, was published. The way was cleared for Dr. Mui, who had been granted an expedited temporary license by the Texas Medical Board, to seek permanent licensure to practice medicine in his new home of Houston.

KEY LESSONS SUMMARY

- Prioritize timely sharing of physician licensure and sanction data
- Develop a disaster plan if you don't have one
- Pre-authorize Display Agent Status
- Communicate public protection concerns to governor's office
- Pre-determine points of contact for physician volunteers
- Pre-arrange temporary office and staffing arrangements
- Develop emergency electronic and telephone communications systems
- Back up your board's data in an offsite location
- Remember that all data submitted to the FSMB serves as a double backup to your board's backup
- More medical boards should require the Federation Credentials Verification Service

Timely sharing of physician licensure and sanction information should be a top priority for all state medical boards.

The Katrina crisis dramatically illustrated the importance of comprehensive and consistent data sharing among FSMB member boards. Fortunately, the Louisiana State Board of Medical Examiners had sent the FSMB's All Licensed Physicians database (ALP) a complete file update of their licensees a month before the hurricane hit. The board's timeliness ensured the verifications subsequently provided to member medical boards, clinics and hospitals in the wake of the hurricane were up-to-date and accurate.

The FSMB urges all boards to send

complete, up-to-date files at least once a month and more often if possible. This will enable the FSMB to maintain, on behalf of all 70 member boards, a complete, centralized repository of physician information that can be quickly accessed. The FSMB stores these data in a secure location and backs them up in a second one.

For more information, please see the FSMB Resources section.

If you don't already have a disaster plan, develop one. No disaster plan can prepare for every conceivable scenario that might befall a medical board. However, a thoughtful plan that is clearly communicated to staff and other key agencies can go a

long way to mitigating the contingencies that arise in various emergencies.

As you prepare your plan:

- Imagine the worst-case scenario – prepare for this!
- Imagine "least-case" scenarios – prepare for those, too! All emergencies are not created equal. All kinds of scenarios, big and small, could hamper a medical board's ability to conduct business as usual.
- Make sure everyone on staff knows the emergency plan. Rehearse it periodically.
- Make sure board emergency efforts are known and coordinated with the governor's office and key state agencies.

Pre-authorization of Display Agent Status expedites the emergency licensure verification process.

Shortly after the hurricane hit, the Louisiana State Board of Medical Examiners authorized the FSMB to be the temporary display agent for the verification of licensure for physicians and physician assistants licensed in Louisiana. This temporary authorization met the Joint Commission on Accreditation of Healthcare Organizations' (JCAHO) standards for primary source verification. It is recommended boards pre-authorize the FSMB to serve in a Display Agent Status to expedite license verification in times of need.

Communicate with the governor's office at all key points – now, before disaster strikes, when you see a disaster coming, and once it has happened – to explain public protection concerns.

Shortly after Hurricane Katrina hit, the governor of Louisiana issued an Emergency Declaration allowing licensed medical professionals and personnel from other states and nations to provide assistance in Louisiana. Section 4 of the order reads, *"All out of state or out of country medical professionals and personnel offering services to the state of Louisiana by authority of this Order shall submit to the state health officer,*

or his designee at the Office of Public Health within the Louisiana Department of Health and Hospitals, a copy of their respective license and photo identification."

The expansiveness of this order created problems for the medical board, particularly with physicians from other countries.

Boards should develop protocol and language that the Department of Health and other entities can include in any future executive orders regarding volunteer assistance.

A system to verify the licensure and credentials of volunteer physicians should be in place and part of an emergency health care act. Medical boards should take these steps as part of their disaster planning:

- Determine in advance what minimum standards your state will require to grant temporary licenses for incoming volunteer physicians. During the Katrina crisis, verification of licensure and education and a board action review were the key elements in expediting emergency licensure for both physicians evacuating from the stricken Gulf Coast region and incoming volunteer doctors.
- Develop emergency licensure application forms in advance. Have these ready to be posted on your board's

website at a moment's notice.


- Gain board authorization for issuing emergency permits/licenses outside of regular meetings following approval by staff and one or more designated individuals.
- Develop a list of categories of medical personnel who would be welcomed to render assistance in times of emergency.
- Clarify what defines a "volunteer provider."

Determine in advance points of contact for physician volunteers. In conjunction with the state medical society, nursing and pharmacy boards and other entities, state medical boards should set up a system in advance for volunteers to contact. In Mississippi, a not-for-profit group assumed the role of strategically assigning physicians to places of greatest need during Katrina.

Pre-arrange temporary office and staffing arrangements.

The Louisiana medical board was unable to gain access to its office for more than a month after the hurricane. The board lost the services of much of its staff on a temporary basis, and lost one-third of its staff permanently. To minimize the potential impact of such an occurrence, boards should:

- Locate alternative office space in-state and possibly out-of-state; coordinate with other government agencies,



the state medical society or other groups that might be able to assist in this capacity.

- Pre-arrange lease space, equipment, telephone lines, Internet and a fax for an emergency temporary office.
- Gain commitments from staff to relocate to one or more skeleton offices during an emergency.
- Develop plans for hiring temporary staff.

Develop emergency electronic and telephone communications systems. Board members and staff of the Louisiana medical board lost all ability to communicate with one another for days and, in some cases, weeks. Boards should develop a plan of action to keep lines of communication open in a variety of disaster situations:

- Prepare messages that would be produced automatically on websites and simultaneously transmitted to the FSMB, the state medical society, the department of health, etc., to provide licensees and citizens direction and contact information.
- Prerecord telephone messages providing emergency contact information and instructions.
- Determine firm contact information for board members, the executive director, director of investigations, building manager, attorney and other key staff. Keep the information updated whenever there is staff turnover.

- Develop a secure emergency e-mail/web page system for staff and board members that is maintained offsite.
- Designate persons to serve as liaison with the department of health, and House and Senate staff on volunteer medical personnel and other important issues.
- Designate individuals who will respond to telephone, e-mail and other inquiries from a secured location.
- Purchase wireless computers and upgraded telephones for essential staff's use in the event of emergency.

Back up your board's data in an off-site location.

Fortunately for the Louisiana board, the floodwaters from Katrina did not reach the server on the third floor of the board's New Orleans office.

Unfortunately, the board was unable to access the server for several weeks after the hurricane. It is best to have data, including licensure information for *all* disciplines licensed by your board, duplicated on a server in an offsite location – preferably in another city or even another state.

Remember that all data submitted to the FSMB serve as a double backup to your board's backup.

When you send physician licensure and disciplinary data to the FSMB, your board is in essence backing up that data not once, but *twice* on top of

whatever data backup your board already does. The FSMB stores all data submitted by members in a secure location at the FSMB's offices. These data are then backed up offsite in another highly secure location. These data can be quickly retrieved and restored to your board in times of need.

More medical boards, medical schools and training programs should require the Federation Credentials Verification Service.

Hurricane Katrina showed the value of the permanent, safe repository of core medical credentials provided by the Federation Credentials Verification Service (FCVS) for physicians and physician assistants. In the wake of Katrina, physicians, residents and medical students attempting to relocate to another jurisdiction could retrieve their most key medical credentials within a few hours by contacting FCVS, rather than going through a lengthy process of rebuilding credentials from scratch. FCVS currently stores the credentials of more than 57,000 physicians and physician assistants.

The FSMB Resources section contains more information on how the FSMB can assist in many of these areas.

FSMB RESOURCES SUMMARY

- License Verification
- Accreditation Recognition
- Disciplinary History Search
- Document Retrieval
- Secured Electronic Document Storage
- Physician Contact Information
- Legal and Legislative Monitoring of Emergency Declarations
- Information Clearinghouse
- Emergency Communications
- Expedited Credentials Verification
- Relationships with Key National Organizations
- Website Hosting
- FSMB Staff Resources
- FSMB Office Resources

The Federation of State Medical Boards has a wide array of services available to our member boards during times of need:

1. License Verification

Based on the most recent All Licensed Physicians file submitted, the Federation Physician Data Center can verify licenses, including their expiration date and status, for a medical board that has lost its ability to provide verification. This service can be provided verbally, by e-mail, in written format or in any combination required by the inquiring entity, and can be made available on an around-the-clock basis if necessary.

2. Accreditation Recognition

At the request of member boards, the FSMB can serve as Temporary Display Agent for the verification of licensure

for physicians and physician assistants, meeting the Joint Commission on Accreditation of Healthcare Organizations' standards for primary source verification.

3. Disciplinary History Search

The Federation Physician Data Center can provide board and regulatory agency sanction information used in the emergency credentialing or licensure process. Disciplinary history verification searches can be provided on an around-the-clock schedule if necessary.


4. Document Retrieval

The FSMB can restore the hard copies of any disciplinary files and any elec-

tronic data or data elements ever submitted by a board to the FSMB, including board orders, board order reporting forms, biographic/identifying information, examination documentation and related credentialing information.

5. Secured Electronic Document Storage

The FSMB provides storage for submitted documents or files used in licensure and disciplinary verification responses, including board orders, board order reporting forms, biographic/identifying information, examination documentation, and related credentialing information. In



addition to storing all digitized information and records in a secure site at the FSMB's offices, this information is backed up in a highly secured off-site location.

6. Physician Contact Information

The Centers for Disease Control and Prevention (CDC) and the FSMB are engaged in a project that would, when completed, collect emergency contact information on all licensed physicians in the United States. The project has allowed the FSMB to enhance its existing Physician Data Center in order to provide the CDC with a means to determine the best methods for acquiring physician contact information and notifying licensed physicians of public health emergencies. The collection and reporting of member board licensure files that include physician contact information allow for the application of data management services to query and identify specialties within specific geographic regions.

For more information on resources 1-6, please contact David Hooper, director of the Federation Physician Data Center, at dhooper@fsm.org or (817) 868-4070.

7. Legal and Legislative Monitoring of Emergency Declarations

The FSMB government relations staff

monitors executive orders and public health emergency declarations at the federal and state level and work to minimize potential problems resulting from such declarations. Staff can draft model language for state and federal legislators to ensure that state medical boards have sufficient authority and time to verify the qualifications of physicians who volunteer during a public health emergency.

For more information, contact Bill Paxton, director of Government Relations and Policy, at bpaxton@fsm.org or (817) 868-4056.

8. Information Clearinghouse

Through the FSMB website (fsm.org) and public relations efforts, the FSMB can serve as a central clearinghouse for reliable information or guidance to health care professionals and the public. The FSMB can serve as a central point of contact to obtain and disseminate information to affected boards, staff and membership, volunteer physicians, the public, Administrators in Medicine, medical societies and other organizations.

9. Emergency Communications

The FSMB can tap into its extensive network of relationships with national organizations to communicate medical board needs to groups that may be able to provide assistance.

Communication resources include special editions of the e-mail newsletter *BoardNet News*, direct e-mail/phone calls and the FSMB website.

For more information on resources 8-9, please contact Drew Carlson, director of Communications, at dcarlson@fsm.org or (817) 868-4043.

10. Expedited Credentials Verification

In situations in which physicians and physician assistants have lost access to medical school and postgraduate training credentials, the Federation Credentials Verification Service (FCVS) can often assist in reestablishing credentials. If a physician has previously established an FCVS profile, FCVS can forward a complete credentialing profile without updated information within hours of the request. If a physician is a recent graduate from medical school or a residency training program and the Association of American Medical Colleges or Accreditation Council for Graduate Medical Education has the appropriate information, FCVS can obtain credentialing verification and forward it to the medical board within one or two days. In other cases, FCVS maintains relationships with other organizations, that may be able to provide credentialing information in an expedited fashion.

For more information, contact Kevin Caldwell, director of FCVS, at kcaldwell@fsmb.org or (817) 868-5001.

11. Relationships with Key National Organizations

On behalf of state medical boards, the FSMB maintains relationships with other national organizations, which can result in quick access to valuable information on physicians' medical education, credentials and other support during times of need. These organizations include Administrators in Medicine (AIM), the Association of American Medical Colleges (AAMC), the Accreditation Council for Graduate Medical Education (ACGME), the American Board of Medical Specialties (ABMS), the American Osteopathic Association (AOA), the Educational Commission for Foreign Medical Graduates (ECFMG) and the American Medical Association (AMA).

For more information, please contact Tim Knettler, vice president of Member Resource Centers and Services, at tknettler@fsmb.org or (817) 868-4046.

12. Website Hosting

In the event of server loss by a member board, the FSMB can host board websites until servers are restored or replaced.

For more information, please contact Rita Mohsin, director of Information Services, at rmohsin@fsmb.org or (817) 868-4057.

13. FSMB Staff Resources

The FSMB's staff is available to assist state medical boards for continuity of services in times of need. Personnel can assist in a variety of areas, including physician licensure and disciplinary data, credentials verification, government relations, information technology, and communications and public relations.

14. FSMB Office Resources

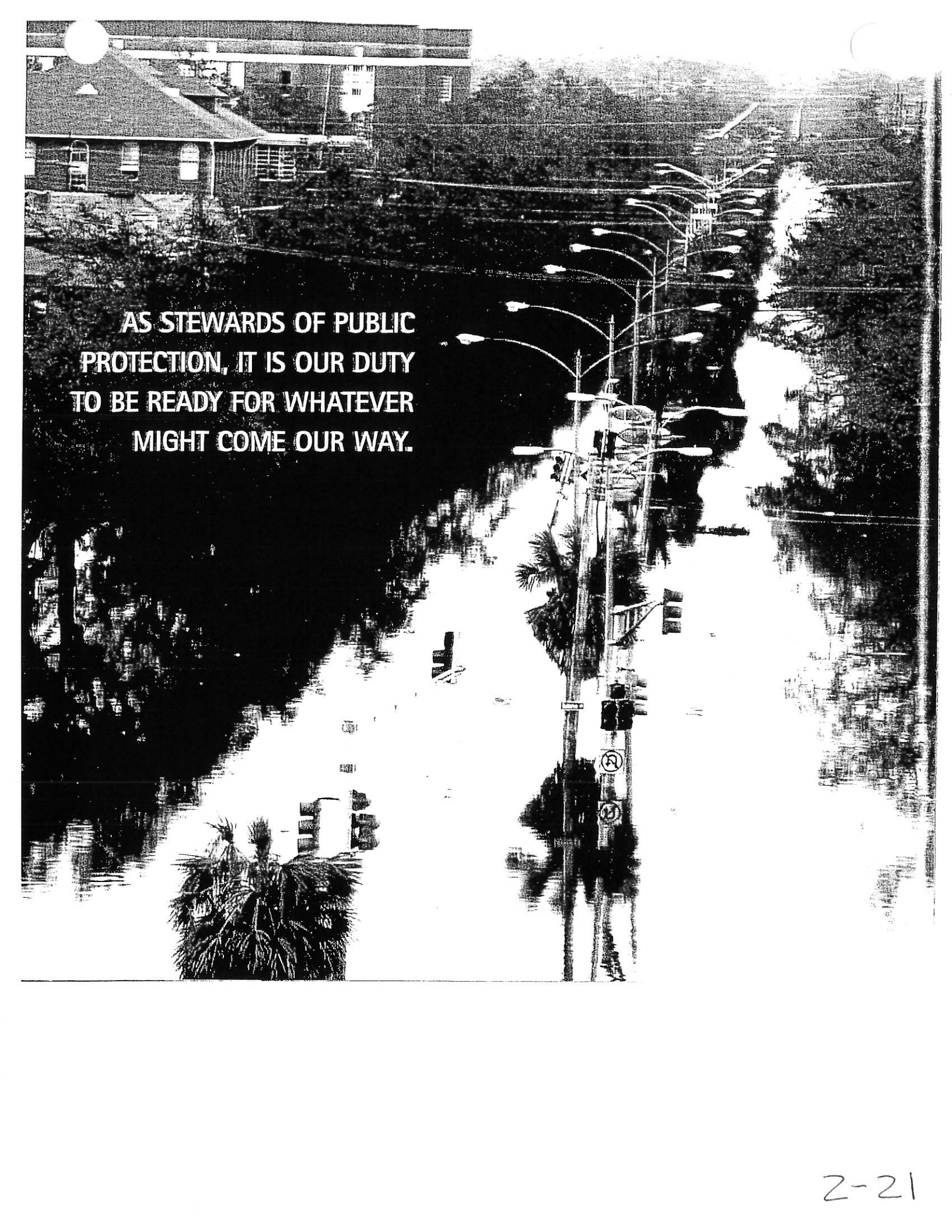
The FSMB office space near the Dallas/Fort Worth International Airport is available to state medical boards for temporary relocation and continuity of services during times of need.

15. Do you have another need the FSMB can help with?

The above are just some of the services the FSMB can provide to member boards. Please let us know if your medical board has needs that don't necessarily fall into one of the categories above, and we will try to help or direct you to a resource or another organization that can assist.

For more information on resources 13-15, please contact Dale Austin, senior vice president/chief operating officer, at daustin@fsmb.org or (817) 868-4060.

If you need to contact the FSMB for assistance after normal business hours, please contact Rita Mohsin at (817) 875-5690.



**AS STEWARDS OF PUBLIC
PROTECTION, IT IS OUR DUTY
TO BE READY FOR WHATEVER
MIGHT COME OUR WAY.**

ESMB MEMBER MEDICAL AND OSTEOPATHIC BOARDS

Alabama State Board of Medical Examiners	Iowa Board of Medical Examiners	Nevada State Board of Osteopathic Medicine	South Carolina Board of Medical Examiners
Alaska State Medical Board	Kansas Board of Healing Arts	New Hampshire Board of Medicine	South Dakota State Board of Medical and Osteopathic Examiners
Arizona Medical Board	Kentucky Board of Medical Licensure	New Jersey State Board of Medical Examiners	Tennessee Board of Medical Examiners
Arizona Board of Osteopathic Examiners in Medicine and Surgery	Louisiana State Board of Medical Examiners	New Mexico Board of Osteopathic Medical Examiners	Tennessee State Board of Osteopathic Examiners
Arkansas State Medical Board	Maine Board of Licensure in Medicine	New Mexico Medical Board	Texas Medical Board
Medical Board of California	Maine Board of Osteopathic Licensure	New York State Board for Medicine	Utah Osteopathic Physician and Surgeons Licensing Board
Osteopathic Medical Board of California	Northern Mariana Islands Medical Professional Licensing Board	New York State Board for Professional Medical Conduct	Utah Physicians Licensing Board
Colorado Board of Medical Examiners	Maryland Board of Physicians	North Carolina Medical Board	Vermont Board of Medical Practice
Connecticut Medical Examining Board	Massachusetts Board of Registration in Medicine	North Dakota State Board of Medical Examiners	Vermont Board of Osteopathic Physicians and Surgeons
Delaware Board of Medical Practice	Michigan Board of Medicine	State Medical Board of Ohio	Virgin Islands Board of Medical Examiners
District of Columbia Board of Medicine	Michigan Board of Osteopathic Medicine and Surgery	Oklahoma Board of Osteopathic Examiners	Virginia Board of Medicine
Florida Board of Medicine	Minnesota Board of Medical Practice	Oklahoma State Board of Medical Licensure and Supervision	Washington Medical Quality Assurance Commission
Florida Board of Osteopathic Medicine	Mississippi State Board of Medical Licensure	Oregon Board of Medical Examiners	Washington State Board of Osteopathic Medicine and Surgery
Georgia Composite State Board of Medical Examiners	Missouri State Board of Registration for the Healing Arts	Pennsylvania State Board of Medicine	West Virginia Board of Medicine
Guam Board of Medical Examiners	Montana Board of Medical Examiners	Pennsylvania State Board of Osteopathic Medicine	West Virginia Board of Osteopathy
Hawaii Board of Medical Examiners	Nebraska Board of Examiners in Medicine and Surgery	Board of Medical Examiners of Puerto Rico	Wisconsin Medical Examining Board
Idaho State Board of Medicine	Nevada State Board of Medical Examiners	Rhode Island Board of Medical Licensure and Discipline	Wyoming Board of Medicine
Illinois Department of Financial and Professional Regulation			
Medical Licensing Board of Indiana			

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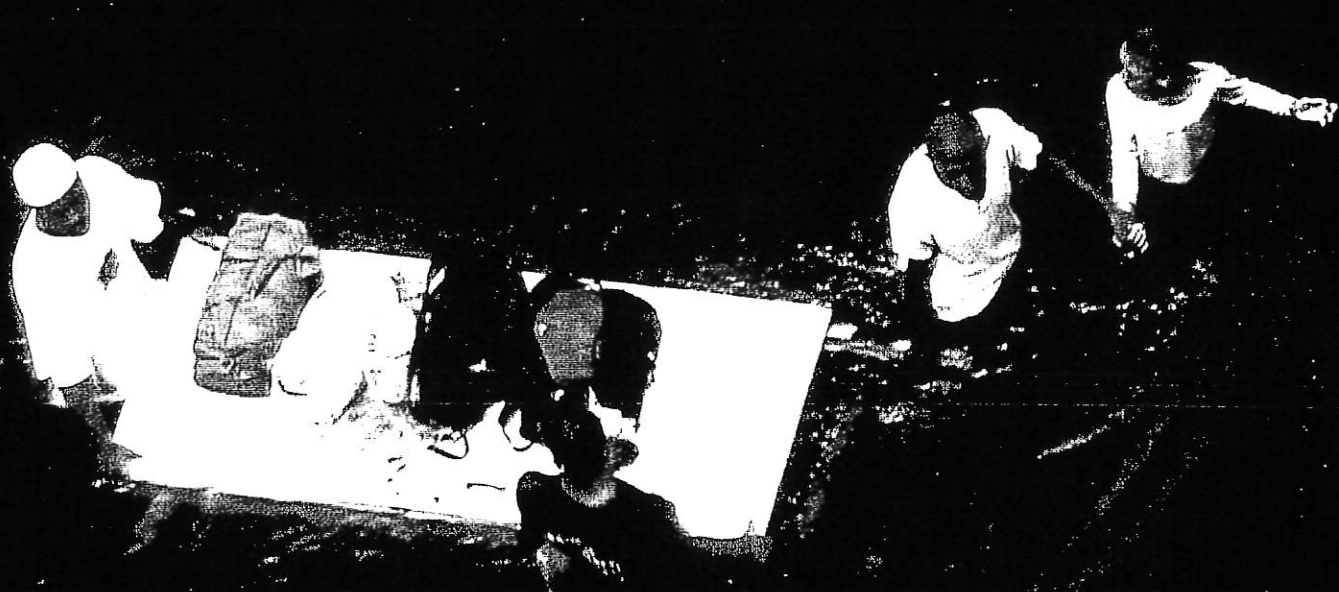
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