REPORT OF THE BOARD OF DIRECTORS

Subject: Report of the FSMB Workgroup on Telemedicine Consultations

Referred to: Reference Committee A

The Federation of State Medical Boards adopted Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine in 2013 in response to the increasing utilization of telecommunication technologies in direct to consumer health services. In 2014, FSMB Chair, Donald H. Polk, DO, established the Workgroup on Telemedicine Consultations to provide guidance to state medical and osteopathic boards in defining what characterizes a “consultation” when using telemedicine technologies.

Members of the Workgroup were Kenneth B. Simons, MD, Chair; Michael Arambula, MD, PharmD; Michael J. Arnold, MBA; Ronald R. Burns, DO; Anna Earl, MD; Mark A. Eggen, MD; Stephen E. Heretick, JD; Gregory B. Snyder, MD; and Jean Rawlings Sumner, MD. Participating ex officio were: J. Daniel Gifford, MD, FACP; Arthur S. Hengerer, MD, FACS; and Humayun J. Chaudhry, DO, MACP.

Invited experts were: Alexis S. Gilroy, JD; Elizabeth Baney, JD; Greg T. Billings; Sherilyn Z. Pruitt, MPH; and, Thomas G. Zimmerman, DO.

The Workgroup met in Washington, D.C. in September 2015 and by web conference in December 2015 to develop its informational report (Attachment 1). The report represents a comprehensive review and analysis of how telemedicine technologies are being used in consultations and how states are regulating those practices. The Workgroup found variance among state statutes and rules defining physician-to-physician consultations and the level of regulation applied to those consultations. Generally, physicians who interact with patients directly must be licensed in each state where patients are located. However, some states carve out “consultations” from their definition of the practice of medicine or among the activities not prohibited by the state medical practice act.

The report that follows contains no policy recommendations but is to inform state medical boards about the types of consultations and regulatory frameworks for the oversight of physicians who offer consulting services via telemedicine technologies. As telemedicine continues to advance and is applied throughout the health care delivery system, the FSMB and state medical boards must continue to monitor and identify best practices in the interest of improved patient care and safety.

ITEM FOR ACTION:

No action required; report is for information only.
Attachment 1
EXECUTIVE SUMMARY

The Federation of State Medical Boards (FSMB) adopted a Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine in 2013 in response to the increasing utilization of telecommunications technologies in the delivery of health care. A comprehensive review and analysis by the FSMB’s Workgroup on Telemedicine Consultations reveals there is variance among state statutes and rules defining physician-to-physician consultations, with or without the use of telemedicine, and more than one approach to their permissiveness of telemedicine consultations by physicians licensed outside the jurisdiction where the patient is located. This informational report outlines the existing state regulatory framework for the oversight of consulting physicians using telemedicine, noting the value of continued monitoring by state medical boards of advances in telemedicine technologies, practices and regulations as best practices emerge that promote patient safety and protect the public.

INTRODUCTION

The Federation of State Medical Boards (FSMB) adopted Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine in 2013 in response to the increasing utilization of telecommunications technologies in direct to consumer services and the associated paucity of relevant state policy. Within the policy, telemedicine is defined as “[t]he practice of medicine using electronic communications, information technology or other means between a licensee in one location, and a patient in another location with or without an intervening healthcare provider. Generally, telemedicine is not an audio-only, telephone conversation, e-mail/instant messaging conversation, or fax. It typically involves the application of secure videoconferencing or store and forward technology to provide or support healthcare delivery by replicating the interaction of a traditional, encounter in person between a provider and a patient.”¹ The 2013 policy was designed as both a report for state medical boards and to educate physicians and other health care providers as to the appropriate standards of care when delivering medical services directly to patients via telemedicine technologies.

Because the 2013 policy purposefully did not address the use of telemedicine technologies when physicians solely providing consulting services to another physician, FSMB’s Chair, Donald H. Polk, DO, established the Workgroup on Telemedicine Consultations in 2014 to review current state laws, rules, regulations and policies related to consultations with the goal of developing a consensus around what may characterize a “consultation” when using telemedicine technologies. In addressing its scope of work, the Workgroup conducted a review of telemedicine services and how they are being used in physician-to-physician consultations as well as how such consultations are currently being regulated by state medical boards, including requirements for licensure. The following report, intended only to address physician-to-physician consultations for which there is remuneration (excluding informal second opinion activities and other “curb side” interactions among physicians), outlines the existing state regulatory framework for the oversight of the consulting physician using telemedicine technologies.

¹FSMB Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine (2013), p. 4.
FINDINGS

The Workgroup’s comprehensive review of state medical board statutes and rules, as related to consultations and those specifically facilitated by telemedicine, reveals ambiguity among state definitions of consultations, whether utilized with or without telemedicine. A physician-to-physician consultation is generally understood to be an episodic interaction between physicians. Services usually originate from health care systems, hospitals or large medical group practices that employ a diverse collection of expert and highly experienced medical and healthcare specialists.²

In practice, consultations by telemedicine are common today among physicians, who increasingly communicate with patients, colleagues, physicians, or other health care personnel at physically separate and disparate locations through telecommunications, information technologies, and other tools to exchange medical information. These technologies range from the use of complex live, interactive videoconferencing with corresponding examination devices, to simple image capture and transmission for storage and review. The physician consultant in this context typically examines the patient and may order diagnostic tests or provide treatment directly. The consultant is usually reimbursed the same amount as if he or she had seen the patient in his or her own office.³

TYPES OF CONSULTATIONS

a. LIVE, INTERACTIVE VIDEO CONFERENCING

Many consultations occur through live, two-way interactive videoconferences connecting consulting physicians, in real-time, to the requesting care provider while the two parties are at different geographic locations.⁴ The consulting physician is often located either in a special facility designed for telemedicine or in his or her office. The patient is typically at a different location, such as a clinic, nursing home or hospital, and may be accompanied by an amanuensis or telemedicine presenter, who is on staff at that location. Communication is usually facilitated by using secure digital video conferencing wherein the consultant’s image is captured by a video camera, digitized and transmitted over secure, broadband speed telecommunications lines to where the patient is located and where it appears on a video screen to be viewed by the patient. At the same time, the patient’s image is captured by a similar process and transmitted to a video screen for viewing by the consultant. The real-time conversations between the patient, on-site provider and consulting physician are captured and transmitted in the same way, ultimately enabling the consulting physician and the patient to conduct conversations as if they were in

²Specialties utilizing telemedicine services include: Allergy/Immunology; Anesthesiology; Cardiology; Critical Care; Dentistry; Dermatology; Otolaryngology (ENT); Emergency Medicine; Endocrinology; Family/General Practice; Gastroenterology; Infectious Diseases; Internal Medicine; Maternal/Fetal Medicine; Mental/Behavioral Health; Neurology; Oncology/Hematology; Ophthalmology/Optometry; Orthopedics; Pathology; Pediatrics; Psychiatry; Pulmonology; Rehabilitation Medicine; Rheumatology; Surgery; Urology.
³http://www.telehealthresourcecenter.org/toolbox-module/types-telemedicine-specialty-consultation-services
⁴http://cchpca.org/what-is-telehealth/video-conferencing
the same room.\textsuperscript{5} It is also common for consulting physicians to interact directly with the requesting care provider through these mechanisms, sometimes without the patient as an intermediary.

Live, two-way videoconferencing is frequently used in small communities without medical specialists physically available. For example, in rural areas without specialized psychiatrists, mental health clinicians and family physicians schedule consultations for patients with psychiatrists based in teaching hospitals. Patients are interviewed by remote consultation, and recommendations concerning ongoing management are immediately provided to the relevant local health care provider. Similar scheduled consultations now occur in the fields of internal medicine, rehabilitation, cardiology, pediatrics, obstetrics/gynecology, and neurology, although these specialties may require the presence of a local care provider to perform any physical examinations that may be required. Increasingly, many peripheral devices, such as electronically-enhanced stethoscopes and otoscopes, can be attached to the VC equipment to aid in the interactive examination.

Consultations involving live, two-way video conferencing are credited with improved access to specialty consultations by patients in rural or otherwise underserved areas. In addition, the cost to patients is also mitigated by live, two-way video conferencing consultations by reducing the need for the patient (or the consulting provider) to travel large distances over an extended period of time. Further, live, two-way video conference consultations facilitate interactions that allow for immediate clinical feedback to the patient and referring physician or health care professional.

However, it should be noted that drawbacks to consultations facilitated by live, two-way video conferencing exist. In particular these types of consultations require appropriate bandwidth, customized telecommunications networks, and highly specialized equipment, which can all significantly increase cost. Moreover, some situations and patient presentations (e.g., loss of consciousness, paroxysmal cardiac arrhythmia) may not be appropriate for the utilization of live, interactive video conferencing and may be better managed in person or in an acute care setting by an appropriately trained care provider without delay.

b. STORE AND FORWARD

A store and forward consultation is one in which information is captured from the patient at one time and location and is evaluated by a consultant at a different time and location. Packages of digital information are captured and “stored” and then transmitted/“forwarded” to another location for evaluation. The consultant accesses both the digital images and the clinical information, and then interprets and sends a report back to the original location.

Teleradiology is the most widely recognized and used type of store-and-forward consultation.\textsuperscript{6} In a typical teleradiology consultation, a practitioner in a small town without local expertise sends radiographic images over the Internet to a radiologist in a larger urban health care institution. The radiologist views the images and then sends an interpretation of the image back to the requesting

\textsuperscript{5} http://www.telehealthresourcecenter.org/toolbox-module/types-telemedicine-specialty-consultation-services

\textsuperscript{6} http://www.telehealthresourcecenter.org/toolbox-module/types-telemedicine-specialty-consultation-services
Images of X-rays, CT scans, and MRIs today are all routinely stored-and-forwarded at hundreds of health care facilities. Images of pathology slides, skin conditions, and the retina are also commonly transmitted using this telemedicine model for diagnostic consultation.

Advantages of the store and forward consultation model include reduced dependency on bandwidth and expensive customized networks and equipment, and increased flexibility for consultants in terms of accessing images at their convenience. Disadvantages may include inappropriateness for emergency situations where consultant opinions cannot be delayed, and inefficiency due to lack of real-time interaction between the patient, the local health care professional, and the consultant.

**C. OTHER**

While live, video conferencing consultations and store and forward consultations are the two most utilized forms of telemedicine consultations in practice, there are a number of other noteworthy forms of consultation.

For example, hybrid consultations use components of live, interactive and store-and-forward consultations. Typically, these are used in specialties that require higher quality images than those provided by standard video while also necessitating direct patient interaction, such as in dermatology or cardiology.

Emergency consultations or “just-in-time consultation on demand (JITCOD)” differ from both store and forward and live, video conferencing consultations in that the consultation occurs unexpectedly, at the time that the need arises. Emergency consultations most commonly apply in situations in which a critically ill patient needs immediate treatment and the attending physician initiates a telemedicine consultation at his or her discretion, making contact with a consultant ready to provide a synchronous discussion of patient management recommendations. For example, when an emergency department trauma patient cannot be airlifted from a regional hospital due to weather-related flight restrictions, a remote consulting physician may consult with the general surgeon in the ED and guide the surgeon in performing a critical procedure, allowing for real-time provision of consultation and immediate co-management of critical cases.

**LICENSES**

---

7 [http://www.bcmj.org/article/videoconferencing-telehealth-unexpected-challenges-and-unprecedented-opportunities#3](http://www.bcmj.org/article/videoconferencing-telehealth-unexpected-challenges-and-unprecedented-opportunities#3)
8 [http://cchpca.org/store-and-forward](http://cchpca.org/store-and-forward)
Telemedicine consultations raise numerous legal and regulatory concerns, particularly in the area of medical licensure. State medical boards and state statutes generally concur that a physician must be licensed, or under the jurisdiction of, the medical board of the state or territory where the patient is located, regardless of whether the services are provided in person or remotely. Physicians who treat and/or prescribe to patients using online services sites are, therefore, considered to be engaged in the practice of medicine and must possess appropriate licensure in all jurisdictions where patients receive care.\(^\text{12}\)

While the majority of telemedicine consultations will likely occur between and among physicians located within the state where the patient is located, a physician who electronically interacts directly with patients in other states must generally be licensed (or registered) in each state where that electronic practice is occurring. Depending on the state-specific rules and regulations, however, there are certain circumstances in which a physician may be exempted from state licensure requirements, as when the physician consults with an in-state licensed physician who maintains a physician-patient relationship with the subject patient and does not interact directly with the patient. Some states also articulate specific exceptions for physician-to-physician consultations, while other state rules are ambiguous.

\textbf{a. General Provisions}

State medical boards generally address consultations within the licensure sections of their respective Medical Practice Act and corresponding regulations requiring, at minimum, physicians who perform consultation services within the governing state medical boards’ jurisdiction to be authorized to practice medicine in another state.\(^\text{13}\) A few boards carve out consultations as an activity not covered under their Medical Practice Act,\(^\text{14}\) stating that performing a consultation is not within their state’s definition of the practice of medicine.\(^\text{15}\) Other boards exempt consultations from the category of activities considered to be the unlawful practice of medicine,\(^\text{16}\) consider consultations among the activities not to be interpreted to be prohibited by their Medical Practice Act\(^\text{17}\) or one that does not require a medical license from the board.\(^\text{18}\)

Examining the full range of existing statutory and regulatory provisions governing consultations reveals three distinct approaches to licensure or licensure exemptions as related to consultations. First, state medical boards may exempt physicians from licensure requirements, depending on how often they consult with another physician in their jurisdiction. Second, state medical boards may condition the licensing exemption on whether or not the consulting physician maintains a place of business in the state. The third approach is to exempt the consulting physician licensing requirements altogether, as long as he or she does not exercise ultimate authority over the patient’s primary care.

\(^{12}\) FSMB Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine (2013), pg. 5.
\(^{13}\) See e.g. Arizona; District of Columbia; Hawaii.
\(^{14}\) See e.g. New Mexico; New Hampshire; West Virginia.
\(^{15}\) See e.g. Georgia; Oklahoma; North Carolina.
\(^{16}\) See e.g. Indiana; Nebraska.
\(^{17}\) See e.g. Oregon; Washington-M.
\(^{18}\) See e.g. Mississippi.
1. **IRREGULAR, INFREQUENT, EPISODIC**

The most common mechanism to regulate consultations by state boards is by conditioning exceptions to licensure on whether the physician not residing in the state who, while located outside of the regulating state, consults on an irregular basis with a licensed physician who is located in, and licensed by, the state. It is noteworthy that many state boards consider consultations to be outside the scope of their Medical Practice Act if the consultation is irregular, infrequent, or episodic.

Within this category of state medical board regulations, some leave open for interpretation how many interactions would constitute “irregular,” while a number of boards specify a threshold number of consultations that would be permitted under its rules as a consultation not necessitating licensure. For example, in Minnesota, a physician who is not licensed to practice medicine in Minnesota but who holds a valid license to practice medicine in another state, and who provides interstate telemedicine services to a patient located in Minnesota on an irregular or infrequent basis, need not register with the Minnesota Board of Medical Practice. Minnesota also defines “irregular or infrequent basis” as the provision of services “less than once a month” or involving “fewer than ten patients annually.” In Delaware, the Delaware Board of Medical Licensure and Discipline does not require “infrequency” per se, but limits the number of permitted unlicensed consultations to no more than twelve (12) times each year.

2. **NO OFFICE/DESIGNATED PLACE TO MEET PATIENTS**

It is not uncommon for authorizing statutes or rules governing telemedicine consultations, as opposed to the full practice of medicine, to prohibit the maintenance by the physician of a physical location or office within the state.

In a few limited instances, some state boards’ consultation rules only permit non-office, unlicensed consultations within the state by lawfully licensed physicians in states that border or adjoin the regulating state. For example, the New York State Board for Medicine’s consultation rules state:

“Any physician who is licensed in a bordering state and who resides near a border of this state, provided such practice is limited in this state to the vicinity of such border and provided such physician does not

---

19 See e.g. Connecticut.
20 Alabama; Arizona-M; Arkansas; Connecticut; Colorado; District of Columbia; Illinois; Iowa; Kentucky; Main-M; Michigan; Minnesota; New Mexico-M; North Carolina; New Hampshire; Oklahoma-O; Ohio; Rhode Island; Tennessee-M; Texas; West Virginia-M; Wyoming.
21 See e.g. Alabama; Delaware; Rhode Island; Tennessee; West Virginia; Wyoming.
24 See Delaware.
25 See Arizona-O; CA-M; Colorado; Georgia; Hawaii; Idaho; Kansas; Maryland; Michigan; Montana; Nebraska; New Hampshire; New Jersey; New York; Ohio; Texas; Washington-M; Washington-O.
26 See Maryland; Michigan; New Hampshire; New York; Ohio.
maintain an office or place to meet patients or receive calls within this state [may practice medicine within the state without a license].”

3. **NO ULTIMATE AUTHORITY OVER PATIENT’S PRIMARY CARE**

A third common means of regulating consultations is to allow the unlicensed practice of medicine within the state’s jurisdiction so long as the out-of-state consultant does not exercise ultimate authority over the patient’s primary care. State boards differ between 1) specifying whether the consultant may or may not be the physician of record; 2) prohibiting the consultant from directing patient care; 3) requiring an in-state physician to supervise the consultant or remain responsible for the case; or 4) prohibiting a consultant from performing medical procedures. For example, the Louisiana State Board of Medical Examiners exempts “true” consultations from its telemedicine standards “provided that the Louisiana physician receiving the opinion is personally responsible to the patient for the primary diagnosis and any testing and treatment provided.”

4. **OTHER**

In addition to the above mentioned distinctions among state medical board consultation regulations, a small number of state boards suspend licensure requirements for out-of-state physicians treating their preexisting patients temporarily in another state. In these instances, state medical boards consider a valid consultation to exist when the pre-existing patient is in the regulating state temporarily, or when the consultant provides follow-up care to treatment previously performed in the consultant’s state of licensure. The Massachusetts Board of Registration in Medicine exempts physicians authorized to practice medicine in another state from licensure requirements, “when (that physician) is called as the family physician to attend a person temporarily abiding in the Commonwealth.” It should also be noted that Georgia, Nevada, New Jersey, and South Carolina permit consultations by either direct board approval or board opinion only.

To help fulfill their mission to promote patient safety and protect the public, state medical boards will need to continue to monitor advances in telemedicine technologies, practices and regulations as best practices emerge in the delivery of quality health care using physician-to-physician telemedicine consultations.

---

27 See N.Y. Educ. Law § 6526 (McKinney).
28 See California-M; Delaware; Florida-M; Florida-O; Hawaii; Illinois; Minnesota; Louisiana; Maryland; Maine-M; Missouri; New Hampshire; Ohio.
29 See e.g. Maine-M.
30 See e.g. Maryland.
31 See e.g. Florida-O.
32 See e.g. Delaware.
33 See e.g. Florida-M.
35 See Indiana; Illinois; Massachusetts; North Carolina; Ohio; Virginia.
37 See Georgia, Nevada, New Jersey, and South Carolina.
**Additional Resources**

APPENDIX I. ENVIRONMENTAL SCAN

Virtual doctor visits are rapidly gaining popularity as more health insurers offer telemedicine services.

- MDLive
  - Currently #2 in market share, MDLive offers immediate access to doctors and therapists 24/7/365 through video or phone consultations for $45 per consultation or by monthly plan. MDLive quotes an 11 minute response time. Its investors include the Heritage group.  

- Teladoc
  - Currently #1 in market share, Teladoc offers 24/7 access to US doctors by phone and online video consultations for $38 per consultation + an annual fee (4150 or less). Teladoc quotes a 16 minute average callback time.
    - Consult A Doctor: Acquired by TelaDoc in 2013
    - AmeriDoc: Acquired by TelaDoc in 2014

- American Well
  - With beginnings in building telemedicine portals for hospitals, American Well now provides 24/7/365 on-demand video consultation doctor services for $49.95 per 10 minutes.

- Doctor on Demand
  - Doctor on Demand offers video consultations on iOS and Android devices from 4am-11pm PST in 31 states for $40 per 15 minutes.

- HealthTap
  - Offers unlimited 24/7 live phone, video, and chat consultations for $99 per month. HealthTap also offers actionable health checklist, news, and tips personalized by a doctor.

- WellPoint LiveHealth Online

---

38 https://mdlive.com/
39 http://www.teladoc.com/
40 http://www.consultadr.com/
42 https://www.americanwell.com/
43 http://www.doctorondemand.com/
LiveHealth Online, powered by AmericanWell/Vidyo, is now administered as part of WellPoint/Anthem health plans in 44 states and offers unlimited 24/7 live phone, video and chat consultations on iOS and Android mobile apps for $49 per visit or co-pay if the service is not fully covered by a health plan.

- **Specialists On Call**
  - Specialists on Call is the oldest telemedicine service operating and offers a 24/7/365 call center with video conferencing endpoints with varying fees depending on the service provided. Specialists On Call quotes a 15 minute response time.

- **Virtuwell**
  - Part of Health Partners offering diagnosis and treatment plans in 30 mins through a 24/7 online clinic for $40 per consultation or insurance co-pay.

- **Ringadoc**: phone triage answering service for doctors for $69 per month per provider.

- **2nd.MD**: direct access to U.S. medical specialists for patients with video and phone consultations and specialist consultation in 3 days for $30000 per case.

- **StatDoctors**: scheduled or on-demand virtual consultations 24/7 by board-certified ER physicians on an employer contracted basis. Quote a 6 minute average wait time.

- **MeMD**: video consultations from 7am-10pm, 7days/week with a wait time of 30 minutes or less for $49.95 per consult.

- **Interactive MD**: online doctor consultations via video conference, phone and email for $9.99 per month + $40 per diagnostic consult + $15.00 enrollment fee.

- **RapidRemedy**: Real-time video consultations, Monday-Thursday 8am-8pm, Friday 8am-5pm, and Saturday 8am-noon, starting at $8.95 per month per individual, with a 2 minute response time.

---

46 http://specialistsoncall.com/
47 https://www.healthpartners.com/public/
48 https://www.virtuwell.com/
49 https://www.ringadoc.com/
50 http://2nd.md/
51 http://statdoctors.com/
52 http://www.memd.me/
53 http://www.interactivemd.com/
54 http://rapidremedy.com/
• USARAD: “Radiology-on-demand” platform offering 24/7/365 radiology and teleradiology services and interpretation consults by US radiology experts with a 15 minute wait time for ER cases.\(^5^5\)

• Second Opinions: Provides second opinion consultations in all areas of medicine, including radiology to connect patients with US specialist doctors 24/7/365 via email, phone and video consults for $49+. Second Opinions quotes a 1-24hour turnaround time.\(^5^6\)

• MyidealDoctor: [http://www.myidealdoctor.com/](http://usarad.com/)

• NowClinic: [https://nowclinic.com/landing.htm](https://nowclinic.com/landing.htm)

• Sherpaa (New York) [https://sherpa.com/](https://sherpa.com/)

• Retrace Health (Minnesota): [https://retracehealth.com/](https://retracehealth.com/)

• CareSimple: [https://www.caresimple.com/](https://www.caresimple.com/)

\(^5^5\) [http://usarad.com/](http://usarad.com/)

\(^5^6\) [https://www.secondopinions.com/](https://www.secondopinions.com/)
## 2015-2016 Workgroup on Telemedicine Consultations

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenneth B. Simons, MD</td>
<td>Chairperson, Wisconsin Medical Examining Board</td>
</tr>
<tr>
<td>Michael R. Arambula, MD</td>
<td>President, Texas Medical Board</td>
</tr>
<tr>
<td>Michael J. Arnold, MBA</td>
<td>Public Member, North Carolina Medical Board</td>
</tr>
<tr>
<td>Elizabeth Baney, JD</td>
<td>FWD Strategies International, LLC</td>
</tr>
<tr>
<td>Greg T. Billings</td>
<td>Center for Telehealth and eHealth Law</td>
</tr>
<tr>
<td>Ronald R. Burns, DO</td>
<td>Former Chair, Florida Board of Osteopathic Medicine</td>
</tr>
<tr>
<td>Anna Earl, MD</td>
<td>Member, Montana Board of Medical Examiners</td>
</tr>
<tr>
<td>Mark A. Eggen, MD</td>
<td>President, Minnesota Board of Medical Practice</td>
</tr>
<tr>
<td>Alexis S. Gilroy, JD</td>
<td>Jones Day LLP</td>
</tr>
<tr>
<td>Stephen E. Heretick, JD</td>
<td>Former Chair, Virginia Board of Medicine</td>
</tr>
<tr>
<td>Sherilyn Z. Pruitt, MPH</td>
<td>Director, HRSA Office for the Advancement of Telehealth</td>
</tr>
<tr>
<td>Gregory B. Snyder, MD</td>
<td>Former President, Minnesota Board of Medical Practice</td>
</tr>
<tr>
<td>Jean R. Sumner, MD</td>
<td>Former Chair, Georgia Composite Medical Board</td>
</tr>
<tr>
<td>Thomas G. Zimmerman, DO</td>
<td>AOA of Medical Informatics (AOAMI)</td>
</tr>
</tbody>
</table>

### Ex-Officio:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. Daniel Gifford, MD</td>
<td>Chair, FSMB Board of Directors</td>
</tr>
<tr>
<td>Arthur S. Hengerer, MD</td>
<td>Chair-elect, FSMB Board of Directors</td>
</tr>
<tr>
<td>Humayun “Hank” Chaudhry, DO</td>
<td>FSMB President &amp; CEO</td>
</tr>
</tbody>
</table>

### FSMB Support Staff:

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisa Robin</td>
<td>FSMB Chief Advocacy Officer</td>
</tr>
<tr>
<td>Shiri A. Hickman, JD</td>
<td>Director, State Legislation &amp; Policy</td>
</tr>
<tr>
<td>John P. Bremer</td>
<td>State Legislative &amp; Policy Coordinator</td>
</tr>
</tbody>
</table>