



TO: Professional Practice Committee
FROM: Sarah S. Benson *Sarah S. Benson*
SUBJECT: Resolution to the Federation of State Medical Boards
Relating to Incorporating the Care of Persons with
Intellectual and Developmental Disabilities into the
Medical School Curriculum
DATE: December 3, 2020

AUTHORIZATION(S):

SUMMARY

Issue for Decision

Should the Board of Regents approve a resolution to the Federation of State Medical Boards (Attachment A), as approved by the New York State Board for Medicine (Board for Medicine), relating to “incorporating the care of persons with intellectual and developmental disabilities into the medical school curriculum?”

Reason for Consideration

Review of Policy.

Proposed Handling

The proposed resolution will come before the Professional Practice Committee for discussion and recommendation to the Full Board for adoption at the December 2020 meeting of the Board of Regents.

Procedural History

Not applicable.

Background Information

The Board for Medicine, along with a working group of members of the Board of Regents and members of the Board for Medicine, have identified disparities in health care services available for persons with intellectual and developmental disabilities (IDD) as a

priority for future action. Individuals with IDD include those with cognitive limitations, cerebral palsy, vision or hearing impairment, and genetic disorders, such as Down syndrome and Fragile X syndrome, as well as those on the autism spectrum. A part of this endeavor is to ensure that the medical education curricula at accredited medical schools in the United States formally integrate into such curricula a better understanding of the care, treatment, and management of patients with IDD.

Section 6524 of the Education Law states that to qualify for a license as a physician, an applicant must have received an education, including a degree of doctor of medicine, "M.D.", or doctor of osteopathy, "D.O.", or equivalent degree in accordance with the Commissioner's Regulations. Part 60.1 of the Commissioner's Regulations states, in part, that in order to meet the professional educational requirement for a license to practice medicine an applicant must have completed a medical program registered by the Department, or accredited by an accrediting organization acceptable to the Department. The accrediting organizations for medical education acceptable to the Department include the Liaison Committee on Medical Education (LCME) and the Commission on Osteopathic College Accreditation (COCA).

The Board for Medicine is a member of The Federation of State Medical Boards (FSMB). The FSMB represents the 71 state medical and osteopathic regulatory boards, commonly referred to as state medical boards, within the United States, its territories and the District of Columbia. It supports its member boards as they fulfill their mandate of protecting the public's health, safety and welfare through the proper licensing, disciplining, and regulation of physicians and, in most jurisdictions, other health care professionals.

The resolution proposed for adoption by the Board of Regents would be presented to the FSMB for consideration and approval at their 2021 House of Delegates meeting, to be held from April 29 to May 1, 2021. As the preeminent national voice of the state and territorial medical boards, the FSMB has considerable influence with the LCME, the COCA, the Association of American Medical Colleges and the American Association of Colleges of Osteopathic Medicine and other influential organizations in the national House of Medicine.

This resolution, if successful with the FSMB House of Delegates, would influence and encourage, with the full support of the FSMB and the 71 represented medical boards in the United States, the LCME and the COCA to integrate a better understanding of the care, treatment, and management of patients with IDD into their accreditation standards resulting in a systemic and profound positive change for health care for persons with IDD.

Related Regent's Items

Not applicable.

Recommendation

VOTED: That the Board of Regents approve the Resolution to the Federation of State Medical Boards relating to incorporating the care of persons with intellectual and developmental disabilities into the medical school curriculum.

Timetable for Implementation

If approved at the December 2020 Regents meeting, the Resolution will be presented to The Federation for State Medical Board for consideration at their 2021 annual House of Delegates meeting.

Resolution 21-

**Federation of State Medical Boards
House of Delegates Meeting
DATE**

Subject: Incorporating the care of persons with intellectual and developmental disabilities into the medical school curriculum

Introduced by: The New York State Board for Medicine of the New York State Education Department's Office of Professions and the New York State Board of Regents

Approved: December 4, 2020 (proposed)

Whereas, Intellectual and/or Developmental Disability (IDD) is a lifelong condition that exists across every race, ethnicity, and age group; and

Whereas, Individuals with IDD include those with cognitive limitations, cerebral palsy, vision or hearing impairment, genetic disorders such as Down syndrome and Fragile X syndrome, as well as those on the autism spectrum; and

Whereas, More than seven million people in the United States have a diagnosis of IDD, which includes the entire population of individuals with developmental disabilities and intellectual disabilities; and

Whereas According to the Centers for Disease Control and Prevention, approximately 17 percent of children, aged 3-17, have one or more developmental disabilities;¹ and

Whereas, Individuals with IDD generally have less access to physical, mental, and dental health services and experience worse health outcomes than the general population; and

Whereas, These differences in access and outcomes are often the result of systemic barriers to quality care for this population; and

Whereas, Individuals with disabilities are more likely to use hospitals' emergency departments more often, have higher hospitalization rates, die of preventable causes, and die at an earlier age than the general population; and

¹ www.cdc.gov/ncbddd/developmentaldisabilities/about.html; accessed Nov. 16, 2020.

- Whereas,** The *New York Times* recently reported that, “People with intellectual disabilities and developmental disorders are three times more likely to die if they have Covid-19, the illness caused by the coronavirus, compared with others with the diagnosis...”;² and
- Whereas,** All persons with IDD are unique, and providing for their care requires an ability to understand the many complex factors and challenges involved in their individual treatment; and
- Whereas,** The great majority of persons with IDD obtain healthcare across their lifespans in their home communities, where physicians are expected to play a critical role in their care; and
- Whereas,** An estimated 72% of people in the United States with IDD live at home with their parents, who play an invaluable role in their lives at all ages; and
- Whereas,** Parents are called upon to carry out treatment plans and provide consent for treatment, so building rapport with parents is essential to the doctor-patient relationship and can significantly influence health outcomes for children with IDD; and
- Whereas,** According to the Surgeon General of the United States, most medical students and practitioners receive insufficient education and training on critical aspects of care for persons with IDD, leading to poorer health outcomes and compromised care;³ and
- Whereas,** Further, according to the Surgeon General, community-based support services are insufficiently integrated to meet the needs of the ‘whole person’; and
- Whereas,** Further, according to the Surgeon General, the healthcare system does not sufficiently address the prevention of unhealthy behaviors in people with disabilities, including those at risk of secondary conditions such as obesity, type II diabetes, depression, and substance abuse; and
- Whereas,** To prepare students to provide appropriate care for patients with IDD, schools of medicine must integrate curricula and clinical experiences into their programs; and
- Whereas,** The Federation of State Medical Boards has considerable influence with the Liaison Committee of Medical Education, the Commission on Osteopathic College Accreditation, the Association of American Medical Colleges and the

² *The New York Times*, <https://www.nytimes.com/2020/11/10/health/covid-developmental-disabilities.html?searchResultPosition=2> , accessed Nov. 16, 2020.

³ The Surgeon General’s “Call to Action to Improve the Health and Wellness of Persons with Disabilities,” 2005.

American Association of Colleges of Osteopathic Medicine and other influential organizations in the national House of Medicine; now, therefore, be it

Resolved, That the Federation of State Medical Boards supports and advocates for changes to the medical education curricula at accredited medical schools in the United States to formally integrate into such curricula a better understanding of the care, treatment, and management of patients with IDD; and be it further

Resolved, That such curricula should include entrustable professional activities and clinical experiences specific to the care, treatment, and management of patients with IDD; and be it further

Resolved, That such curricula should emphasize the need for medical students to develop skills in patient-centered care that is delivered with dignity; and be it further

Resolved, That such curricula should emphasize the need for medical students to understand how quality-of-life experiences are perceived by patients and their families; and, finally, be it

Resolved, That such curricula serve to promote evidence-based best practices to be utilized across the lifespan of patients with IDD, including the prevention of secondary conditions.