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1	TO THE HOUSE OF REPRESENTATIVES:
2	The Committee on Health Care to which was referred House Bill No. 350
3	entitled "An act relating to the posting of medical unprofessional conduct
4	decisions and to investigators of alleged unprofessional conduct" respectfully
5	reports that it has considered the same and recommends that the bill be
6	amended by striking out all after the enacting clause and inserting in lieu
7	thereof the following:
8	* * * Medical Unprofessional Conduct Decisions * * *
9	Sec. 1. 26 V.S.A. § 1318 is amended to read:
10	§ 1318. ACCESSIBILITY AND CONFIDENTIALITY OF DISCIPLINARY
11	MATTERS
12	(a) It is the purpose of this section both to protect the reputation of
13	licensees from public disclosure of unwarranted complaints against them and
14	to fulfill the public's right to know of any action taken against a licensee when
15	that action is based on a determination of unprofessional conduct.

(b) All meetings and hearings of the board Board shall be open to the

(c)(1) The commissioner of health Commissioner of Health shall prepare

and maintain a register of all complaints, which shall be a public record, and

public, except in accord with 1 V.S.A. § 313.

which shall show:

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1	(1)(A) with respect to all complaints, the following information:
2	(A)(i) the date and the nature of the complaint, but not including the
3	identity of the licensee; and
4	(B)(ii) a summary of the completed investigation; and
5	(2)(B) only with respect to complaints resulting in filing of disciplinary
6	charges or stipulations or the taking of disciplinary action and except as
7	provided in subdivision (2) of this subsection (c), the following additional
8	information, except for medical and other protected health information
9	contained therein pertaining to any identifiable person that is otherwise
10	confidential by state or federal law:
11	(A)(i) the name and business addresses of the licensee and
12	complainant;
13	(B)(ii) formal charges, provided they have been served or a
14	reasonable effort to serve them has been made;
15	(C)(iii) the findings, conclusions, and order of the board Board;
16	(D)(iv) the transcript of the hearing, if one has been made, and
17	exhibits admitted at the hearing;
18	(E)(v) stipulations presented to the board Board at a public meeting;
19	(F)(vi) final disposition of the matter by the appellate officer or the
20	courts; and

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1	(vii) a summary of the final disposition of the matter indicating
2	any charges that were dismissed and any charges resulting in a finding of
3	unprofessional conduct.
4	(2) The Commissioner shall remove from the register any of the
5	information described in subdivision (1)(B) of this subsection if the final
6	disposition of the matter dismisses all charges filed against a licensee in the
7	same action. The Commissioner shall ensure that the period for appealing an
8	order has expired prior to removing any such information from the register,
9	and shall remove that information within five business days of the expiration
10	of the appeal period.
11	(d) The eommissioner Commissioner shall not make public any
12	information regarding disciplinary complaints, proceedings, or records, except
13	the information required to be released under this section. The Commissioner
14	shall, upon request, provide information that was maintained on the register
15	under subdivision (c)(1) of this section but which was later removed from the
16	register under the provisions of subdivision (c)(2) of this section.
17	(e) A licensee or applicant shall have the right to inspect and copy all
18	information in the possession of the department of health Department of Health
19	pertaining to the licensee or applicant, except investigatory files which have
20	not resulted in charges of unprofessional conduct and attorney work product.

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- (f) For the purposes of As used in this section, "disciplinary action" means action that suspends, revokes, limits, or conditions licensure or certification in any way, and includes reprimands and administrative penalties.
- (g) Nothing in this section shall prohibit the disclosure of information by the commissioner Commissioner regarding disciplinary complaints to Vermont or other state or federal law enforcement or regulatory agencies in the execution of its duties authorized by statute or regulation, including the department of disabilities, aging, and independent living Department of Disabilities, Aging, and Independent Living or the department of financial regulation Department of Financial Regulation in the course of its investigations about an identified licensee, provided the agency or department agrees to maintain the confidentiality and privileged status of the information as provided in subsection (d) of this section.
- (h) Nothing in this section shall prohibit the board Board, at its discretion, from sharing investigative and adjudicatory files of an identified licensee with another state, territorial, or international medical board at any time during the investigational or adjudicative process.
- (i) Neither the <u>commissioner Commissioner</u> nor any person who received documents, material, or information while acting under the authority of the <u>commissioner</u> Commissioner shall be permitted or required to testify in any

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- 1 private civil action concerning any confidential documents, material, or
- 2 information.

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- 3 Sec. 2. 26 V.S.A. § 1368 is amended to read:
- 4 § 1368. DATA REPOSITORY; LICENSEE PROFILES
 - (a) A data repository is created within the department of health Department of Health which will be responsible for the compilation of all data required under this section and any other law or rule which requires the reporting of such information. Notwithstanding any provision of law to the contrary, licensees shall promptly report and the department Department shall collect the following information to create individual profiles on all health care professionals licensed, certified, or registered by the department Department, pursuant to the provisions of this title, in a format created by the Department that shall be available for dissemination to the public:
 - (1) A description of any criminal convictions for felonies and serious misdemeanors, as determined by the commissioner of health Commissioner of Health, within the most recent 10 years. For the purposes of this subdivision, a person shall be deemed to be convicted of a crime if he or she pleaded guilty or was found or adjudged guilty by a court of competent jurisdiction.

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- (2) A description of any charges to which a health care professional pleads nolo contendere or where sufficient facts of guilt were found and the matter was continued without a finding by a court of competent jurisdiction.

 (3)(A) A description of any formal charges served, findings, conclusions, and orders of the licensing authority, and final disposition of matters by the courts within the most recent 10 years, and a summary of the final disposition of such matters indicating any charges that were dismissed and any charges resulting in a finding of unprofessional conduct.

 (B) The Department shall remove from the data repository any charges, findings, conclusions, and order if the final disposition of the matter dismissed all charges filed against the licensee in the same action. The Department shall ensure that the period for appealing an order has expired prior to removing any such information from the data repository, and shall remove that information within five business days of the expiration of the appeal period.
 - (4)(A) A description of any formal charges served by licensing authorities, findings, conclusions, and orders of such licensing authorities, and final disposition of matters by the courts in other states within the most recent 10 years.

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- (B) Upon request of the licensee, the Department shall remove from the data repository any charges, findings, conclusions, and order if the final disposition of the matter dismissed all charges filed against the licensee in the same action. The Department shall confirm the dismissal and shall ensure that the period for appealing an order has expired prior to removing any such information from the data repository, and shall remove that information within five business days of the expiration of the appeal period.

 (5) A description of revocation or involuntary restriction of hospital privileges for reasons related to competence or character that has been issued
 - privileges for reasons related to competence or character that has been issued by the hospital's governing body or any other official of the hospital after procedural due process has been afforded, or the resignation from, or nonrenewal of, medical staff membership or the restriction of privileges at a hospital taken in lieu of, or in settlement of, a pending disciplinary case related to competence or character in that hospital. Only cases which have occurred within the most recent 10 years shall be disclosed by the board Board to the public.
 - (6)(A) All medical malpractice court judgments and all medical malpractice arbitration awards in which a payment is awarded to a complaining party during the last 10 years, and all settlements of medical malpractice claims in which a payment is made to a complaining party within the last 10

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- years. Dispositions of paid claims shall be reported in a minimum of three graduated categories, indicating the level of significance of the award or settlement, if valid comparison data are available for the profession or specialty. Information concerning paid medical malpractice claims shall be put in context by comparing an individual health care professional's medical malpractice judgment awards and settlements to the experience of other health care professionals within the same specialty within the New England region or nationally. The commissioner Commissioner may, in consultation with the Vermont medical society Medical Society, report comparisons of individual health care professionals covered under this section to all similar health care professionals within the New England region or nationally.

 (B) Comparisons of malpractice payment data shall be
- (B) Comparisons of malpractice payment data shall be accompanied by:
- (i) an explanation of the fact that professionals treating certain patients and performing certain procedures are more likely to be the subject of litigation than others;
- (ii) a statement that the report reflects data for the last 10 years, and the recipient should take into account the number of years the professional has been in practice when considering the data;

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1 (iii) an explanation that an incident giving rise to a malpractice 2 claim may have occurred years before any payment was made, due to the time 3 lawsuits take to move through the legal system; 4 (iv) an explanation of the possible effect of treating high-risk 5 patients on a professional's malpractice history; and 6 (v) an explanation that malpractice cases may be settled for 7 reasons other than liability. 8 (C)(i) Information concerning all settlements shall be accompanied 9 by the following statement: "Settlement of a claim may occur for a variety of 10 reasons which do not necessarily reflect negatively on the professional 11 competence or conduct of the health care professional. A payment in 12 settlement of a medical malpractice action or claim should not be construed as 13 creating a presumption that medical malpractice has occurred." Nothing herein 14 shall be construed to limit or prevent the licensing authority from providing further explanatory information regarding the significance of categories in 15 16 which settlements are reported. 17 (ii) Pending malpractice claims and actual amounts paid by or on 18 behalf of a professional in connection with a malpractice judgment, award, or 19 settlement shall not be disclosed by the commissioner of health Commissioner

of Health or by the licensing authority to the public. Nothing herein shall be

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yellow highlighting = language added to Amendment Draft 2.1 1 construed to prevent the licensing authority from investigating and disciplining 2 a health care professional on the basis of medical malpractice claims that are 3 pending. 4 (7) The names of medical professional schools and dates of graduation. 5 (8) Graduate medical education. 6 (9) Specialty board certification. 7 (10) The number of years in practice. 8 (11) The names of the hospitals where the health care professional has 9 privileges. 10 (12) Appointments to medical school or professional school faculties, 11 and indication as to whether the health care professional has had a 12 responsibility for teaching graduate medical education within the last 10 years. 13 (13) Information regarding publications in peer-reviewed medical 14 literature within the last 10 years. 15 (14) Information regarding professional or community service activities 16 and awards. 17 (15) The location of the health care professional's primary practice 18 setting. 19 (16) The identification of any translating services that may be available

at the health care professional's primary practice location.

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- (17) An indication of whether the health care professional participates in the Medicaid program, and is currently accepting new patients.
- (b) The department Department shall provide individual health care professionals with a copy of their profiles prior to the initial release to the public and each time a physician's profile is modified or amended. A health care professional shall be provided a reasonable time to correct factual inaccuracies that appear in such profile, and may elect to have his or her profile omit the information required under subdivisions (a)(12) through (14) of this section. In collecting information for such profiles and in disseminating the same, the department Department shall inform health care professionals that they may choose not to provide such information required under subdivisions (a)(12) through (14).
 - (c) The profile shall include the following conspicuous statement: "This profile contains information which may be used as a starting point in evaluating the professional. This profile should not, however, be your sole basis for selecting a professional."

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1	* * * Certification of Investigators of Unprofessional Conduct Board of
2	Medical Practice Investigators * * *
3	Sec. 3. 20 V.S.A. § 2359 is added to read:
4	§ 2359. SPECIAL CERTIFICATION OF INVESTIGATORS EMPLOYED
5	BY THE SECRETARY OF STATE AND BY THE DEPARTMENT
6	OF HEALTH
7	The Council shall provide special training regarding the methods of
8	conducting investigations of alleged unprofessional conduct to investigators
9	employed by the Secretary of State and Board of Medical Practice
10	investigators employed by the Department of Health and provide a special
11	certification to an investigator who completes this training. The Council shall
12	by rule adopt the standards for this training and for the provision of the special
13	<u>certification.</u>
14	Sec. 4 3. 26 V.S.A. § 1351 is amended to read:
15	§ 1351. BOARD OF MEDICAL PRACTICE
16	* * *
17	(f)(1) Classified state State employees who are employed as investigators
18	by the department of health Department of Health who have successfully met
19	Department of Health shall have met the standards of training for a full-time
20	law enforcement officer under 20 V.S.A. chapter 151 and shall obtain within

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1	30 days of employment the special certification for investigators provided by
2	the Vermont Criminal Justice Training Council as set forth in 20 V.S.A.
3	§ 2359. These investigators shall have the same powers as sheriffs in criminal
4	matters and the enforcement of the law and in serving criminal process, and
5	shall have all the immunities and matters of defense now available or hereafter
6	made available to sheriffs in a suit brought against them in consequence for
7	acts done in the course of their employment.
8	(2) Board of Medical Practice investigators employed by the
9	Department of Health who have not successfully met the standards of training
10	for a full-time law enforcement officer under 20 V.S.A. chapter 151 shall
11	annually obtain a minimum of 25 hours of training regarding the methods of
12	conducting investigations of alleged unprofessional conduct, as approved by
13	the Board.
14	(3) Any Board of Medical Practice investigator employed by the
15	Department of Health shall obtain as soon as practicable and thereafter
16	maintain certification by a nationally or regionally recognized entity regarding
17	the investigation of licensing cases, as approved by the Board.
18	Sec. 5. 3 V.S.A. § 123 is amended to read:
19	§ 123. DUTIES OF OFFICE

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1	(f) Classified state employees who are employed as investigators by the
2	secretary of state who have successfully met Secretary of State shall have met
3	the standards of training for a full-time law enforcement officer under 20
4	V.S.A. chapter 151 and shall obtain within 30 days of employment the special
5	certification for investigators provided by the Vermont Criminal Justice
6	Training Council as set forth in 20 V.S.A. § 2359. These investigators shall
7	have the same powers as sheriffs in criminal matters and the enforcement of
8	the law and in serving criminal process, and shall have all the immunities and
9	matters of defense now available or hereafter made available to sheriffs in a
10	suit brought against them in consequence for acts done in the course of their
11	employment.
12	Sec. 6. TRANSITIONAL PROVISIONS; CERTIFICATION OF
13	
14	(a) The Vermont Criminal Justice Training Council shall adopt the rules
15	regarding and establish the special investigator training and certification
16	required by Sec. 3 (adding 20 V.S.A. § 2359) of this act by July 1, 2014.
17	(b) Any investigator employed by the Secretary of State or any Board of
18	Medical Practice investigator employed by the Department of Health on
19	July 1, 2014 shall have until October 1, 2014 to meet the standards of training

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1	for a full time law enforcement officer under 20 V.S.A. chapter 151 and to
2	obtain the special certification set forth in Sec. 3 of this act.
3	* * * Applicability and Effective Dates * * *
4	Sec. 74. APPLICABILITY OF SECS. 1 AND 2; SUMMARIES OF
5	FINAL DISPOSITIONS
6	(a) The provisions of Sec. 1 of this act, 26 V.S.A. § 1318(c)(1)(B)(vii),
7	which require the Commissioner of Health to provide a summary of the final
8	disposition of unprofessional conduct matters, shall only apply to final
9	dispositions entered on and after the effective date of Sec. 1.
10	(b) The provisions of Sec. 2 of this act, 26 V.S.A. § 1368(a)(3)(A), which
11	require the Commissioner of Health and the Department of Health,
12	respectively, to provide a summary of the final disposition of unprofessional
13	conduct matters, shall only apply to final dispositions entered on and after the
14	effective dates of Sec. 1 and Sec. 2.
15	Sec. 5. REPORT BY BOARD OF MEDICAL PRACTICE;
16	INVESTIGATION METHODS
17	By January 15, 2015, the Board of Medical Practice shall report to the
18	House Committee on Health Care and the Senate Committee on Health and
19	Welfare on its work to review and modify, as appropriate, its policies and
20	procedures for investigating unprofessional conduct cases, after accepting from

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1	interested stakeholders any suggestions regarding this issue. The report shall
2	address any changes the Board has made in its policies and procedures
3	regarding those investigations.
4	Sec. 86. EFFECTIVE DATES
5	This act shall take effect on passage, except:
6	(a)(1) Sees. Sec. 1 (amending 26 V.S.A. § 1318) and shall take effect on
7	July 1, 2014;
8	(b) Secs. 3 (adding 20 V.S.A. § 2359), 4 (amending 26 V.S.A. § 1351),
9	and 5 (amending 3 V.S.A. § 123) shall take effect on July 1, 2014.
10	(c) Sec. 6 (transitional provisions; certification of investigators), Sec. 7
11	(applicability of Secs. 1 and 2; summaries of final dispositions), and this
12	section shall take effect on passage.
13	(2) Sec. 2 (amending 26 V.S.A. § 1368) shall take effect on July 1, 2013
14	July 1, 2015; and
15	(3) Sec. 3 (amending 26 V.S.A. § 1351) shall take effect on July 1,
16	<u>2014.</u>
17	(Committee vote:)
18	
19	Representative [surname]
20	FOR THE COMMITTEE