1	TO THE HOUSE OF REPRESENTATIVES:
2	The Committee on Health Care to which was referred House Bill No. 438
3	entitled "An act relating to the Board of Medical Practice and the licensure of
4	physicians and podiatrists" respectfully reports that it has considered the same
5	and recommends that the bill be amended by striking out all after the enacting
6	clause and inserting in lieu thereof the following:
7	* * * Board of Medical Practice and Physician Licensure * * *
8	Sec. 1. 26 V.S.A. chapter 23 is amended to read:
9	CHAPTER 23. MEDICINE
10	Subchapter 1. General Provisions
11	§ 1311. DEFINITIONS
12	For the purposes of As used in this chapter:
13	(1) "Practice of medicine" means:
14	(A) using the designation "Doctor," "Doctor of Medicine,"
15	"Physician," "Dr.," "M.D.," or any combination thereof in the conduct of any
16	occupation or profession pertaining to the prevention, diagnosis, or treatment
17	of human disease or condition unless the designation additionally contains the
18	description of another branch of the healing arts for which one holds a valid
19	license in Vermont;
20	(B) advertising, holding out to the public, or representing in any
21	manner that one is authorized to practice medicine in the jurisdiction;

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1	(C) offering or undertaking to prescribe, order, give, or administer
2	any drug or medicine for the use of any other person;
3	(D) offering or undertaking to prevent, diagnose, correct, or treat in
4	any manner or by any means, methods, or devices any disease, illness, pain,
5	wound, fracture, infirmity, defect, or abnormal physical or mental condition of
6	any person, including the management of all aspects of pregnancy, labor and
7	delivery, and parturition postpartum care;
8	(E) offering or undertaking to perform any surgical operation upon
9	any person;
10	(F) rendering a written or otherwise documented medical opinion
11	concerning the diagnosis or treatment of a patient or the actual rendering of
12	treatment to a patient within the State by a physician located outside the State
13	as a result of the transmission of individual patient data by electronic or other
14	means from within the State to the physician or his or her agent; or
15	(G) rendering a determination of medical necessity or a decision
16	affecting the diagnosis or treatment of a patient.
17	(2) "Board" means the State Board of Medical Practice established
18	under section 1351 of this title.
19	(3) "License" means license to practice medicine and surgery in the
20	State as defined in subchapter 3 of this chapter. "Licensee" includes any
21	individual licensed or certified by the Board.

1	(4) "Medical director" means, for purposes of this chapter, a physician
2	who is Board-certified or Board-eligible in his or her field of specialty, as
3	determined by the American Board of Medical Specialties (ABMS), and who
4	is charged by a health maintenance organization with responsibility for
5	overseeing all clinical activities of the plan in this State, or his or her designee.
6	(5) "Health maintenance organization," as used in this section, shall
7	have has the same meaning as defined in 18 V.S.A. § 9402(9).
8	(6) "Members" means members of the Board.
9	(7) "Secretary" means the Secretary secretary of the Board.
10	* * *
11	§ 1313. EXEMPTIONS
12	(a) The provisions of this chapter shall not apply to the following:
13	(1) $\frac{A}{A}$ health care professional licensed or certified by the Office of
14	Professional Regulation when that person is practicing within the scope of his
15	or her profession; <u>.</u>
16	(2) a <u>A</u> member of the U.S. Armed Forces or National Guard <u>carrying</u>
17	out official military duties, including a National Guard member in state active
18	duty status, or to any person giving aid, assistance, or relief in emergency or
18 19	
	duty status, or to any person giving aid, assistance, or relief in emergency or

1	(4) $\frac{A}{A}$ duly licensed physician in another state, in Canada, or in another
2	nation as approved by the Board, who is visiting a medical school or a teaching
3	hospital in this State to receive or conduct medical instruction for a period not
4	to exceed three months, provided the practice is limited to that instruction and
5	is under the supervision of a physician licensed by the Board; or.
6	(5) $\frac{A}{A}$ physician who is duly licensed and in good standing in another
7	state, territory, or jurisdiction of the United States or in Canada if the physician
8	is employed as or formally designated as the team physician by an athletic
9	team visiting Vermont for a specific sporting event and the physician limits the
10	practice of medicine in this State to medical treatment of the members,
11	coaches, and staff of the sports team employing or designating the physician.
12	(6) A student who is enrolled in an accredited educational program that
13	leads to the issuance of a degree that would satisfy the educational requirement
14	for a profession licensed or certified by the Board, who is engaged in an
15	organized clinical training program, and who engages in acts constituting the
16	practice of medicine while under the supervision of a Vermont-licensed or
17	Vermont-certified health care professional who is qualified to supervise any
18	acts by the student that constitute the practice of medicine. This exemption
19	does not apply to postgraduate trainees who are required to obtain a training
20	license.

* * *

21

1	§ 1317. UNPROFESSIONAL CONDUCT TO BE REPORTED TO BOARD
2	(a) <u>Required reporters.</u> Any hospital, clinic, community mental health
3	center, or other health care institution in which a licensee performs
4	professional services shall report to the Board, along with supporting
5	information and evidence, any <u>reportable</u> disciplinary action taken by it or its
6	staff that significantly limits the licensee's privilege to practice or leads to
7	suspension or expulsion from the institution, a nonrenewal of medical staff
8	membership, or the restrictions of privileges at a hospital taken in lieu of, or in
9	settlement of, a pending disciplinary case related to unprofessional conduct as
10	defined in sections 1354 and 1398 of this title. The Commissioner of Health
11	shall forward any such information or evidence he or she receives immediately
12	to the Board. The report shall be made within 10 days of the date such
13	disciplinary action was taken, and, in the case of disciplinary action taken
14	against a licensee based on the provision of mental health services, a copy of
15	the report shall also be sent to the Commissioner of Mental Health and the
16	Commissioner of Disabilities, Aging, and Independent Living. This section
17	shall not apply to cases of resignation or separation from service for reasons
18	unrelated to disciplinary action.
19	(b) Within 30 days of any judgment or settlements involving a claim of
20	professional negligence by a licensee, any insurer of the licensee shall report
21	the information to the Commissioner of Health and, to the extent the claim

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1	relates to the provision of mental health services, to the Commissioner of
2	Mental Health.
3	Definition of reportable disciplinary action. A reportable disciplinary
4	action is an action based on one or more of the following:
5	(1) Acts or omissions of a licensee that relate to the licensee's fitness or
6	competence to practice medicine under the license held.
7	(2) Acts or omissions of the licensee that constitute a violation of a law
8	or rule that relates in any way to the practice of medicine.
9	(3) Acts or omissions of the licensee that occur in the course of practice
10	and result in one or more of the following:
11	(A) Resignation, leave of absence, termination, or nonrenewal of an
12	employment relationship or contract. This includes a licensee's own initiation
13	of such action following notification to the licensee by the reporter that the
14	reporter or an affiliated entity is conducting an investigation or inquiry
15	regarding an event that, assuming the accuracy of the information or allegation,
16	is likely to result in reportable disciplinary action. The reporter or affiliated
17	entity shall complete the investigation or inquiry even if the licensee initiates a
18	resignation, leave of absence, termination, or nonrenewal, and shall make a
19	report to the Board if the investigation results in a finding of a reportable
20	disciplinary action. Resignations and leaves of absence that are entirely
21	voluntary by the licensee, and terminations and nonrenewals of employment or

1	contract by a required reporter that are not related to acts or omissions of the
2	licensee, are not reportable disciplinary actions.
3	(B) Revocation, suspension, restriction, relinquishment, or
4	nonrenewal of a right or privilege. This includes a licensee's own initiation of
5	such action following notification to the licensee by the reporter that the
6	reporter or an affiliated entity is conducting an investigation or inquiry
7	regarding an event that, assuming the accuracy of the information or allegation,
8	is likely to result in reportable disciplinary action. The reporter or affiliated
9	entity shall complete the investigation or inquiry even if the licensee initiates a
10	resignation, leave of absence, termination, or nonrenewal, and shall make a
11	report to the Board if the investigation results in a finding of a reportable
12	disciplinary action. Relinquishments of privileges that are entirely voluntary
13	by the licensee, and revocations, nonrenewals, or other limitations on
14	privileges by a required reporter that are not related to acts or omissions of the
15	licensee, are not reportable disciplinary actions.
16	(C) Written discipline that constitutes a censure, reprimand, or
17	admonition, if it is the second or subsequent censure, reprimand, or admonition
18	within a 12-month period for the same or related acts or omissions that
19	previously resulted in written censure, reprimand, or admonition. The same or
20	related acts or omissions includes similar behavior or behavior involving the
21	same parties, or both. Oral censure, oral reprimand, and oral admonition are

1	not considered reportable disciplinary actions, and notation of an oral censure,
2	oral reprimand, or oral admonition in a personnel or supervisor's file does not
3	transform the action from oral to written.
4	(D) Fine or any other form of monetary penalty imposed as a form of
5	discipline.
6	(E) Required education, remedial counseling, or monitoring that is
7	imposed as a result of a completed, contested disciplinary process. This
8	includes recommendation or referral for services from the Vermont
9	Practitioner Recovery Network established pursuant to section 1401a of this
10	chapter, or from an employer wellness program or similar program, as a result
11	of a completed, contested disciplinary process.
12	(c) <u>Timing of reports</u> . A required report of reportable disciplinary action
13	under subsection (b) of this section shall be made within 30 days following the
14	date on which the disciplinary action was taken or upon completion of an
15	investigation or inquiry pursuant to subdivision (b)(3)(A) or (B) of this section.
16	(d) Mental health services. If reportable disciplinary action is reported to
17	the Board based on a licensee's provision of mental health services, the
18	Commissioner of Health shall forward the report to the Commissioners of
19	Mental Health and of Disabilities, Aging, and Independent Living. Except as
20	provided in section 1368 of this title, information provided to the Department
21	of Health, the Department of Mental Health, or the Department of Disabilities,

1	Aging, and Independent Living under this section shall be confidential unless
2	the Department of Health decides to treat the report as a complaint; in which
3	case, the provisions of section 1318 of this title shall apply.
4	(d)(e) Limitation on liability. A person who acts in good faith in accord
5	accordance with the provisions of this section shall not be liable for damages in
6	any civil action based on the fact that a report was made.
7	(e)(f) Violations. A person reporter who violates this section shall be
8	subject to a civil penalty of not more than <u>\$5,000.00, provided that a reporter</u>
9	who employs or grants privileges to five or more Board licensees and who
10	violates this section shall be subject to a civil penalty of not more than
11	\$10,000.00.
12	* * *
13	Subchapter 2. Board of Medical Practice
14	§ 1351. BOARD OF MEDICAL PRACTICE
15	(a) A State The Board of Medical Practice is created. The Board shall be
16	composed of 17 members, nine of whom shall be licensed physicians, one of
17	whom shall be a physician assistant licensed pursuant to chapter 31 of this title,
18	one of whom shall be a podiatrist licensed pursuant to chapter 7 of this title,
19	and six of whom shall be persons not associated with the medical field. The
20	Governor, with the advice and consent of the Senate, shall appoint the
21	members of the Board. Appointments shall be for a term of five years, except

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1	that a vacancy occurring during a term shall be filled by an appointment by the
2	Governor for the unexpired term. No member shall be appointed to more than
3	two consecutive full terms, but a member appointed for less than a full term,
4	(originally or to fill a vacancy), may serve two full terms in addition to such
5	part of a full term, and a former member shall again be eligible for
6	appointment after a lapse of one or more years. Any member of the Board
7	may be removed by the Governor at any time. The Board shall elect from its
8	members a chair, vice chair, and secretary who shall serve for one year and
9	until their successors are appointed and qualified. The Board shall meet upon
10	the call of the Chair or the Commissioner of Health, or at such other times and
11	places as the Board may determine. Except as otherwise provided in section
12	1360 sections 1372, 1373, and 1374 of this title, nine members of the Board
13	shall constitute a quorum for the transaction of business. The affirmative vote
14	of the majority of the members present and voting shall be required to carry
15	any motion or resolution, to adopt any rule, to pass any measure, or to
16	authorize any decision or order of the Board.
17	* * *
18	§ 1353. POWERS AND DUTIES OF THE BOARD
19	The Board shall have the following powers and duties to:
20	(1) License and certify health professionals pursuant to this title.

1	(2) Investigate all complaints and charges of unprofessional conduct
2	against any holder of a license or certificate, or any medical practitioner
3	practicing pursuant to section 1313 of this title, and to hold hearings to
4	determine whether such charges are substantiated or unsubstantiated. The
5	Board may employ or contract with one or more hearing officers to schedule,
6	oversee prehearing processes, preside over hearings, and assist with the
7	preparation of reports and decisions.
8	(3) Issue subpoenas and administer oaths in connection with any
9	investigations, hearings, or disciplinary proceedings held under this chapter.
10	Any individual or entity served with a subpoena issued by the Board shall
11	comply notwithstanding the patient's privilege established in 12 V.S.A.
12	<u>§ 1612.</u>
13	(4) Take or cause depositions to be taken as needed in any investigation,
14	hearing, or proceeding.
15	* * *
16	(8) Obtain, at the Board's discretion, from the Vermont Crime
17	Information Center a Vermont criminal history record, an out-of-state criminal
18	history record, and a criminal history record from the Federal Bureau of
19	Investigation, for any applicant, licensee, or holder of certification. The Board
20	may also inquire of Interpol for any information on criminal history records of
21	an applicant, licensee, or holder of certification. Each applicant, licensee, or

1	holder of certification shall consent to the release of criminal history records to
2	the Board on forms substantially similar to the release forms developed in
3	accordance with 20 V.S.A. § 2056c. When the Board obtains a criminal history
4	record, it shall promptly provide a copy of the record to the applicant, licensee,
5	or holder of certification and inform him or her of the right to appeal the
6	accuracy and completeness of the record pursuant to rules adopted by the
7	Vermont Crime Information Center. When fingerprinting is required pursuant
8	to this subdivision, the applicant, licensee, or holder of certification shall bear
9	all costs associated with fingerprinting. The Board shall comply with all laws
10	regulating the release of criminal history records and the protection of
11	individual privacy.
12	(A) Inquire into the criminal history backgrounds of applicants for
13	licensure and for biennial license renewal for all professionals licensed or
14	certified by the Board. In obtaining these background checks:
15	(i) the Board may inquire directly of the Vermont Crime
16	Information Center, the Federal Bureau of Investigation, the National Crime
17	Information Center, and other holders of official criminal record information,
18	and may arrange for these inquiries to be made by a commercial service;
19	(ii) the Board may require the background checks to be
20	fingerprint-supported, and fingerprints obtained for that purpose may be
21	retained on file by the Board, by holders of official criminal record

1	information, or by a service acting on behalf of the Board, and used to notify
2	the Board of information added to the criminal background history of Board
3	licensees in the future; and
4	(iii) the Board shall notify applicants subject to background
5	checks that the check is required, that fingerprints will be retained on file, and
6	that criminal convictions are not an absolute bar to licensure, and shall provide
7	applicants and licensees with such other information as may be required by
8	federal law or regulation.
9	(B) An applicant or licensee shall bear any cost of obtaining a
10	required criminal history background check.
11	(C) The Board shall comply with all laws regulating the release of
12	criminal history records and the protection of individual privacy.
13	(D) No person shall confirm the existence or nonexistence of
14	criminal history record information to any person who would not be eligible to
15	receive the information pursuant to this chapter. As used in this subdivision,
16	"criminal history record" is as defined has the same meaning as in 20 V.S.A.
17	§ 2056a.
18	* * *

1	§ 1354. UNPROFESSIONAL CONDUCT
2	(a) The Board shall find that any one of the following, or any combination
3	of the following, whether the conduct at issue was committed within or outside
4	the State, constitutes unprofessional conduct:
5	* * *
6	(23) revocation of a license to practice medicine or surgery in, or other
7	disciplinary sanction, by another jurisdiction on one or more of the grounds
8	specified in this section;
9	* * *
10	(27) failure to comply with provisions of federal or State statutes or
11	regulations, or the statutes or rules of this or any other state, governing the
12	practice of medicine or surgery;
13	* * *
14	§ 1355. COMPLAINTS; HEARING COMMITTEE
15	(a) Any person, firm, corporation, or public officer may submit a written
16	complaint to the Board alleging any person practicing medicine in the State
17	committed unprofessional conduct, specifying the grounds therefor. The
18	Board shall initiate an investigation of the physician when a complaint is
19	received or may act on its own initiative without having received a complaint.
20	The Chair shall designate four members, including one public member, to
21	serve as a committee to hear or investigate and report upon such charges.

1	(b) The Chair may designate a hearing committee constituting less than a
2	quorum of the Board, to conduct hearings that would otherwise be heard by the
3	Board. A hearing committee shall consist of at least one physician member of
4	the Board and one public member of the Board. No member of the hearing
5	committee shall have been a member of the investigative committee that
6	reviewed the matter at the investigative stage. When the Board is unable to
7	assign one or more members to investigate a complaint or serve on a hearing
8	committee by reason of disqualification, resignation, vacancy, or necessary
9	absence, the Commissioner may, at the request of the Board, appoint ad hoc
10	members to serve on the investigation or the hearing for that matter only.
11	When a hearing is conducted by a hearing committee, the committee shall
12	report its findings and conclusions to the Board, within 60 days of the
13	conclusion of the hearing unless the Board grants an extension. The Board
14	may take additional evidence and may accept, reject, or modify the findings
15	and conclusions of the Committee. Judgment on the findings shall be rendered
16	by the Board. Nothing herein is intended to limit the discretion of the Board to
17	determine whether a matter will proceed to hearing before a hearing committee
18	under this subsection or by a quorum of the Board.
19	(c) A person or organization shall not be liable in a civil action for damages
20	resulting from the good faith reporting of information to the Board about
21	alleged incompetent, unprofessional, or unlawful conduct of a licensee.

1	(d) The hearing committee may close portions of hearings to the public if
2	the hearing committee deems it appropriate in order to protect the
3	confidentiality of an individual or for medical and other protected health
4	information pertaining to any identifiable person that is otherwise confidential
5	by State or federal law.
6	(e) In any proceeding under this section that addresses an applicant's or
7	licensee's alleged sexual misconduct, evidence of the sexual history of the
8	victim of the alleged sexual misconduct shall neither be subject to discovery
9	nor be admitted into evidence. Neither opinion evidence nor evidence of the
10	reputation of the victim's sexual conduct shall be admitted. At the request of
11	the victim, the hearing committee may close portions of hearings to the public
12	if the Board deems it appropriate in order to protect the identity of the victim
13	and the confidentiality of his or her medical records. [Repealed.]
14	§ 1356. SPECIFICATION OF CHARGES
15	If the Board or committee determines that a hearing is warranted, the
16	Secretary shall prepare a specification of the charge or charges of
17	unprofessional conduct made against a medical practitioner, a copy of which
18	shall be served upon the person complained against, together with a notice of
19	the hearing, as provided in section 1357 of this title. [Repealed.]

1	§ 1357. TIME AND NOTICE OF HEARING
2	The time of hearing shall be fixed by the Secretary as soon as convenient,
3	but not earlier than 30 days after service of the charge upon the person
4	complained against. The Secretary shall issue a notice of hearing of the
5	charges, which notice shall specify the time and place of hearing and shall
6	notify the person complained against that he or she may file with the Secretary
7	a written response within 20 days of the date of service. The notice shall also
8	notify the person complained against that a stenographic record of the
9	proceeding will be kept, that he or she will have the opportunity to appear
10	personally and to have counsel present, with the right to produce witnesses and
11	evidence in his or her own behalf, to cross examine witnesses testifying
12	against him or her and to examine such documentary evidence as may be
13	produced against him or her. [Repealed.]
14	§ 1358. SUBPOENAS; CONTEMPT
15	Subpoenas may be issued by the Board to compel the attendance of
16	witnesses at any investigation or hearing. The Board shall issue subpoenas at
17	the request and on the behalf of the person complained against. [Repealed.]
18	§ 1359. REPORT OF HEARING
19	Within 30 days after holding a hearing under the provisions of section 1357
20	of this title, the committee shall make a written report of its findings of fact

1	and its recommendations, and the same shall be forthwith transmitted to the
2	Secretary, with a transcript of the evidence. [Repealed.]
3	§ 1360. HEARING BEFORE BOARD
4	(a) If the Board deems it necessary, the Board may, after further notice to
5	the person complained against, take testimony at a hearing before the Board,
6	conducted as provided for hearings before the hearing committee. In any
7	event, whether the Board makes its determination on the findings of the
8	hearing committee, on the findings of the committee as supplemented by a
9	second hearing before the Board, or on its own findings, the Board shall
10	determine the charge or charges upon the merits on the basis of the evidence in
11	the record before it. Five members of the Board, including at least one public
12	member, shall constitute a quorum for purposes of this section.
13	(b) Members of the committee designated under section 1355 of this title to
14	investigate the complaint shall not sit with the Board when it conducts hearings
15	under this section.
16	(c) In any proceeding under this section that addresses an applicant's or
17	licensee's alleged sexual misconduct, evidence of the sexual history of the
18	victim of the alleged sexual misconduct shall neither be subject to discovery
19	nor be admitted into evidence. Neither opinion evidence of nor evidence of the
20	reputation of the victim's sexual conduct shall be admitted. At the request of
21	the victim, the hearing committee may close portions of hearings to the public

1	if the Board deems it appropriate to close portions of the hearing in order to
2	protect the identity of the victim and the confidentiality of his or her medical
3	records.
4	(d) The Board may close portions of hearings to the public if the Board
5	deems it appropriate in order to protect the confidentiality of an individual or
6	for medical and other protected health information pertaining to any
7	identifiable person that is otherwise confidential by State or federal law.
8	[Repealed.]
9	§ 1361. DECISION AND ORDER
10	(a) If a majority of the members of the Board vote in favor of finding the
11	person complained against guilty of unprofessional conduct as specified in the
12	charges, or any of them, the Board shall prepare written findings of fact,
13	conclusions, and order, a copy of which shall be served upon the person
14	complained against.
15	(b) In such order, the Board may reprimand the person complained against,
16	as it deems appropriate; condition, limit, suspend, or revoke the license,
17	certificate, or practice of the person complained against; or take such other
18	action relating to discipline or practice as the Board determines is proper,
19	including imposing an administrative penalty not to exceed \$1,000.00 for each
20	act that constitutes an unprofessional conduct violation. Any money received
21	from the imposition of an administrative penalty imposed under this subsection

1	shall be deposited into the Board of Medical Practice Regulatory Fee Fund for
2	the purpose of providing education and training for Board members and
3	licensees. The Commissioner shall detail in the annual report receipts and
4	expenses from money received under this subsection.
5	(c) If the person complained against is found not guilty, or the proceedings
6	against him or her are dismissed, the Board shall forthwith order a dismissal of
7	the charges and the exoneration of the person complained against.
8	(d) Any order issued under this section shall be in full force and effect until
9	further order of the Board or a court of competent jurisdiction. [Repealed.]
10	* * *
11	§ 1365. NOTICE OF CONVICTION OF CRIME; INTERIM SUSPENSION
12	OF LICENSE
13	(a) The Board shall treat a certified copy of the judgment notice of
14	conviction of a crime for which a licensee may be disciplined under section
15	1354 of this title as an unprofessional conduct complaint. The record <u>A</u>
16	certified copy of the judgment of conviction shall be conclusive evidence of
17	the fact that the conviction occurred. If a person licensed under this chapter is
18	convicted of a crime by a court in this State, the clerk of the court shall within
19	10 days of such conviction transmit a certified copy of the judgment of
20	conviction to the Board.
21	* * *

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1	§ 1366. OUT-OF-STATE DISCIPLINE; INTERIM SUSPENSION OF
2	LICENSE
3	(a) The Board shall treat a certified copy of an order revoking or
4	suspending the license of a person licensed to practice medicine or surgery in
5	another jurisdiction on grounds for which a licensee may be disciplined under
6	subdivision 1354(a)(23) of this title as an unprofessional conduct complaint.
7	The A certified copy of the order of revocation or suspension shall be
8	conclusive evidence of the fact that the revocation or suspension occurred.
9	(b) The Board shall treat a certified copy as an unprofessional conduct
10	complaint any notice of a statement of a licensing entity in another jurisdiction
11	that verifies that a person licensed to practice medicine or surgery in that
12	jurisdiction failed to renew, surrendered, or otherwise terminated his or her
13	license during, or prior to initiation of, proceedings to revoke or suspend his or
14	her license as an unprofessional conduct complaint. The A certified copy of
15	the statement shall be conclusive evidence of the fact that such termination
16	occurred.
17	(c) Upon receipt of the certified copy of an order or statement referred to in
18	subsections subsection (a) or (b) of this section, the Board shall follow the
19	procedures for interim suspension set forth in subsection 1365(b) of this title
20	chapter.

1	(d) The sole issue to be determined at the disciplinary hearing on a
2	complaint filed under subsection (a) of this section shall be the nature of the
3	disciplinary action to be taken by the Board.
4	* * *
5	<u>§ 1370. COMPLAINTS; INVESTIGATIVE COMMITTEE</u>
6	(a)(1) Any individual, organization, or public officer may submit a written
7	complaint to the Board alleging that any individual practicing medicine in the
8	State committed unprofessional conduct or that an individual practiced without
9	being licensed in violation of section 1314 of this chapter. The complaint shall
10	specify the grounds on which the allegations of unprofessional conduct are
11	based.
12	(2) A person or organization shall not be liable in a civil action for
13	damages resulting from the good faith reporting of information to the Board
14	about alleged incompetent, unprofessional, or unlawful conduct of a licensee.
15	(b)(1) The Board shall initiate an investigation of the individual
16	complained against whenever a complaint is received. The Board may also act
17	on its own initiative without having received a complaint.
18	(2) The Executive Director shall designate three or more members,
19	including at least one public member, to serve as an investigative committee to
20	investigate and report to the Board its findings regarding the complaint and
21	whether an evidentiary hearing is warranted. If there is an insufficient number

1	of members to investigate a complaint by reason of disqualification,
2	resignation, vacancy, or necessary absence, the Commissioner of Health may,
3	at the request of the Board, appoint ad hoc members to serve on the
4	investigative committee for that matter only.
5	(3) If the investigative committee determines that an evidentiary hearing
6	is warranted, the Executive Director shall prepare a specification of the charge
7	or charges of unprofessional conduct made against the individual licensed by
8	the Board, a copy of which shall be served upon subject of the charge or
9	charges, together with the notice of hearing set forth in subsection 1372(b) of
10	this chapter.
11	<u>§ 1371. ACCESS TO DOCUMENTS; DISCOVERY</u>
12	(a)(1) A licensee who is notified that a specification of one or more charges
13	of unprofessional conduct have been made against the individual in accordance
14	with subdivision 1370(b)(3) of this chapter shall be entitled to inspect and copy
15	all information in the possession of the Department of Health pertaining to the
16	licensee, except:
17	(A) investigatory files that have not resulted in charges of
18	unprofessional conduct;
19	(B) materials that constitute attorney work product; and
20	(C) any other document or information that the Board has an
21	obligation to protect from disclosure.

1	(2) The Executive Director shall notify the licensee of the right to
2	inspect and copy information as provided in subsection 1372(b) of this chapter.
3	(b) A licensee who is notified that a specification of one or more charges of
4	unprofessional conduct have been made against the individual in accordance
5	with subdivision 1370(b)(3) of this chapter shall be entitled to produce fact
6	witnesses, expert witnesses, and evidence on the licensee's own behalf, to
7	cross-examine witnesses testifying against the licensee, and to engage in other
8	methods of discovery as set forth by order of the Board or its hearing officer.
9	(c) A licensee who is notified that a specification of one or more charges of
10	unprofessional conduct have been made against the individual in accordance
11	with subdivision 1370(b)(3) of this chapter shall be entitled to request to
12	depose witnesses by motion to the Board or its hearing officer. Any deposition
13	so ordered shall be subject to:
14	(1) the provisions of section 1376 of this chapter, relating to
15	confidentiality and the inadmissibility of certain evidence;
16	(2) limitations or conditions necessary to protect witnesses who are
17	minors or who are adults subject to a guardianship or conservatorship; and
18	(3) such other reasonable limitations as the Board or its hearing officer
19	may provide in the interests of justice and consistent with the provisions of
20	3 V.S.A. § 810, relating to rules of evidence and official notice in contested
21	cases.

1	<u>§ 1372. HEARING PANEL</u>
2	(a) Composition of hearing panel.
3	(1) The Executive Director may designate a hearing panel constituting
4	less than a quorum of the Board to conduct hearings that would otherwise be
5	heard by the full Board. A hearing panel shall consist of at least three
6	members, including at least one physician member of the Board and at least
7	one public member of the Board. No member of the hearing panel shall have
8	been a member of the investigative committee that reviewed the matter at the
9	investigative stage. A party may move to disqualify a member of a hearing
10	panel due to a conflict of interest.
11	(2) If there is an insufficient number of members to serve on a hearing
12	panel by reason of disqualification, resignation, vacancy, or necessary absence,
13	the Commissioner of Health may, at the request of the Board, appoint ad hoc
14	members to serve on the hearing panel for that matter only.
15	(b) Time and notice of hearing.
16	(1) The Executive Director or a hearing officer shall set a time for the
17	evidentiary hearing as soon as convenient following the determination by the
18	investigative committee that an evidentiary hearing is warranted, subject to the
19	discovery needs of the parties as established in any prehearing or discovery
20	conference or in any orders regulating discovery and depositions, or both, but
21	no earlier than 30 days after service of the charge upon the individual

1	complained against. A party may file motions to extend the time of the hearing
2	for good cause.
3	(2) The Executive Director shall issue a notice of the evidentiary hearing
4	on the charges, which notice shall specify the time and place of the hearing and
5	shall notify the individual complained against that he or she may file with the
6	Executive Director a written response within 20 days of the date of service.
7	The notice shall also notify the individual complained against that a record of
8	the proceeding will be kept, that he or she will have the right to inspect and
9	copy information as set forth in section 1371 of this chapter, and that he or she
10	will have the opportunity to appear personally and to have counsel present,
11	with the right to produce witnesses and evidence on his or her own behalf, to
12	cross-examine witnesses testifying against him or her, and to examine such
13	documentary evidence as may be produced against him or her.
14	(c) Hearing panel report. Within 60 days after holding an evidentiary
15	hearing under this section, unless the Board grants an extension, the hearing
16	panel shall provide a written report of its findings of fact and its
17	recommendations to the full Board, with a transcript of the evidence.
18	<u>§ 1373. HEARING BEFORE THE BOARD</u>
19	(a) If the Board deems it necessary, following receipt of the report of the
20	hearing panel pursuant to section 1372 of this chapter and after further notice
21	to the individual complained against, the Board may take additional evidence

1	at a hearing before the Board, which shall be conducted according to the same
2	process as provided for the hearing panel.
3	(b)(1) Five members of the Board, including at least one physician member
4	and at least one public member, shall constitute a quorum for purposes of this
5	section.
6	(2) Members of the investigative committee designated pursuant to
7	section 1370 of this chapter shall not sit with the Board when it conducts
8	hearings under this section.
9	<u>§ 1374. DECISION AND ORDER</u>
10	(a) Regardless of whether the Board makes its determination on the
11	findings of the hearing panel pursuant to section 1372 of this chapter alone, on
12	the findings of the hearing panel as supplemented by a hearing before the
13	Board pursuant to section 1373 of this chapter, or on its own findings, the
14	Board shall render its decision on the merits of the charge or charges on the
15	basis of the evidence in the record before it.
16	(b)(1) If a majority of the members of the Board present and voting find
17	that the individual complained against committed unprofessional conduct as
18	specified in one or more of the charges, the Board shall prepare written
19	findings of fact, conclusions, and an order, copies of which shall be served
20	upon the individual complained against.
21	(2)(A) In its order, the Board may do one or more of the following:

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1	(i) reprimand the individual complained against;
2	(ii) condition, limit, suspend, or revoke the license, certificate, or
3	practice of the individual complained against; or
4	(iii) take such other action relating to discipline or practice as the
5	Board determines appropriate, including imposing an administrative penalty of
6	not more than \$1,000.00 for each act that constitutes an unprofessional conduct
7	violation.
8	(B) Any monies received from the imposition of an administrative
9	penalty imposed pursuant to this subdivision (2) shall be deposited into the
10	Board of Medical Practice Regulatory Fee Fund for the purpose of providing
11	education and training for Board members and licensees. The Commissioner
12	of Health's accounting under section 1351 of this chapter shall detail the
13	receipts of administrative penalties and the purposes for which such monies
14	were used.
15	(c) If the Board finds the individual complained against not guilty of the
16	charge or charges, or the charges against the individual are dismissed, the
17	Board shall promptly order a dismissal of the charges and issue a statement
18	that the charges were not proved.
19	(d) Any order issued by the Board under this section shall be in full force
20	and effect until further order of the Board or of a court of competent
21	jurisdiction.

1	<u>§ 1375. SUBPOENAS; CONTEMPT</u>
2	(a) The Board may issue subpoenas to compel the attendance of witnesses
3	at any investigation or hearing.
4	(b) The Board shall issue subpoenas on behalf of the individual complained
5	against at the request of such person.
6	<u>§ 1376. CONFIDENTIALITY; INADMISSIBILITY OF CERTAIN</u>
7	<u>EVIDENCE</u>
8	(a) A hearing panel or the Board, or both, may close portions of a hearing
9	or hearings to the public if the panel or Board deems it appropriate in order to
10	protect the confidentiality of an individual or for medical and other protected
11	health information pertaining to any identifiable person that is otherwise
12	confidential under State or federal law.
13	(b) In any proceeding under section 1372 or 1373 of this chapter that
14	addresses an applicant's or licensee's alleged sexual misconduct, evidence of
15	the sexual history of a victim of the alleged sexual misconduct shall neither be
16	subject to discovery nor be admitted into evidence. Neither opinion evidence
17	nor evidence of the reputation of a victim's sexual conduct shall be admitted.
18	At the request of a victim, a hearing panel or the Board may close portions of
19	hearings to the public if the panel or Board deems it appropriate in order to
20	protect the identity of a victim and the confidentiality of his or her medical
21	records.

1	<u>§ 1377. NONDISCIPLINARY FINANCIAL PENALTY</u>
2	(a) For violations of statutes and Board rules of an administrative nature,
3	the Board may, in its sole discretion, elect to offer a licensee the opportunity to
4	pay a nondisciplinary financial penalty of not more than \$250.00 for each
5	instance of noncompliance. If the licensee accepts the offer and submits the
6	required payment, the matter shall be considered to be closed in lieu of
7	investigating the failure to comply with the rule or statute as unprofessional
8	<u>conduct.</u>
9	(b) A matter closed by payment of a nondisciplinary financial penalty shall
10	not be considered to be a disciplinary action, and the matter shall remain
11	confidential in the manner of dismissed charges in accordance with section
12	1318 of this chapter.
13	(c) The Board shall not be required to offer the option of a nondisciplinary
14	financial penalty in any particular case and may elect to process any matter as
15	a disciplinary action.
16	Subchapter 3. Licenses
17	§ 1391. QUALIFICATIONS FOR MEDICAL LICENSURE
18	(a) Upon payment of an examination fee, a person who has attained the age
19	of majority, and is of good moral character, who is a graduate of a legally
20	chartered college or university authorized to confer degrees in medicine and
21	surgery, which is recognized by the Board, shall be entitled to examination.

1	Evidence of good moral character and competence in being able to
2	communicate in reading, writing, and speaking the English language, shall be
3	presented from the chief of service and two other active physician staff
4	members at the hospital where the person was last affiliated. In the discretion
5	of the Board, evidence from different sources may be presented
6	Basic requirements.
7	(1) An applicant for physician licensure as a medical doctor shall meet
8	each of the requirements set forth in subdivisions (2)(A) through (D) of this
9	subsection. A requirement may be met either by satisfying the requirement on
10	its own terms or by qualifying for an exception established in this chapter or by
11	the Board by rule.
12	(2) An applicant shall submit evidence of identity acceptable to the
13	Board as set forth by rule and shall establish that the applicant:
14	(A) is at least 18 years of age;
15	(B) has completed high school, or the equivalent, and at least two
16	years of undergraduate postsecondary school;
17	(C) has graduated from a medical school accredited by an
18	organization that is acceptable to the Board, or from a medical school that has
19	been approved by the Board by rule, with a degree of doctor of medicine or an
20	equivalent as may be determined by the Board; and

1	(D) is of sound moral character and professional competence as
2	evidenced by:
3	(i) references submitted in accordance with rules adopted by the
4	Board:
5	(ii) a personal interview, as may be required in the discretion of
6	the Board; and
7	(iii) the applicant's entire personal history, as established by
8	information about the applicant's academic, licensing examination,
9	employment, professional credentialing, professional certification, professional
10	regulation, civil litigation, and criminal records submitted by the applicant or
11	otherwise obtained by the Board in the application process.
12	(b) If a person successfully completes the examination, he or she may then
13	apply for licensure to practice medicine in the State of Vermont. In addition,
14	each applicant may be interviewed by a Board member
15	Postgraduate training requirements.
16	(1) A graduate of a U.S. or Canadian medical school accredited by a
17	body that is acceptable to the Board shall submit evidence of the successful
18	completion of at least two years of postgraduate training in a U.S. or Canadian
19	program accredited by an organization that is acceptable to the Board and that
20	meets such other requirements as the Board may establish by rule.

1	(2) A graduate of a Board-approved medical school outside the United
2	States or Canada shall submit evidence of success of completing at least three
3	years of postgraduate training in a U.S. or Canadian program accredited by an
4	organization that is acceptable to the Board and that meets such other
5	requirements as the Board may establish by rule.
6	(c) Students who have completed the studies of anatomy, physiology,
7	chemistry, and histology may be examined after presenting a certificate from
8	the secretary of the college or university in which they are pursuing their
9	studies that they have completed the work of the second year. The fee that
10	shall accompany such certificate shall be half of that for the final examination
11	and shall be credited to the student as a part of the whole fee when he or she
12	takes his or her final examination, which examination shall not include the
13	subjects in which such student was found qualified by such previous
14	examination
15	Examination. An applicant shall satisfy the Board's requirements for
16	medical licensing examination as established by the Board by rule. The Board
17	may identify which examinations are accepted, set passing standards, and set
18	limits on time and numbers of attempts for exams. The Board may establish
19	by rule exceptions or alternative means to meet examination requirements.
20	(d) In its discretion, the Board may refuse applicants who are graduates of
21	foreign universities or medical schools unless their credentials have first been

1	passed upon and approved by the educational council for foreign medical
2	graduates
3	ECFMG certificate. A graduate of a medical school outside the United
4	States or Canada shall also submit evidence of certification by the Educational
5	Commission for Foreign Medical Graduates unless the individual qualifies for
6	licensure as a Fifth Pathway applicant, as established by the Board by rule.
7	(e) An applicant for limited temporary license, who shall furnish the Board
8	with satisfactory proof that he or she has attained the age of majority, is of
9	good moral character, is a graduate of a legally chartered medical school of
10	this country or of a foreign country that is recognized by the Board and which
11	has power to grant degrees in medicine, that all other eligibility requirements
12	for house officer status have been met, and that he or she has been appointed
13	an intern, resident, fellow, or medical officer in a licensed hospital or in a
14	clinic that is affiliated with a licensed hospital, or in any hospital or institution
15	maintained by the State, or in any clinic or outpatient clinic affiliated with or
16	maintained by the State, may upon the payment of the required fee, be granted
17	a limited temporary license by the Board as a hospital medical officer for a
18	period of up to 54 weeks and such license may be renewed or reissued, upon
19	payment of the fee, for the period of the applicant's postgraduate training,
20	internship, or fellowship program. Such limited temporary license shall entitle
21	the said applicant to practice medicine only in the hospital or other institution

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1	designated on his or her certificate of limited temporary license and in clinics
2	or outpatient clinics operated by or affiliated with such designated hospital or
3	institution and only if such applicant is under the direct supervision and control
4	of a licensed physician. Such licensed physician shall be legally responsible
5	and liable for all negligent or wrongful acts or omissions of the limited
6	temporary licensee and shall file with the Board the name and address both of
7	himself or herself and the limited temporary licensee and the name of such
8	hospital or other institution. Such limited temporary license shall be revoked
9	upon the death or legal incompetency of the licensed physician or, upon ten
10	days written notice, by withdrawal of his or her filing by such licensed
11	physician. The limited temporary licensee shall at all times exercise the same
12	standard of care and skill as a licensed physician, practicing in the same
13	specialty, in the State of Vermont. Termination of appointment as intern,
14	resident, fellow, or medical officer of such designated hospital or institution
15	shall operate as a revocation of such limited temporary license. An application
16	for limited temporary license shall not be subject to subsection 1391(d) of this
17	title.
18	Current medical practice. An applicant for licensure shall have actively
19	engaged in the practice of medicine, as defined by section 1311 of this chapter,
20	within three years prior to the date on which the application for licensure
21	becomes complete. In its discretion, the Board may license an applicant who

1	does not meet this practice requirement but who agrees to such conditions as
2	the Board may reasonably require to verify or confirm the applicant's readiness
3	to reenter the practice of medicine.
4	(f) License by faculty appointment.
5	(1) The Board may issue a license without examination to a reputable
6	physician who is a resident of a foreign country and who furnishes to the
7	Board satisfactory proof of appointment to the faculty of a medical college in
8	Vermont that is accredited by the Liaison Committee on Medical Education
9	(LCME). The Board may establish additional conditions and requirements by
10	rule for this type of license.
11	(2) An applicant for a license pursuant to this subsection shall furnish to
12	the Board satisfactory proof that the applicant is at least 18 years of age, has
13	good moral character, is licensed to practice medicine in the applicant's
14	country of residence, and has been appointed to the faculty of an LCME-
15	accredited medical college located in Vermont. The application shall include
16	detailed information concerning the nature and term of the appointment, the
17	method by which the applicant's performance will be monitored and evaluated,
18	and any other information the Board may require by rule.
19	(3) A license issued pursuant to this subsection shall be for a period not
20	to exceed the term of the faculty appointment and may, in the Board's
21	discretion, be for a shorter period.

1	(4) A license issued pursuant to this subsection shall expire
2	automatically upon termination for any reason of the licensee's faculty
3	appointment.
4	<u>§ 1392. LIMITED TEMPORARY LICENSE FOR POSTGRADUATE</u>
5	TRAINING
6	(a) Qualifications for limited training license.
7	(1) An applicant for a limited training license to practice medicine in a
8	postgraduate training program shall meet each of requirements set forth in
9	subdivisions (2)(A) through (E) of this subsection. A requirement may be met
10	either by satisfying the requirement on its own terms or by qualifying for an
11	exception established in this chapter or by the Board by rule.
12	(2) An applicant shall submit evidence of identity acceptable to the
13	Board and shall establish that the applicant:
14	(A) is at least 18 years of age;
15	(B) has graduated from a medical school accredited by an
16	organization that is acceptable to the Board, or from a medical school that has
17	been approved by the Board by rule;
18	(C) has been accepted to participate in a postgraduate medical
19	training program accredited by a body approved by the Board by rule;
20	(D) is of sound moral character and professional competence as
21	evidenced by the applicant's entire personal history, as established by

1	information about the applicant's academic, licensing examination,
2	employment, professional credentialing, professional certification, professional
3	regulation, civil litigation, and criminal records submitted by the applicant or
4	otherwise obtained by the Board in the application process; and
5	(E) will be practicing in a program under the supervision of a
6	Vermont-licensed physician who has acknowledged in writing:
7	(i) the responsibility to ensure that the program operates in
8	accordance with the requirements of the accrediting body; and
9	(ii) the responsibility to ensure that physicians in training practice
10	only under the close supervision and control of Vermont-licensed physicians.
11	(b) Terms of limited training license.
12	(1) A limited training license shall be issued for the period of a "training
13	year," which shall run from July 1 through June 30. All limited training
14	licenses shall expire at 12:00 midnight on July 1, regardless of when issued,
15	unless the holder leaves the program before that date, in which case the license
16	expires upon the holder leaving the program. The Board may issue a limited
17	training license up to 90 days prior to the beginning of a training year.
18	(2) A limited training license shall be renewed annually for each
19	licensee who intends to continue to practice in a training program, in
20	accordance with such requirements as the Board may provide by rule.

1	(3) A limited training license authorizes the holder to practice only
2	within the approved training program and only at sites that are part of the
3	hospital or other facility hosting the training program, along with such other
4	locations as may be formally designated as a training site of the program.
5	(4) A limited training license shall become invalid 14 days after the
6	supervising physician described in subdivision (a)(2)(E) of this subsection
7	stops supervising the program for any reason, unless documentation of a new
8	supervising physician is filed with the Board prior to the expiration of the 14-
9	day period.
10	(5) A physician practicing under a limited training license is subject to
11	the provisions of section 1354 of this chapter.
12	§ 1393. EXAMINATIONS
13	The examinations shall be wholly or partly in writing, in the English
14	language, and shall be of a practical character, sufficiently strict to test the
15	qualifications of the applicant. In its discretion the Board may use multiple
16	choice style examinations provided by the National Board of Medical
17	Examiners or by the Federation of State Medical Boards, or as determined by
18	rule. The examination shall embrace the general subjects of anatomy,
19	physiology, chemistry, pathology, bacteriology, hygiene, practice of medicine,
20	surgery, obstetrics, gynecology, materia medica, therapeutics, and legal
21	medicine. The subjects covered by the National Board of Medical Examiners

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1	examination shall be considered to have met the requirements of this section.
2	If the applicant passes the examination approved by the Board and meets the
3	other standards for licensure, he or she will qualify for licensure. [Repealed.]
4	§ 1394. REEXAMINATIONS
5	A person failing an examination may be reexamined. The limitation on the
6	number of reexaminations shall be determined by the Board, by rule. The fee
7	for reexamination shall be as required by subsection 1391(a) of this title.
8	[Repealed.]
9	§ 1395. LICENSE WITHOUT EXAMINATION
10	(a) Without examination, the Board may, upon payment of the required fee,
11	issue a license to a reputable physician who personally appears and presents a
12	certified copy of a certificate of registration or a license issued to him or her in
13	a jurisdiction whose requirements for registration are deemed by the Board as
14	equivalent to those of this State, providing that such jurisdiction grants the
15	same reciprocity to a Vermont physician or by the National Board of Medical
16	Examiners.
17	(b) Without examination, the Board may issue a license to a reputable
18	physician who is a resident of a foreign country and who shall furnish the
19	Board with satisfactory proof that he or she has been appointed to the faculty
20	of a medical college accredited by the Liaison Committee on Medical
21	Education (LCME) and located within the State of Vermont. An applicant for

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1	a license under this subsection shall furnish the Board with satisfactory proof
2	that he or she has attained the age of majority, is of good moral character, is
3	licensed to practice medicine in his or her country of residence, and that he or
4	she has been appointed to the faculty of an LCME accredited medical college
5	located within the State of Vermont. The information submitted to the Board
6	concerning the applicant's faculty appointment shall include detailed
7	information concerning the nature and term of the appointment and the method
8	by which the performance of the applicant will be monitored and evaluated. A
9	license issued under this subsection shall be for a period no longer than the
10	term of the applicant's faculty appointment and may, in the discretion of the
11	Board, be for a shorter period. A license issued under this subsection shall
12	expire automatically upon termination for any reason of the licensee's faculty
13	appointment. [Repealed.]
14	§ 1396. REQUIREMENTS FOR ADMISSION TO PRACTICE
15	(a) The standard of requirements for admission to practice in this State,
16	under section 1395 of this title, shall be as follows:
17	(1) Academic: Preliminary requirements to be a high school education
18	or its equivalent, such as would admit the student to a recognized university,
19	and a two years' course of study in a college of arts and sciences.
20	(2) Medical: Be a graduate of a medical college approved by the Board
21	or approved by an accrediting body satisfactory to the Board.

1	(3) Postgraduate training: Have completed at least a one-year hospital
2	program of postgraduate training approved by the Board or approved by an
3	accrediting body satisfactory to the Board.
4	(4) Moral: Shall present letters of reference as to moral character and
5	professional competence from the chief of service and two other active
6	physician staff members at the hospital where he or she was last affiliated. In
7	the discretion of the Board, letters from different sources may be presented.
8	(5) Language: Shall demonstrate competence in reading, writing, and
9	speaking the English language.
10	(6) Examination: The examination in writing shall have embraced 13
11	subjects of 90 questions, viz.: anatomy, physiology, chemistry, pathology,
12	bacteriology, hygiene, practice of medicine, surgery, obstetrics, gynecology,
13	materia medica, therapeutic, and legal medicine. The grade achieved in each
14	subject must have been at least 75 percent, and a license shall not be
15	recognized when a lower rating was obtained.
16	(7) Practice: Shall have practiced medicine within the last three years as
17	defined in section 1311 of this title or shall comply with the requirements for
18	updating knowledge and skills as defined by Board rules.
19	(b) In cases it deems appropriate, the Board may waive the requirements of
20	subdivisions (a)(1) and (2) of this section for an applicant who is a graduate of
21	a medical college that is neither approved by the Board nor by an accrediting

1	body satisfactory to the Board. As a condition of granting a waiver, the Board
2	may require that the applicant complete up to three years of postgraduate
3	training satisfactory to the Board. A waiver granted under this section shall be
4	in writing and shall include a statement of the Board reasons for granting the
5	waiver. [Repealed.]
6	* * *
7	§ 1398. REFUSAL OR REVOCATION OF LICENSES
8	(a) The Board may refuse to issue the licenses provided for in section 1391
9	of this title to persons a license or certificate to an applicant who applies to be
10	licensed or certified under this chapter and who, by false or fraudulent
11	representations, have has obtained or sought to obtain practice in their the
12	profession, or by false or fraudulent representations of their profession in
13	practice, have has obtained or sought to obtain money or any other thing of
14	value, or who assume names a name other than their the applicant's own for
15	the purpose of misleading others, or for any other immoral, unprofessional, or
16	dishonorable conduct. However, a
17	(b) A license or certificate shall not be suspended, except as provided in
18	section 1365 or 1366 of this chapter; revoked; or refused until the holder or
19	applicant <u>:</u>

(1) is given a hearing before the Board using the same procedures as a
hearing on disciplinary matters as set forth in sections 1372 through 1376 of
this chapter;
(2) is offered and declines or fails to attend a hearing; or
(3) agrees to the action.
(c) In the event of <u>a</u> revocation, the holder of any <u>license or</u> certificate so
revoked shall forthwith promptly relinquish the same license or certificate to
the Secretary of the Board.
* * *
Sec. 2. INVESTIGATIVE PROCEDURES
On or before July 1, 2020, the Board of Medical Practice shall post on its
website an operations manual, covering topics including procedures for
initiating investigations, procedures for notifying licensees of investigations,
and standards for investigators' visiting practices. The Board shall inform
licensees that the operations manual has been posted and is available for
review and comment.
* * * Licensure of Podiatrists * * *
Sec. 3. 26 V.S.A. § 371 is amended to read:
§ 371. ELIGIBILITY
To be eligible for licensure as a podiatrist, an applicant must:
* * *

1	(4) successfully complete <u>all required steps of</u> the examinations given
2	by the National Board of Podiatry Podiatric Medical Examiners, as set forth by
3	the Board by rule; and
4	* * *
5	Sec. 4. 26 V.S.A. § 373(b) is amended to read:
6	(b) A license that has lapsed for up to 364 days may be reinstated on
7	payment of a renewal fee and a late renewal penalty. A license that has lapsed
8	for one year or longer may be reinstated upon payment of the reinstatement fee
9	and completion of the reinstatement application as set forth by the Board by
10	rule. The applicant shall not be required to pay renewal fees during periods
11	when the license was lapsed. However, if such license remains lapsed for a
12	period of three years or longer, the Board may, after notice and an opportunity
13	for hearing, require reexamination as a condition or other conditions of
14	renewal.
15	Sec. 5. 26 V.S.A. § 373(b) is amended to read:
16	(b) A license that has lapsed for up to 364 days may be reinstated on
17	payment of a renewal fee and a late renewal penalty. A license that has lapsed
18	for one year or longer may be reinstated upon payment of the reinstatement fee
19	and completion of the reinstatement application as set forth by the Board by
20	rule. The applicant shall not be required to pay renewal fees during periods
21	when the license was lapsed. However, if such license remains lapsed for a

1	period of three years or longer, the Board may, after notice and an opportunity
2	for hearing, require reexamination or other conditions of renewal require the
3	licensee to update his or her knowledge and skills as defined by Board rules.
4	* * * Addition of Board of Medical Practice to Description of Professional
5	Licensing Boards Entitled to Inspect Prescription Records * * *
6	Sec. 6. 18 V.S.A. § 4211 is amended to read:
7	§ 4211. RECORDS CONFIDENTIAL
8	Prescriptions, orders, and records required by this chapter, and stocks of
9	regulated drugs, shall be open for inspection only to federal or state officers or
10	their specifically authorized agent whose duty it is to enforce the federal drug
11	laws or this chapter, or to authorized agents of professional licensing boards, as
12	that term is defined under 3 V.S.A. chapter 5, or authorized agents of the
13	Board of Medical Practice. No person having knowledge by virtue of his or
14	her office of any such prescription, order, or record shall divulge such
15	knowledge, except in connection with a prosecution, or proceeding before the
16	Board of Health, Board of Pharmacy, Board of Medical Practice, or another
17	licensing or registration board, to which prosecution or proceeding the person
18	to whom such prescriptions, orders, or records relate is a party.

1	* * * Effective Dates * * *
2	Sec. 7. EFFECTIVE DATES
3	(a) Sec. 1 (26 V.S.A. chapter 23) shall take effect on July 1, 2020, except
4	that 26 V.S.A. § 1377 (nondisciplinary financial penalty) shall take effect upon
5	the Board's adoption of a rule setting forth the schedule of statutory and rule
6	violations and penalties.
7	(b) Secs. 2 (investigative procedures), 3 (26 V.S.A. § 371), 4 (26 V.S.A.
8	§ 373(b)), 6 (18 V.S.A. § 4211), and this section shall take effect on July 1,
9	<u>2020.</u>
10	(c) Sec. 5 (26 V.S.A. § 373(b)) shall take effect 60 days after the Board's
11	adoption of a maintenance of licensure rule for podiatrists in accordance with
12	2011 Acts and Resolves No. 61, Sec. 10.
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18	(Committee vote:)
19	
20	Representative
21	FOR THE COMMITTEE