

The Commonwealth of Massachusetts

In the Year Two Thousand Twelve

An Act relative to technical changes pertaining to the Board of Registration in Medicine.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Section 2 of chapter 112 of the General Laws, as so appearing, is hereby
2 amended by striking out, in the first sentence of the eighth paragraph, the words, “United States
3 Secretary of Health and Human Services,” and by inserting in place thereof the following
4 words:- “Centers for Medicare and Medicaid Services.”

5 SECTION 2. Section 2 of chapter 112 of the General Laws, as so appearing, is hereby
6 amended by striking out the second sentence of the ninth paragraph, and by inserting in place
7 thereof the following sentence:-

8 The certification of registration of any physician who does not file a completed renewal
9 application together with the fee shall automatically expire on its renewal expiration date, but the
10 certificate shall be revived upon completion of the lapsed license renewal process.

11 SECTION 3. Section 5 of chapter 112 of the General Laws, as so appearing, is hereby
12 amended by deleting the first sentence of subsection (e) of the sixth paragraph and inserting in
13 place thereof:-

14 A description of revocation or involuntary restriction of privileges granted by any entity
15 subject to the requirements of section 53B of chapter 111, for reasons related to competence or
16 character, that have been taken by the governing body or any other official of the health care
17 facility after procedural due process has been afforded, or the resignation from or nonrenewal of
18 medical staff membership or the restriction of privileges taken in lieu of or in settlement of a
19 pending disciplinary case related to competence or character.

20 SECTION 4. Section 152 of chapter 112 of the General Laws, as so appearing, is hereby
21 amended in subsection (c) of the first paragraph by striking the words: “or have a translator
22 available to communicate with patients and physicians,”.

23 SECTION 5. Section 156 of chapter 112 of the General Laws, as so appearing, is hereby
24 amended by striking out the final sentence of the section, and by inserting in place thereof the
25 following sentence:-

26 The license of any licensee who does not file a completed renewal application together
27 with the fee shall automatically expire on its renewal expiration date, but the license shall be
28 revived upon completion of the lapsed license renewal process.

29 SECTION 6. Section 5 of Chapter 112 of the General Laws is hereby amended by
30 striking out paragraphs 6 through 8, inclusive, and inserting in place thereof the following four
31 paragraphs: -

32 The board shall collect the following information reported to it to create individual
33 profiles on licensees and former licensees, in a format created by the board that shall be available
34 for dissemination to the public:

35 (a) a description of any criminal convictions for felonies and serious misdemeanors as
36 determined by the board. For the purposes of this subsection, a person shall be deemed to be
37 convicted of a crime if he pleaded guilty or if he was found or adjudged guilty by a court of
38 competent jurisdiction;

39 (b) a description of any charges for felonies and serious misdemeanors as determined by
40 the board to which a physician pleads nolo contendere or where sufficient facts of guilt were
41 found and the matter was continued without a finding by a court of competent jurisdiction;

42 (c) a description of any final board disciplinary actions, and a copy of any original board
43 disciplinary orders;

44 (d) a description of any final disciplinary actions by licensing boards in other states;

45 (e) a description of revocation or involuntary restriction of privileges by a hospital, clinic
46 or nursing home under the provisions of chapter 111, or of any employer who employs
47 physicians licensed by the board for the purpose of engaging in the practice of medicine in the
48 commonwealth, for reasons related to competence or character that have been taken by the
49 hospital, clinic or nursing home or employer who employs physicians licensed by the board for
50 the purpose of engaging in the practice of medicine in the commonwealth governing body or any
51 other official of the hospital, clinic or nursing home or employer who employs physicians
52 licensed by the board for the purpose of engaging in the practice of medicine in the
53 commonwealth after procedural due process has been afforded, or the resignation from or
54 nonrenewal of medical staff membership or the restriction of privileges at a hospital, clinic or
55 nursing home or employer who employs physicians licensed by the board for the purpose of
56 engaging in the practice of medicine in the commonwealth taken in lieu of or in settlement of a
57 pending disciplinary case related to competence or character in that hospital, clinic or nursing

58 home or of any employer who employs physicians licensed by the board for the purpose of
59 engaging in the practice of medicine or employer who employs physicians licensed by the board
60 for the purpose of engaging in the practice of medicine in the commonwealth ;

61 (f) all medical malpractice court judgments and all medical malpractice arbitration
62 awards in which a payment is awarded to a complaining party and all settlements of medical
63 malpractice claims in which a payment is made to a complaining party. Dispositions of paid
64 claims shall be reported in a minimum of three graduated categories indicating the level of
65 significance of the award or settlement. Information concerning paid medical malpractice claims
66 shall be put in context by comparing an individual licensee's medical malpractice judgment
67 awards and settlements to the experience of other physicians within the same specialty.
68 Information concerning all settlements shall be accompanied by the following statement:
69 "Settlement of a claim may occur for a variety of reasons which do not necessarily reflect
70 negatively on the professional competence or conduct of the physician. A payment in settlement
71 of a medical malpractice action or claim should not be construed as creating a presumption that
72 medical malpractice has occurred." Nothing herein shall be construed to limit or prevent the
73 board from providing further explanatory information regarding the significance of categories in
74 which settlements are reported.

75 Pending malpractice claims shall not be disclosed by the board to the public. Nothing
76 herein shall be construed to prevent the board from investigating and disciplining a licensee on
77 the basis of medical malpractice claims that are pending.

78 (g) names of medical schools and dates of graduation;

79 (h) graduate medical education;

80 (i) specialty board certification;

81 (j) number of years in practice;

82 (k) names of the hospitals where the licensee has privileges;

83 (l) appointments to medical school faculties and indication as to whether a licensee has a
84 responsibility for graduate medical education within the most recent ten years;

85 (m) information regarding publications in peer-reviewed medical literature within the
86 most recent ten years;

87 (n) information regarding professional or community service activities and awards;

88 (o) the location of the licensee's primary practice setting;

89 (p) the identification of any translating services that may be available at the licensee's
90 primary practice location;

91 (q) an indication of whether the licensee participates in the medicaid program.

92 The board shall provide individual licensees with a copy of their profiles prior to release
93 to the public. A licensee shall be provided a reasonable time to correct factual inaccuracies that
94 appear in such profile.

95 A physician may elect to have his profile omit certain information provided pursuant to
96 clauses (l) to (n), inclusive, concerning academic appointments and teaching responsibilities,
97 publication in peer-reviewed journals and professional and community service awards. In
98 collecting information for such profiles and in disseminating the same, the board shall inform
99 physicians that they may choose not to provide such information required pursuant to said clause
100 (l) to (n), inclusive.

101 For physicians who are no longer licensed by the board, the board shall continue to make
102 available the profiles of such physicians, except for those who are known by the board to be
103 deceased. The board shall maintain the information contained in the profiles of physicians no
104 longer licensed by the board as of the date the physician was last licensed, and include on the
105 profile a notice that the information is current only to that date.