

May 16, 2006

**H 2021. STRENGTHEN NC MEDICAL BOARD.** Filed 5/16/06. *TO STRENGTHEN THE AUTHORITY OF THE NORTH CAROLINA MEDICAL BOARD TO DISCIPLINE PHYSICIANS AND CERTAIN OTHERS AUTHORIZED TO PRACTICE MEDICINE IN ORDER TO IMPROVE PATIENT SAFETY, AS RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON HEALTH CARE.* Amends GS 90-14 as follows: (1) To add to disciplinary actions that the North Carolina Medical Board may take in response to misconduct by a physician. Under current law, the board may deny, annul, suspend, revoke a physician's license or limit the extent and nature of the physician's practice. Under the bill, the board could (in addition to denial, annulment, suspension, or revocation of a license) place a physician on probation (with or without conditions), reprimand publicly, assess monetary penalties, issue public letters of concern, mandate free medical services, or require completion of treatment programs or training. (2) To add as a ground subject to discipline the failure to actively practice medicine or maintain competency within a two-year period immediately preceding the filing of a petition for a new or reactivated license. (3) With respect to the disciplinary ground of incompetence, to permit the board to require the physician to submit to inquiries or examinations by anyone as directed by the board (now, only by members of the board or licensed physicians). (4) To limit to two the number of referrals of a physician to the North Carolina Physicians Health Program (now, the State Medical Society Physician Health and Effectiveness Committee), except in connection with a suspension or revocation, and provides that sexual misconduct does not constitute mental illness for purposes of the referrals. (5) With respect to immunity from civil liability, which immunity now applies in connection with good faith reporting of a physician, to extend the immunity beyond reporting to include good faith investigating and providing an expert medical opinion. (6) To make items (2) and (4) above apply to physician's assistants as well as physicians.

Amends GS 90-14.5 to provide that the board may act in committees of three or more of its members. A committee may take evidence and make a recommendation to the full board. The board must permit parties to make written exceptions to the recommendation and to make oral arguments before the board prior to a final decision.

Amends GS 90-14.13 as follows: (1) To specify that a health care's institution's obligation to report a physician's suspension of privileges must be met within 30 days of the suspension, whether the suspension has been appealed or not. (2) To provide a penalty of between \$500 and \$1000 to the licensing agency of the institution for failure to report the suspension. (3) To specify that the obligation of an insurance carrier or other fund operated or administered by a provider or hospital authority to report an award of damages or a settlement of a claim applies not just to awards or settlements affecting or involving a physician, but also to awards or settlements in any way implicating the care provided by the physician (also makes this provision applicable to physician's assistants and nurse practitioners). Adds a monetary penalty of between \$500 and \$1000 for failure to make this report.

Directs Medical Board, Board of Pharmacy, and Board of Nursing to develop appropriate rules consistent with this bill.

Statutory revisions are effective October 1, 2006.

**Intro. by L. Allen, Nye, Wright, England.**

GS 90, STUDY