

By: Senator(s) Jackson

To: Public Health and  
Welfare; Judiciary

SENATE BILL NO. 3015

1 AN ACT TO PROVIDE FOR MEDICAL PRACTICE DISCLOSURE; TO IMPOSE  
2 POWERS AND DUTIES ON THE STATE MEDICAL LICENSURE BOARD; TO PROVIDE  
3 FOR PENALTIES; AND FOR RELATED PURPOSES.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

5 **SECTION 1. Short Title.**

6 This act shall be known and may be cited as the Medical  
7 Practice Disclosure Act.

8 **SECTION 2. Legislative Intent.**

9 The State of Mississippi hereby recognizes the necessity of  
10 allowing individuals to make informed and educated choices  
11 regarding health care services and the essential need to provide  
12 information to facilitate these important decisions. It further  
13 recognizes that public disclosure of certain health care  
14 information would lower the cost of health care through the use of  
15 the most appropriate provider and improve the quality of health  
16 care services by mandating the reporting of information regarding  
17 health care providers.

18 It is the intention of the Legislature to establish a  
19 procedure by which the general public may obtain essential and  
20 basic information concerning potential health care providers,  
21 while ensuring the accuracy and disclosure of all relevant  
22 information that would enable individuals to informatively select  
23 their health care provider.

24 **SECTION 3. Collection of information.**

25 (1) The State Medical Licensure Board shall collect for each  
26 physician licensed or otherwise practicing medicine in the State  
27 of Mississippi the following information, in a format developed by



28 the department that shall be available for dissemination to the  
29 public:

30 (a) A description of any criminal convictions for  
31 felonies and violent misdemeanors as determined by the department.  
32 For the purposes of this paragraph, a person shall be deemed to be  
33 convicted of a crime if that person pleaded guilty or if that  
34 person was found or adjudged guilty by a court of competent  
35 jurisdiction.

36 (b) A description of any charges to which a physician  
37 pleads nolo contendere or where sufficient facts of guilt were  
38 found and the matter was continued without a finding by a court of  
39 competent jurisdiction.

40 (c) A description of any final disciplinary actions  
41 taken by the State Medical Licensure Board.

42 (d) A description of any final disciplinary actions by  
43 licensing boards in other states or reported in the National  
44 Practitioner Data Bank.

45 (e) A description of revocation or involuntary  
46 restriction of hospital privileges that have been taken by a  
47 hospital's governing body and any other official of a hospital  
48 after procedural due process has been afforded, or the resignation  
49 from or nonrenewal of medical staff membership or the restriction  
50 of privileges at a hospital taken in lieu of or in settlement of a  
51 pending disciplinary case.

52 (f) Notwithstanding any law to the contrary, all  
53 medical malpractice court judgments and all medical malpractice  
54 arbitration awards in which a payment is awarded to a complaining  
55 party and all settlements of medical malpractice claims in which a  
56 payment is made to a complaining party. Settlement of a claim may  
57 occur for a variety of reasons which do not necessarily reflect  
58 negatively on the professional competence or conduct of the  
59 physician. A payment in settlement of a medical malpractice



60 action or claim should not be construed as creating a presumption  
61 that medical malpractice has occurred.

62 (g) All civil court awards or settlements arising from  
63 allegations of sexual misconduct filed by patients, employees or  
64 hospital staff.

65 (h) A paragraph describing the malpractice experience  
66 of each medical specialty and an explanation that some high risk  
67 specialties experience more malpractice claims than less risky  
68 specialties. This information shall be updated on an annual basis  
69 to reflect the most recent malpractice claims experience of each  
70 specialty.

71 (i) Names of medical schools and dates of graduation.

72 (j) Graduate medical education.

73 (k) Specialty board certification(s).

74 (l) Number of years in practice.

75 (m) Name of hospitals where the physician has  
76 privileges.

77 (n) Appointments to medical school faculties and  
78 indication as to whether the physician has a responsibility for  
79 graduate medical education.

80 (o) Information regarding publications in peer-reviewed  
81 medical literature.

82 (p) Information regarding professional or community  
83 service activities and awards.

84 (q) The location of the physician's primary practice  
85 location.

86 (r) The indication of any translating services that may  
87 be available at the physician's primary practice location.

88 (s) An indication of whether the physician participates  
89 in the Medicaid program.

90 (2) The department shall provide each physician with a copy  
91 of that physician's profile prior to the release to the public.



92 (3) A physician shall be provided a reasonable time, not to  
93 exceed sixty (60) days, to correct factual inaccuracies or  
94 omissions that may appear in the profile.

95 (4) (a) A physician may petition the Medical Licensure  
96 Board for permission to temporarily omit certain information for a  
97 period not to exceed one (1) year.

98 (b) If the physician demonstrates to the board that  
99 disclosure of the information would represent an undue risk of  
100 injury to the physician or the property of the physician, the  
101 board may grant the request and the information shall be withheld  
102 until such time as the situation is resolved, based on the  
103 presentation of evidence to the board, for a period not to exceed  
104 one (1) year.

105 (5) The department shall not disclose any pending  
106 malpractice claims to the public, and nothing in this section  
107 shall be construed to prohibit the department from investigating  
108 and disciplining a physician on the basis of pending medical  
109 malpractice claim information obtained under this act.

110 **SECTION 4. Report of criminal convictions and pleas of nolo**  
111 **contendere.**

112 (1) The clerk of any court in which a physician is convicted  
113 of any crime or in which any unregistered practitioner is  
114 convicted of holding himself out as a practitioner of medicine or  
115 of practicing medicine shall, within one (1) week thereafter,  
116 report the same to the State Medical Licensure Board, together  
117 with a copy of the court proceedings in the case.

118 (2) For the purposes of this section, a person shall be  
119 deemed to be convicted of a crime if he pleaded guilty or was  
120 found or adjudged guilty by a court of competent jurisdiction.

121 (3) Upon review, the State Board of Medicine shall provide  
122 the information to the department for purposes consistent with  
123 this act.



124 (4) If a physician pleads nolo contendere to charges or  
125 where sufficient facts of guilt were found and the matter was  
126 continued without a finding by a court of competent jurisdiction,  
127 the clerk shall, within one (1) week thereafter, report the same  
128 to the Medical Licensure Board, together with a copy of the court  
129 proceedings in the case. Upon review, the Medical Licensure Board  
130 shall provide the information to the department for purposes  
131 consistent with this act.

132 **SECTION 5. Reports to hospitals and health care facilities.**

133 (1) Each licensed hospital or health care facility shall  
134 report to the department if the hospital or facility denies,  
135 restricts, revokes or fails to renew staff privileges or accepts  
136 the resignation of a physician for any reason related to the  
137 physician's competence to practice medicine or for any other  
138 reason related to a complaint or allegation regarding any  
139 violation of law, regulation, rule or bylaw of the hospital or  
140 facility regardless of whether the complaint or allegation  
141 specifically states a violation of a specific law, regulation,  
142 rule or bylaw. The report shall be filed within thirty (30) days  
143 of the occurrence of the reportable action and include details  
144 regarding the nature and circumstances of the action, its date and  
145 the reasons for it.

146 (2) Each licensed hospital or health care facility shall  
147 file an annual disciplinary report with the board no later than  
148 January 31 and shall send the report by certified or registered  
149 mail. The report shall summarize the action reports submitted for  
150 the previous calendar year and shall be signed under oath. If the  
151 hospital or facility submitted no action reports for the previous  
152 calendar year, then the report required by this subsection shall  
153 state that no action reports were required.

154 (3) No hospital, health care facility or person reporting  
155 information to the department under this section shall be liable



156 to the physician referenced in the report for making the report,  
157 provided that the report is made in good faith and without malice.

158 **SECTION 6. Reports of disciplinary action by professional**  
159 **medical organizations.**

160 (1) A professional medical association, society, body,  
161 professional standards review organization or similarly  
162 constituted professional organization, whether or not such  
163 association, society, body or organization is local, regional,  
164 state, national or international in scope, shall report to the  
165 Medical Licensure Board the disciplinary action taken against any  
166 physician. Such report of disciplinary action shall be filed with  
167 the board within thirty (30) days of such disciplinary action,  
168 shall be in writing and shall be mailed to the board by certified  
169 or registered mail.

170 (2) As used in this section, the term "disciplinary action"  
171 includes, but is not limited to, revocation, suspension, censure,  
172 reprimand, restriction, nonrenewal, denial or restriction of  
173 privileges or a resignation shall be reported only when the  
174 resignation or the denial or restriction of privileges is related  
175 in any way to:

- 176 (a) The physician's competence to practice medicine; or  
177 (b) A complaint or allegation regarding any violation  
178 of law or regulation, including, but not limited to, the  
179 regulations of the department or the Medical Licensure Board or  
180 hospital, health care facility or professional medical association  
181 bylaws, whether or not the complaint or allegation specifically  
182 cites violation of a specified law, regulation or by law.

183 **SECTION 7. Reports by insurers of malpractice claims or**  
184 **actions.**

185 (1) Every insurer or risk management organization which  
186 provides professional liability insurance to a physician shall  
187 report to the department any claim or action for damages for  
188 personal injuries alleged to have been caused by error, omission



189 or negligence in the performance of the physician's professional  
190 services where the claim resulted in:

191 (a) Final judgment in any amount;

192 (b) Settlement in any amount; or

193 (c) Final disposition not resulting in payment on  
194 behalf of the insured.

195 (2) Reports shall be filed with the board no later than  
196 thirty (30) days following the occurrence of any event listed  
197 under this section.

198 (3) The reports shall be in writing on a form prescribed by  
199 the department and shall contain the following information.

200 (a) The name, address, specialty coverage and policy  
201 number of the physician against whom the claim is made.

202 (b) The name, address and age of the claimant or  
203 plaintiff.

204 (c) The nature and substance of the claim.

205 (d) The date when and place where the claim arose.

206 (e) The amounts paid, if any, and the date, manner of  
207 disposition, judgment and settlement.

208 (f) The date and reason for final disposition, if no  
209 judgment or settlement.

210 (g) Such additional information as the department shall  
211 require. No insurer or its agents or employees shall be liable in  
212 any cause of action arising from reporting to the department as  
213 required in this section.

214 **SECTION 8. Reports by physicians of settlements or**  
215 **arbitration awards.**

216 (1) A physician who does not possess professional liability  
217 insurance shall report to the department every settlement or  
218 arbitration award of a claim or action for damages for death or  
219 personal injury caused by negligence, error or omission in  
220 practice, or the unauthorized rendering of professional services  
221 by the physician. The report shall be made within thirty (30)



222 days after the settlement agreement has been reduced to writing or  
223 thirty (30) days after service of the arbitration award on the  
224 parties as long as it is signed by all the parties.

225 (2) (a) Except as otherwise provided in this section, a  
226 physician who fails to comply with the provisions of this section  
227 shall be subject to a civil penalty of not more than Five Hundred  
228 Dollars (\$500.00).

229 (b) A physician who makes a knowing or intentional  
230 failure to comply with the provisions of this section, or  
231 conspires or colludes not to comply with the provisions of this  
232 section, or hinders or impeded any other person in such  
233 compliance, shall be subject to a civil penalty of not less than  
234 Five Thousand Dollars (\$5,000.00) nor more than Fifty Thousand  
235 Dollars (\$50,000.00).

236 **SECTION 9. Public access to information.**

237 (1) Effective January 1, 2003, a fee of not more than Twenty  
238 Dollars (\$20.00) shall be assessed to all physicians, and the fee  
239 shall be collected by the board every two (2) years to offset the  
240 costs associated with this act.

241 (2) The Medical Licensure Board shall make available to the  
242 public, upon request by any person or entity and upon payment of a  
243 reasonable copy charge not to exceed One Dollar (\$1.00) per page,  
244 the information compiled by the board in Section 3.

245 (3) Each physician shall make available to the public, free  
246 of charge, information compiled by the board in Section 3. All  
247 physicians shall conspicuously post at their primary place of  
248 practice a notice stating, "free background information available  
249 upon request."

250 (4) The board shall disseminate information of Section 3 by  
251 posting the information on the state's website on the Internet.  
252 The fees collected under subsection (1) may be used to pay for the  
253 expenses of complying with this subsection.

254 **SECTION 10. Rules and Regulations.**





255           The board shall in the manner provided by law promulgate the  
256 rules and regulations necessary to carry out the provisions of  
257 this act, including, but not limited to, the exchange of  
258 information between the Medical Licensure Board and other relevant  
259 state agencies, insurance carriers, hospitals and judicial  
260 administrative offices.

261           **SECTION 11.** This act shall take effect and be in force from  
262 and after January 1, 2003.

