HOUSE BILL NO. 1445

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

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

SECTION 1. Short title.

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

SECTION 2. Legislative intent.

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

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


(1) The State Medical Licensure Board shall collect for each physician licensed or otherwise practicing medicine in the State of Mississippi the following information, in a format developed by
the department that shall be available for dissemination to the
public:

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

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

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

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

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

(f) Notwithstanding any law to the contrary, all
medical malpractice court judgments and all medical malpractice
arbitration awards in which a payment is awarded to a complaining
party and all settlements of medical malpractice claims in which a
payment is made to a complaining party. Settlement of a claim may
occur for a variety of reasons which do not necessarily reflect
negatively on the professional competence or conduct of the
physician. A payment in settlement of a medical malpractice
action or claim should not be construed as creating a presumption that medical malpractice has occurred.

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

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

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

(j) Graduate medical education.

(k) Specialty board certification(s).

(l) Number of years in practice.

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

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

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

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

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

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

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

(2) The department shall provide each physician with a copy of that physician's profile prior to the release to the public.
(3) A physician shall be provided a reasonable time, not to exceed sixty (60) days, to correct factual inaccuracies or omissions that may appear in the profile.

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

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

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


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

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

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

SECTION 5. Reports to hospitals and health care facilities.

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

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

(3) No hospital, health care facility or person reporting
information to the department under this section shall be liable
to the physician referenced in the report for making the report,
provided that the report is made in good faith and without malice.

SECTION 6. Reports of disciplinary action by professional
medical organizations.

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

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

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

SECTION 7. Reports by insurers of malpractice claims or
actions.

(1) Every insurer or risk management organization which
provides professional liability insurance to a physician shall
report to the department any claim or action for damages for
personal injuries alleged to have been caused by error, omission
or negligence in the performance of the physician's professional services where the claim resulted in:

(a) Final judgment in any amount;
(b) Settlement in any amount; or
(c) Final disposition not resulting in payment on behalf of the insured.

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

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

(a) The name, address, specialty coverage and policy number of the physician against whom the claim is made.
(b) The name, address and age of the claimant or plaintiff.
(c) The nature and substance of the claim.
(d) The date when and place where the claim arose.
(e) The amounts paid, if any, and the date, manner of disposition, judgment and settlement.
(f) The date and reason for final disposition, if no judgment or settlement.
(g) Such additional information as the department shall require. No insurer or its agents or employees shall be liable in any cause of action arising from reporting to the department as required in this section.

SECTION 8. Reports by physicians of settlements or arbitration awards.

(1) A physician who does not possess professional liability insurance shall report to the department every settlement or arbitration award of a claim or action for damages for death or personal injury caused by negligence, error or omission in practice, or the unauthorized rendering of professional services by the physician. The report shall be made within thirty (30)
days after the settlement agreement has been reduced to writing or thirty (30) days after service of the arbitration award on the parties as long as it is signed by all the parties.

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

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

SECTION 9. Public access to information.

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

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

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

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

SECTION 10. Rules and regulations.
The board shall in the manner provided by law promulgate the rules and regulations necessary to carry out the provisions of this act, including, but not limited to, the exchange of information between the Medical Licensure Board and other relevant state agencies, insurance carriers, hospitals and judicial administrative offices.

SECTION 11. This act shall take effect and be in force from and after July 1, 2003.