



Colorado Medical Society

"Advocating excellence in the profession of medicine"

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Colorado Medical Society Response to DORA's Sunset Recommendations for the Board of Medical Examiners/Medical Practice Act

The Colorado Medical Society (CMS) greatly appreciates the opportunities the Colorado Department of Regulatory Agencies (DORA) has provided us to inform the Board of Medical Examiners sunset process. The sunset document is strongly written and includes many important recommendations that will enhance consumer protection in Colorado. We are especially grateful for DORA's acceptance of ten of CMS' recommendations.

Following is the complete list of recommendations from DORA. Those marked with an asterisk (*) were included in CMS' May 15 recommendations to DORA. Those that are underlined are items for discussion with DORA.

1. Extend the BME and the MPA until 2019.
2. Schedule the peer review statute for sunset review in 2012.
3. Transfer oversight of EMTs to the Colorado Dept. of Public Health and Environment. *
4. Change the name of the BME to the "Board of Medicine," in order to minimize confusion with coroners. *
5. Increase the size of the board by three and create a new panel to deal specifically with matters relating to physician licenses and unlicensed practitioners. *
6. Clarify that the Director of the Division of Registrations has authority to promulgate and repeal rules pertaining to advanced practice nurses with prescriptive authority if the Boards of Nursing and Medicine adopt contradictory rules.
7. Repeal requirement that physician members of the Board must have lived in Colorado for five years before being eligible for appointment to the Board.
8. Repeal the requirement that the Governor consult with professional associations when appointing members of the Board.
9. Repeal the requirement for notice and a hearing when the Governor removes a member of the Board.
10. Eliminate the position of secretary from the Board's officers.
11. Create a pro bono license for physicians who provide free medical care (the current pro bono license is limited to physicians who provide care to Shriners Hospitals).
12. Create a new type of supervised re-entry license for physicians returning to

- practice. *
13. Authorize the Board to adjust the surcharge to support the peer health assistance program to account for utilization by both physicians and physician assistants.
 14. Clarify language allowing physicians licensed in other states to engage in the “occasional” practice of medicine in Colorado without having to obtain a Colorado license.
 15. Create a true licensure by endorsement process to minimize the administrative burden on physicians who move from another state.
 16. Require physicians and PAs whose licenses have been revoked to wait two years before reapplying.
 17. Treat failure to address a health issue, rather than the health issue itself, as “unprofessional conduct.” This eliminates inappropriate license stipulations that are reportable to the NPDB. It also allows for remediation without disciplinary action in appropriate circumstances. *
 18. Protect physician and PA communications with the Board from discoverability in court.
 19. Require physicians and PAs to report any adverse actions taken against their license (e.g., by peer review committees, licensing authorities in other jurisdictions, etc.) within 30 days of the action.
 20. Expand the Board’s authority to impose fines by eliminating the requirement that fines may only be imposed in lieu of suspension. *
 21. Change the phrase “habitual intemperance” (as part of the definition of unprofessional conduct) to “habitual or excessive use or abuse of alcohol or controlled substances.”
 22. Raise minimum liability coverage requirements to \$1 million per incident/\$3 million annual aggregate, to better reflect current standards. *
 23. Restate the definition of the practice of medicine to eliminate mention of fees or compensation, thereby including volunteer medical services as the practice of medicine.
 24. Require physicians and PAs to make arrangements for securing and/or transferring medical records in the event of their death or end of their medical practice, and to inform patients of those arrangements. Practitioners must attest to those arrangements at the time of license renewal; failure to do so will be ground for Board discipline.
 25. Increase the allowed physician:PA ratio from 1:2 to 1:3. *
 26. Reconfigure the MPA to clearly separate out those sections applying to physicians and those applying to PAs.
 27. Limit the time period for which physicians must report their licensing histories under the Skolnik Act to 10 years. *
 28. Require the Board to remind physicians of Skolnik Act reporting requirements when license renewal notices are sent. *
 29. Update the language in the MPA with technical/grammatical changes.