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(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ...
PUBLIC HEARING - COMMITTEE RECORDS

2011-12

(session year)

Senate

(Assembly, Senate or Joint)

Committee on ... Labor, Public Safety, and Urban
Affairs (SC-LPSUA)

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
 - (**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
 - (**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

* Contents organized for archiving by: Mike Barman (LRB) (July/2012)

Senate

Record of Committee Proceedings

Committee on Labor, Public Safety, and Urban Affairs

Senate Bill 464

Relating to: prohibiting fingerprinting in connection with professional credentials issued by the Department of Safety and Professional Services or an examining board or affiliated credentialing board, except as provided in the statutes, and requiring the exercise of rule-making authority.

By Senator Galloway; cosponsored by Representatives Severson, Litjens, Steineke, Spanbauer and Weininger.

February 13, 2012 Referred to Committee on Labor, Public Safety, and Urban Affairs.

February 28, 2012 **PUBLIC HEARING HELD**

Present: (5) Senators Wanggaard, Grothman, Lazich, Wirsch and King.
Absent: (0) None.
Excused: (0) None.

Appearances For

- Pam Galloway — Senator
- Jeremy Levin — Rural Wisconsin Health Cooperative

Appearances Against

- Gene Musser, Middleton

Appearances for Information Only

- None.

Registrations For

- Eric Severson — Representative, 28th Assembly District
- Mark Grapentine — Wisconsin Medical Society

Registrations Against

- None.

Registrations for Information Only

- None.

March 1, 2012

EXECUTIVE SESSION HELD

Present: (5) Senators Wanggaard, Grothman, Lazich, Wirch
and King.

Absent: (0) None.

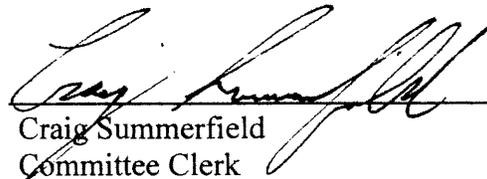
Excused: (0) None.

Moved by Senator Wanggaard, seconded by Senator Lazich that
Senate Bill 464 be recommended for passage.

Ayes: (3) Senators Wanggaard, Grothman and Lazich.

Noes: (2) Senators Wirch and King.

PASSAGE RECOMMENDED, Ayes 3, Noes 2



Craig Summerfield
Committee Clerk

Vote Record
Committee on Labor, Public Safety, and Urban Affairs

Date: 3/1/2012

Moved by: WANGGAARD Seconded by: LAZICH

AB _____ SB 464 Clearinghouse Rule _____
 AJR _____ SJR _____ Appointment _____
 AR _____ SR _____ Other _____

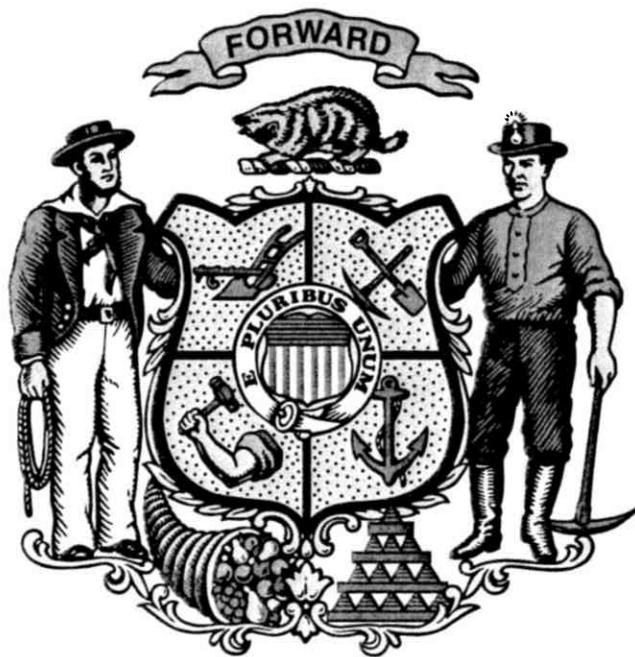
A/S Amdt _____
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Be recommended for:
 Passage Adoption Confirmation Concurrence Indefinite Postponement
 Introduction Rejection Tabling Nonconcurrence

<u>Committee Member</u>	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
Senator Van Wanggaard, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Glenn Grothman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Mary Lazich	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Robert Wirch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Jessica King	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Totals: 3-2 _____ _____

Motion Carried Motion Failed





TO: Senate Committee on Labor, Public Safety, and Urban Affairs
Senator Wanggaard, Chair

FROM: Jeremy Levin, Director of Advocacy
Rural Wisconsin Health Cooperative

DATE: February 28, 2012

RE: SUPPORT Senate Bill 464 – Relating to fingerprinting

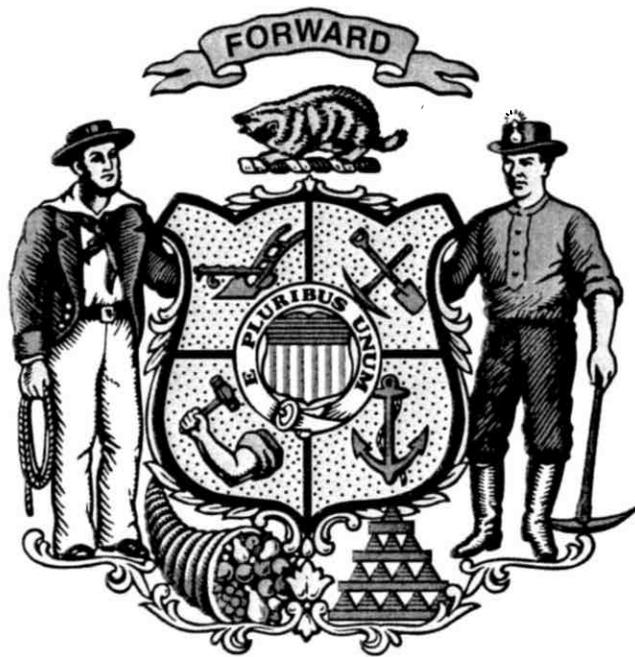
The Rural Wisconsin Health Cooperative (RWHC), owned and operated by 34 rural community hospitals, thanks you for this opportunity to share our thoughts on Senate Bill 464, which relates to the prohibition of fingerprinting in connection with professional credentials. RWHC thanks the authors, Senator Galloway and Representative Severson, for introducing a legislative fix responding to the enactment of CR11-027, which allowed the Medical Examining Board (MEB), through the Department of Safety and Professional Services (DSPS), to require that new applicants for physician licensure submit fingerprint cards and undergo background checks. RWHC is concerned that the rule will have negative effects upon workforce availability in our rural and underserved populations across the state. RWHC provides Credentialing Services to many rural hospitals and clinics, and we believe the requirement for fingerprinting will cause problems for these entities that contract with us, and ultimately, the patients that rely on these physicians.

Specifically, RWHC is concerned that the rule will create an undue burden logistically and financially upon new applicants and potentially cause a chilling effect in recruiting more physicians to rural Wisconsin. The financial burden of submitting and processing the fingerprint cards will fall to the physician applicant. However, the logistical burden of where a physician applicant may have to go to submit fingerprint cards is unclear. Will the applicant potentially have to drive hundreds of miles to Madison to get fingerprinted at DSPS? Alternatively, would they be forced to contact a local law enforcement department and arrange the creation and submittal of the fingerprint cards? For the hospital or physician group desperately trying to recruit new physician applicants to rural Wisconsin, this will be an extreme and unnecessary burden. Further, this will likely cause additional delay in an already slow process, which could affect the physicians' start date, the practice site's financial sustainability, and patient care.

Ironically, prior to the rule's enactment, both the DSPS and the MEB have the authority to request a new physician applicant to submit fingerprints and undergo criminal background checks. Prior to the rule, §. RL 4.07 and RL 4.08, stated that DSPS may require an applicant for physician licensure to submit fingerprints and undergo a criminal background check if "there exists reason to believe that the applicant has failed to accurately describe his or her conviction record."

Wisconsin has made great strides in their licensing procedures in helping employers recruit and hire the medical professionals that their communities need. One such example was when the MEB simplified the process to allow reciprocal licensing of Minnesota physicians in Wisconsin, a move that helps border communities, allows easier relocation and maintains the high medical practice standards of both states. However, Minnesota does not require new applicants to undergo fingerprinting. Will Wisconsin's new rule complicate reciprocal licensing?

Thank you again for this opportunity to comment on and express our support for SB 464. We encourage the Committee the Committee to act on the bill, so that it might become law before the end of the current legislative session. The fingerprinting procedures would present an undue logistical and financial burden to all new physician applicants and disproportionately affect those applicants wanting to practice in Wisconsin's underserved rural areas.





ERIK SEVERSON

STATE REPRESENTATIVE • 28TH ASSEMBLY DISTRICT

Testimony on Senate Bill 464
Senate Committee on Labor, Public Safety, and Urban Affairs
February 28, 2012

Thank you Chairman Wanggaard and members of the committee for holding a public hearing on Senate Bill 464.

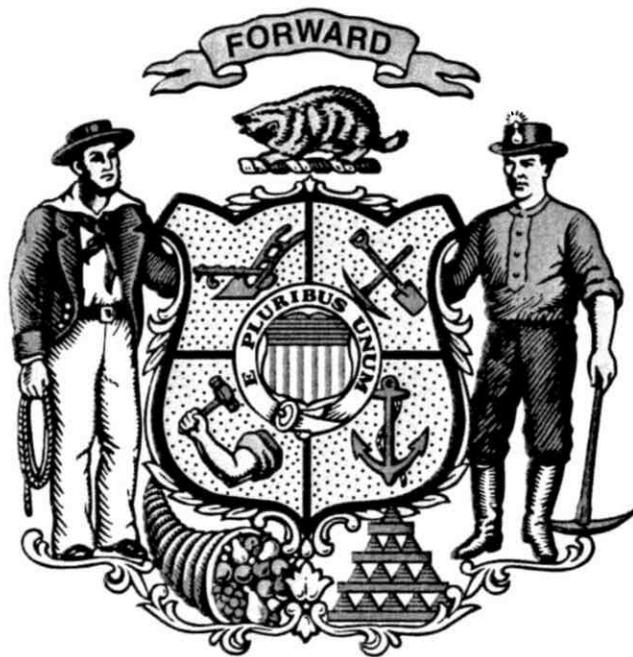
The intent of this bill is to prevent the Department of Safety and Professional Services (DSPS) from unilaterally mandating that applicants for professional credentials provide fingerprints. Earlier this year DSPS promulgated a rule that would require all applicants for physician licensure to submit with their application a set of fingerprints.

Given the current economic climate, the requirement that an applicant for a professional credential be required to provide costly and time consuming fingerprints places an undue burden on people seeking jobs here in Wisconsin. A report from the Wisconsin Hospital Association emphasized the pending shortage of physicians here in the state. Why, when faced with a shortage of qualified physicians, are we putting additional burdens on licensure applications?

This bill continues to authorize DSPS to request that an applicant submit fingerprints when the Department is conducting an investigation concerning criminal charges or convictions, if any, of an applicant or credential holder. The bill also requires the Department to establish criteria for when they would utilize this tool, rather than indiscriminately requiring fingerprinting by applicants for professional credentials. It is impossible for a 26 year old to have gone through college, medical school, and done a year of residency while also having spent several years in prison for a felony. This bill allows government to be smarter and more efficient with their resources by creating a set of criteria rather than mandating fingerprinting across the board.

By requiring fingerprinting through the rule making process, DSPS will slow down the application and review process as well as incur added expenses by requiring that ALL applicants submit fingerprints. This legislation will help to eliminate an unnecessary hurdle involved with applying for a professional credential here in Wisconsin. Our focus should be on job creation, not creating more barriers for people seeking employment.

Thank you again Chairman Wanggaard and Committee Members for taking the time to hold this public hearing and I look forward to working with you on passage of this legislation.





Wisconsin State Senator
PAM GALLOWAY

Senate District 29

Testimony of State Senator Pam Galloway on Senate Bill 464
Senate Committee on Labor Public Safety and Urban
Affairs

Tuesday, February 28, 2012

Mr. Chairman and committee members, I would like to thank you for hearing Senate Bill 464 (SB 464) today. The legislation that is before us has a simple purpose, which is to prevent the Department of Safety and Professional Services (DSPS) from unilaterally mandating that applicants for professional credentials provide fingerprints, with certain exceptions; those are outlined in the Legislative Reference Bureau's summary.

Many credentialed professionals in the State of Wisconsin must comply with a number of prerequisite criteria to even be eligible to apply for a license in many cases. For those that already possess a professional license, these individuals may find themselves having to comply with continuing education credits, new professional certifications, among other requirements, to keep their licensure current.

I urge you and your fellow committee members to go to the Department's website and look through the various application packets that some of our constituents have to fill out to work in their professions. The process can be time consuming and costly depending on the license. Passing SB 464 will simply remove some of the red tape that applicants already experience and make the process more user friendly. I would like to thank the Chair and the committee members for hearing this bill today. Also, I would like to thank Representative Severson for his leadership on this issue in the Assembly as well. I would be happy to answer any questions that you may have.



SB 464 file

02-28-2012

Chair ~~van~~ Wanggaard, and members of the Committee, I'd like to thank you for the opportunity to appear before you today. My name is Gene Musser. I'm a clinical cardiologist, and for purpose of identification I would note that I am employed by the University of Wisconsin Medical Foundation and Medical School and work at Meriter Hospital. I'm here on a scheduled day off of work, thus on my own time, and don't appear as a representative of any of those organizations. I am in addition a member of the Wisconsin Medical Examining Board, to which I was appointed in January of 2004. I served as Chair for the years 2007-2009 and am currently Vice Chair. I'm appearing here today in opposition to SB 464. I'm doing so as an MEB member with some knowledge of the issues involved, but I would state explicitly that I am not here at the direction of nor representing an official position of the MEB as it is currently constituted. Though I reported on the existence of this bill and the companion AB615 at the February MEB meeting, the Board didn't consider the question of taking a position on the bills but will do so at its March meeting. If the Board elects to take a position it will at that time communicate to the relevant people and entities.

CR 11-027, effective February 1, 2012, authorizes the Department of Safety and Professional Services to require fingerprints and criminal background checks as a part of all applications for physician licensure. These bills seek to overturn that general authority, limiting it to specific situations outlined in rules to be created.

I think it's important for the Committee to be aware that CR 11-027 was initiated by and developed at the request of the members of the MEB rather than by DSPS. The MEB consists of nine physicians with MD degrees, one with a DO degree, and three public members. This requirement was first the subject of a motion in June, 2006, by Leif Erickson, a surgeon with

Aurora in Burlington, appointed to the MEB by then Governor Scott McCallum, and seconded by Sandra Osborn, a retired pediatrician with the Dean Clinic in Madison and former president of the Wisconsin Medical Society. At a later meeting it was the subject of a motion made by Jack Lockhardt, a rheumatologist with the Gunderson Clinic in LaCrosse and also a former president of the WMS. The scope statement for the rule was approved unanimously by the MEB at its meeting in January, 2011. The rule was a longtime project of Virginia Heinemann, a public Board member from Wausau, appointed by then Governor Thompson, and who served from 1999-2007 and is now 83. In a phone call yesterday she affirmed her opposition to this bill, and absent some current infirmity would likely be here testifying against it. Public and professional Medical Board members from all across the state, appointed by Governors Thompson, McAllum, Doyle and/or Walker have over the years advocated and voted for this rule.

As a part of the rule-making process the MEB held a public hearing on July 20. No one appeared nor submitted written testimony in opposition to the rule. The Wisconsin Board of Nursing submitted testimony strongly supporting the rule, citing criminal background checks as "... a necessary and modern component of a regulatory board's authority."

The rule was submitted to the Assembly and Senate Committees on Health. The Assembly committee held a hearing on September 21 and took no action in opposition to the rule. Nor did the Joint Committee for Review of Administrative Rules after its hearing November 10. The Senate committee didn't hold a hearing.

Representative Severson in circulating his bill for co-sponsorship cited concerns about the burden of cost and time to applicants and slowing the review and application process. I

think it's worthwhile quantitating these concerns. The Department has estimated the cost to applicants as approximately \$51. Digital fingerprinting can be done through the vendor specified by the Department, but prints can be taken at any police station. Processing time is estimated at a week or a little longer at worst and Department personnel do not believe this requirement will delay granting of licenses.

The performance of criminal background checks at licensure is not just our idea. Doing so is recommended by the Federation of State Medical Boards in its Essentials of a Modern Medical and Osteopathic Practice Act. In a side-bar to an article about the MEB, written by Gina Barton in the Milwaukee Journal-Sentinel in January, 2008, among the recommendations for improvement in Wisconsin's system of doctor regulation was "Pass legislation that allows the board to conduct national criminal background checks on new doctors who want to be licensed in the state." The National Governors Association Center for Best Practices State Alliance for E-Health has recommended that "Governors and state legislatures should direct their state boards to require that applicants seeking initial professional state licensure and licensure renewals undergo state and federal criminal background checks . . ."

Criminal background checks will eventually be necessary to promote what's called the portability of medical licenses between states. The Wisconsin MEB has led an effort to allow expedited licensure among a group of midwestern states. A background check has been identified as a best practice and important component of the expedited licensure process.

Wisconsin is not alone in requiring fingerprinting and a formal criminal background check. As of December, 2011, the FSMB reports that approximately 35 Boards around the country require fingerprints, including Illinois, Indiana, Iowa, and

Michigan. For the internationalists among you, background checks are required in British Columbia, Manitoba, Ontario, Quebec and Nova Scotia, as well as Great Britain and Australia.

The purpose of the rule is to further the Board's mandate of protection of the public. Performance of the background check allows independent assessment of the truthfulness of answers on the application and is in the best tradition of President Ronald Reagan's oft-stated policy: "Trust but verify". The National Practitioner Databank allows the MEB to know the disciplinary and malpractice histories of physicians wishing to relocate to Wisconsin. Performing criminal background checks provides potentially critical analogous information.

There is no recent national survey of the results of requiring criminal background checks. A few points consistently are made by those who do so: (1) knowing a background check will occur probably increases the honesty of application completion, (2) it's impossible to know how many potential applicants decide not to apply when they find that a background check will be done, and (3) almost all involved Boards are of the opinion that the checks are valuable in their application process, including Iowa, Michigan, Idaho, Mississippi, Nevada (checks ". . .absolutely identify meaningful events."), North Carolina, California, and several others. As the number of states requiring checks has increased, those who fail to do so could theoretically become magnets for applicants with something to hide.

The Iowa Board reports that between 2008 and 2011 five to eleven applicants per year have received letters of warning because of non-disclosure of a criminal past. Nationally, the FSMB in 2006 estimated that 2-5% (though up to 10%) of applicants have some sort of criminal past and that 1-3% (and up to 10%) fail to report it. They state that the most commonly

unreported crimes include DUI and theft, though others have included everything from sex crimes, forgery, domestic violence, drug use, child abuse and murder.

We don't and really can't know what our rule will yield. The Department doesn't keep records of positive responses to questions about criminal past and it's of course impossible to know how many have failed to disclose past problems.

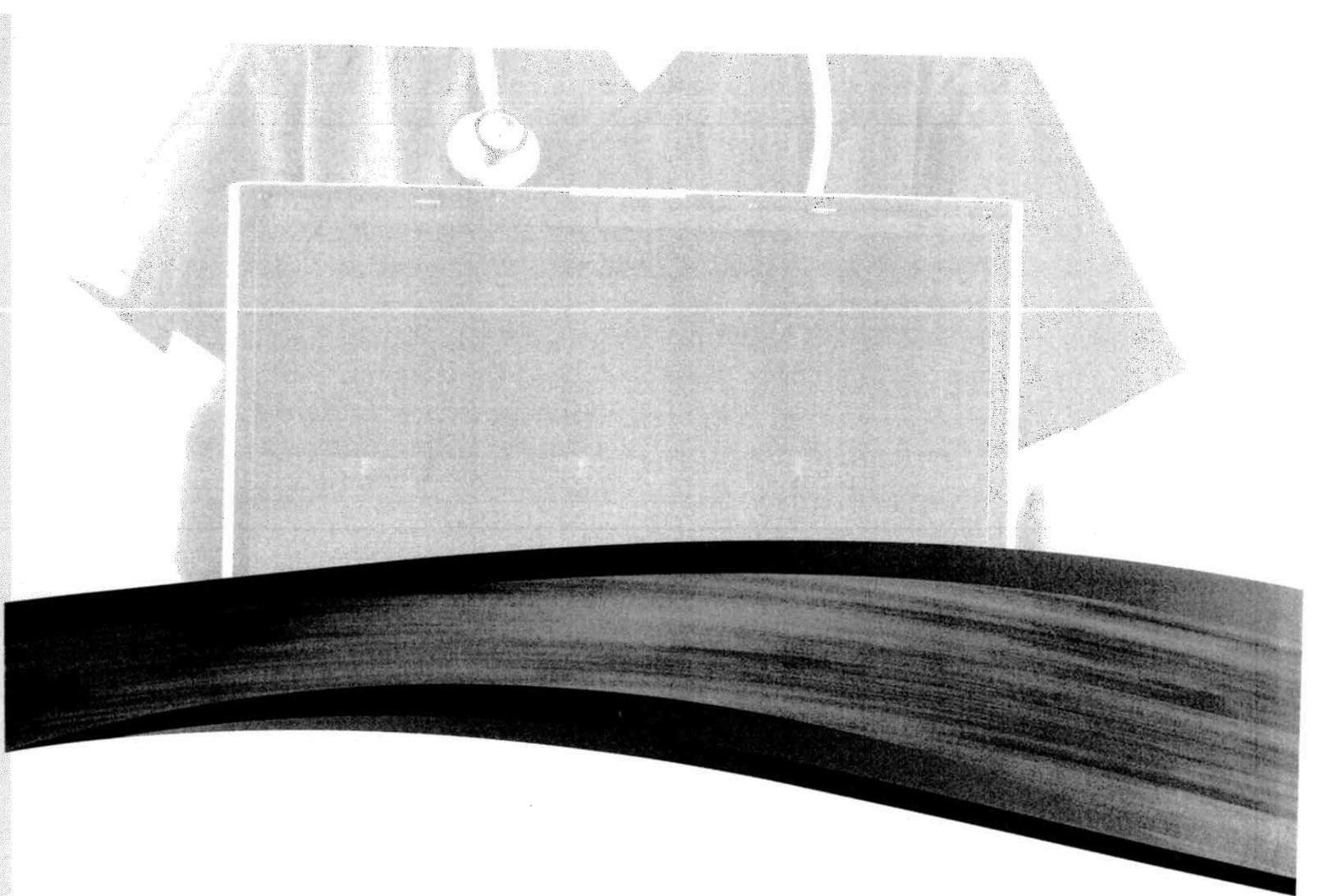
Wisconsin receives approximately 2000 new applications for licensure per year. If our applicants are on the low end of the national estimate we won't find much. If we resemble Iowa there will be several per year. What I do know is: (1) over the last five years the MEB has consistently been on record as favoring checks the use of which is widespread nationally, (2) nearly all who are knowledgeable about checks believe they are valuable, and (3) through the very recent rule-making process there was no opposition at our public hearing and that three legislative committees as recently as December 11, 2011 declined to take action against the rule.

I would respectfully request and recommend that the committee take no action on this bill. I thank you very much for your attention.

Gene Musser, MD

February 28, 2012





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STRATEGY 5

Direct each state health professional board to require state and federal criminal background checks from all applicants seeking an initial state license.

Governors and state legislatures should direct their state boards to require that applicants seeking initial professional state licensure and licensure renewals undergo state and federal criminal background checks as part of the application process. To ensure public safety, state legislatures should provide the health professional boards with the necessary statutory authority to enable implementation of this recommendation.

Instituting a thorough criminal background check would increase the level of trust among state professional boards while facilitating greater licensure portability. The State Alliance recognizes that a state board will need to make a number of policy decisions before implementing a criminal background check program. The State Alliance calls on state legislatures to endow their state's health professional boards with the capacity and resources to implement this process where it does not exist.

STREAMLINE THE LICENSURE STRUCTURE

The State Alliance thoroughly examined the opportunities and challenges in pursuing options for multistate practice and e-health expansion. Among these were licensure structures to support cross-state e-health consultations, and remote delivery of health care services; the need to enable mail-order pharmacies, telehealth, and telemedicine; and the potential of the current Nurse Licensure Compact as a model for other health professions. The mutual recognition model of nurse licensure allows a nurse to have one license (in his or her state of residency) and to practice in other states (both physically and electronically), subject to each state's practice law and regulation. Under mutual recognition, a nurse may practice across state lines unless otherwise restricted.⁶⁹ In hopes of encouraging dialogue on these critical issues, the State Alliance offers the following strategies to enhance the gains via the licensure recommendations outlined above.



STRATEGY 6

Direct the state medical and pharmacy boards to individually participate in a collaborative effort with their respective state board counterparts to establish a process that ensures licensure recognition by other states.

To facilitate e-health, states must move toward requiring at least one state license that is recognized by the other states. This will enable a physician or pharmacist to practice across jurisdictional lines. States must create a licensure system that, in a uniform manner, permits open provider-to-provider consultation and doctor to patient interaction across jurisdictional boundaries. State boards must be empowered, through the statutory authority, to discipline physicians practicing in their respective states/territories, regardless of the state of licensure.

This model should be based on agreements and information-sharing among the states/territories to facilitate a licensure process that enables coordinated action among the states/territories and should not be considered national licensure. This model should be used to promote e-health (which includes telemedicine and telepharmacy), but it also may serve as a model for other forms of medical practice.



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Sent to jail, then back to medicine

Tweet

For 11 years, the state focused on trying to rehabilitate a doctor accused of sexually assaulting patients – as complaints stacked up

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By Gina Barton of the Journal Sentinel

[print](#) [e-mail](#)

Jan. 28, 2008 | (0) COMMENTS

Second of two parts



Milwaukee Police Department

Mark A. Huffman went to jail in 1992 for sexual assaults of two patients. But after his release, he was hired at three more medical facilities. Patients at two of them accused him of sexual misconduct. His license was revoked in 2002.

The hospital room was dim, lighted only by the television set, when physician Mark A. Huffman entered.

The patient, a man who had been injured on the job, was feeling out of it and dizzy and his vision was blurred. Huffman checked the patient's IV, according to court records. The next thing the man knew, he said, he felt Huffman performing oral sex on him.

Three months after the February 1991 incident, a second patient at St. Mary's Hospital in Milwaukee said he awoke to Huffman indecently touching him. According to court records, the man said he shifted away from the doctor, who removed his hand and said, "It's too bad I met you in the hospital. Next time maybe we won't be here."

In June 1991 Huffman was charged with two felonies. He pleaded guilty to reduced charges of misdemeanor sexual assault in January 1992.

The doctor went to jail. But he didn't lose his medical license.

State officials say they took progressively harsher action against Huffman over the next decade - action they thought would protect patients.

They were wrong.

Despite his record, Huffman managed to get hired at three other facilities. Patients at two of them accused him of sexual misconduct. His license was revoked effective Feb. 28, 2002 - 11 years after his first documented sexual assault of a patient.

Physician Oversight

Doctors, lawmakers, members of the Medical Examining Board and medical ethicists said there are several steps that could be taken to improve Wisconsin's troubled system of doctor regulation. They include these:

- Pass legislation that allows the board to conduct national

criminal background checks on new doctors who want to be licensed in the state. Consider repeating the checks every few years to keep doctors honest.

- ▣ **Adopt a zero-tolerance policy** that removes doctors convicted of sexual assaults and violent crimes from practice.

- ▣ **Make available to the public** the National Practitioner Data Bank, a massive database that lists every time a doctor is disciplined by a medical board, pays a malpractice claim, loses hospital privileges or is kicked out of a professional organization because of conduct that could harm patients. The database can now be accessed only by hospitals, state medical boards and professional organizations.

- ▣ **Resume the quarterly publication** of medical board actions, which could be mailed to every doctor in the state. The booklet would show doctors what problems their peers have encountered and counsel how to avoid them.

The Series

- ▣ **PART 1:** The state's Medical Examining Board is slow to look into complaints, keeps many of its investigations secret and rarely imposes serious discipline.

- ▣ **PART 2:** Doctors can sexually assault patients, go to jail and still keep their licenses.

- ▣ **PART 3:** Improperly prescribed pain medicines result in deaths, little discipline for doctors.

Related Coverage

Online Exclusive:

Substance abuse a sensitive subject

How To: Steps you can take to investigate your doctor

Solutions: Experts suggest ways to better protect patients

Editorial: Policing the docs

Numerous efforts to locate Huffman, who left the state and has used an alias, were unsuccessful. His case shows how the state's philosophy of trying to rehabilitate sexually abusive doctors can leave patients at risk.

A Journal Sentinel review of five years' worth of medical license suspensions, surrendered licenses and revocations found that it often takes years for the state's Medical Examining Board to find out about sexual misconduct and impose serious sanctions. Criminal charges don't have to be reported to the state unless a conviction results. If there's no conviction, the board may never find out. Meanwhile, other patients can be victimized.

Huffman was one of six doctors who lost their licenses between 2002 and 2006 amid sexual misconduct allegations, the Journal Sentinel found. His case wasn't the only one with such a long lag time. Two other doctors whose patients had suffered abuse didn't lose their licenses until about a decade later. And in every case, more than one patient had accused the doctor of wrongdoing by the time the license was revoked or surrendered.

State regulators acknowledged in hindsight that the action against Huffman was ineffective. But they said no steps have been taken to change the system.

"I can't say what the result would be if the same circumstances arose today," said Michael Berndt, attorney supervisor in the division of enforcement at the state Department of Regulation and Licensing.

In Wisconsin, people convicted of sexual assault must register with the state. They often are barred from working with children or living in certain neighborhoods. But the state board doesn't have a zero tolerance policy against sexual misconduct - even for doctors with criminal convictions.

That's something that needs to change, said state Rep. Sheldon Wasserman (D-Milwaukee).

"I think anybody who is convicted of sexual assault or any sex crime should not practice medicine in Wisconsin and should have their license revoked," said Wasserman, himself a physician.

He said doctors convicted of any violent crime also should lose their licenses.

As things stand now, however, if a doctor commits a crime, there's no surefire way for the board to find out. It's even less likely the board will learn of misconduct that doesn't end up in the courts.

In Wisconsin, anyone applying for a medical license must report criminal convictions to the board. A doctor who already is licensed must report a new criminal conviction within 48 hours, according to Berndt.

But if someone lies on an application or fails to report a new crime, the board wouldn't necessarily know. Officials don't do national criminal background checks on potential licensees or on doctors who want to renew their licenses. They don't even run applicants through the state's free online system for tracking court cases.

Under state law, potential employers such as hospitals and nursing homes must conduct background checks through the state Department of Justice before hiring someone to take care of patients. The law also gives employers the option of conducting national checks through the FBI. Employees must be rescreened every four years.



Federation of
STATE
MEDICAL
BOARDS

Authority to Run Criminal Background Checks
Board-by-Board Overview

SMB	State has authority to access applicant's criminal background history as a condition of licensure:	Board has access to NCIC (FBI Database):	Does board require fingerprints:	Citation
AL	Yes	Yes	Yes	Ala. Code § 34-24-70(a)(5)
AK	No			Self-reporting required
AZ-M	No			Self-reporting required
AZ-O	No			Self-reporting required
AR	Yes	Yes	Yes	Ark. Code Ann. § 17-95-306
CA-M	Yes	Yes	Yes	Ca. Bus. & Prof. Code Sec. 2082(e) and 144
CA-O	Yes	Yes	Yes	Ca. Bus. & Prof. Code Sec. 2082(e) and 144
CO	Yes	Yes	Unspecified	Application asks for criminal conduct disclosures and provides that the Board conducts audits of its licensing database against several criminal and national disciplinary databases.
CT	No			No
DE	Yes	Yes	Yes	Del. Code Ann. tit. 24, § 1720(6)
DC	Yes	Yes	No	D.C. Code § 3-1205.22
FL-M	Yes	Yes	Yes	Fla. Stat. § 455.213(1), (10), (11); 458.311(1)(g)
FL-O	Yes	Yes	Yes	Fla. Stat. § 459.008(1); (also See FL-M)
GA	Not all applicants			Only have authority to conduct criminal background checks on applicants that notify the Board of some type of criminal behavior.
GU	Yes		No	Guam Stat. tit. 10, § 12205
HI	No			Self-reporting required
ID	Yes	Yes	Yes	Idaho Code § 54-1810(1)
IL	Yes	Yes	Yes	225 Ill. Comp. Stat. 60/97.7
IN	Yes	Yes	Yes	Applicants for initial licensure or certificate for certain license types with a postmark of July 1, 2011 or after shall submit to a national criminal history background check at the cost of the individual.

SMB	State has authority to access applicant's criminal background history as a condition of licensure:	Board has access to NCIC (FBI Database):	Does board require fingerprints:	Citation
IA	Yes	Yes	Yes	IA ADC 653-8.4
KS	Yes	No	No	Kan. Stat. Ann § 65-28,129
KY	Yes	Yes	Yes	Ky. Rev. Stat. Ann § 311.565(1)(s), (t)
LA	Yes	Yes	Yes	La. Stat. Ann. § 37:1277
ME-M	Yes		No	32 M.R.S.A. § 3269.
ME-O	Not all applicants			Board website specifies that applicants may be subject to a background check to verify professional competence, ethics and character.
MD	No			Self-reporting required
MA	Yes	No	No	243 Ma. Adc. 2.01
MI-M	Yes	Yes	Yes	Mich. Stat. Ann. § 333.16174
MI-O	Yes	Yes	Yes	See MI-M
MN	No			Self-reporting required
MS	Yes	Yes	Yes	Miss. Code Ann. § 73-25-3
MO	No			Self-reporting required
MT	No			Self-reporting required
NE	Yes	Yes	Yes	Neb. Rev. Stat. § 38-131
NV-M	Yes	Yes	Yes	Nev. Rev. Stat. §§ 630.167, 630.342
NV-O	Yes	Yes	Yes	Nev. Rev. Stat. § 633.309
NH	Yes	Yes	Yes	N.H. Rev. Stat. Ann. § 329:11-a
NJ	Yes	Yes	No	N.J. Stat. Ann. §§ 45:1-28 through 45:1-32
NM-M	Yes	Yes	Yes	N.M. Stat. Ann. § 61-6-11(G)
NM-O	Yes	Yes	No	N.M. Stat. Ann. § 61-10-2; (also See NM-M)
NY	No			Applicants are required to disclose pending criminal prosecutions as a condition of initial licensure.
NC	Yes	Yes	No	N.C. Gen. Stat. § 90-11; N.C. Admin. Code tit. 21, r. 32B.0104
ND	Yes	Yes	Yes	N.D. Cent. Code § 43-17-07.1(4)
OH	Yes	Yes	Yes	Ohio Rev. Code Ann. § 4731.081
OK-M	Yes	Yes	Yes	Okla. Admin. Code § 510:10-3-2(a)
OK-O	Yes	Yes	Yes	Okla. Admin. Code § 510:10-3-2(a)
OR	Yes	Yes	Yes	Or. Rev. Stat. Ann. § 677.265(9)
PA-M	No			Self-reporting required
PA-O	No			Self-reporting required
PR	No			Self-reporting required
RI	No		No	Self-reporting required
SC	Yes	Yes	Yes	S.C. Code Ann. § 40-47-36
SD	Yes	Yes	Yes	SB 24 signed into law 2/14/2011
TN-M	Yes	Yes	Yes	Tenn. Code Ann. § 63-1-116

SMB	State has authority to access applicant's criminal background history as a condition of licensure:	Board has access to NCIC (FBI Database):	Does board require fingerprints:	Citation
TN-O	Yes	Yes	Yes	See TN-M
TX	Yes	Yes	Yes	Tex. Occupations Code § 155.008
UT-M	Yes			U.A.C. R156-1
UT-O	Yes			U.A.C. R156-1
VT-M	No			Self-reporting required
VT-O	No			Self-reporting required
VA	Yes	Yes	Thumbprint Only	Va. Code Ann. § 54.1-204(C)
VI	No			Self-reporting required
WA-M	Yes	Yes	Yes	Wash. Rev. Code § 18.130.064
WA-O	Yes	Yes	Yes	Wash. Rev. Code § 18.130.064
WV-M	No			Self-reporting required
WV-O	No			Self-reporting required
WI	Yes			WI ADC s Med 1.06
WY	Yes	Yes	Yes	W.S. 33-26-202(b)(xvi) and W.S. 7-19-106(a)

For informational purposes only: This document is not intended as a comprehensive statement of the law on this topic, nor to be relied upon as authoritative. Non-cited laws, regulation, and/or policy could impact analysis on a case-by-case or state-by-state basis. All information should be verified independently.