



# OLR RESEARCH REPORT

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## **QUESTIONS FOR MEDICAL EXAMINING BOARD NOMINEE - PHYSICIAN MEMBER**

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### **CONNECTICUT MEDICAL EXAMINING BOARD ([CGS § 20-8A](#))**

The board, which is within the Department of Public Health (DPH), must (1) hear and decide matters concerning suspension or revocation of a practitioner's license, (2) adjudicate complaints against practitioners, and (3) impose sanctions where appropriate. The board must refer all statements of charges filed with the board by DPH to a medical hearing panel within 60 days of receiving the charges. The board then reviews the proposed final decisions of the medical hearing panels. It may adopt, modify, or remand the decisions for further review or the taking of additional evidence.

## QUESTIONS

1. What do you consider the primary role and function of the Medical Examining Board? Is the board's primary responsibility to the medical community or consumers of health care?
2. Last year, legislation was enacted ([PA 12-62](#)) which increased the board's size from 15 to 21 members and required certain medical specialties to be represented on the board. How do you think these changes will affect the board's ability to meet its statutory duties?
3. [PA 12-62](#) also allows the DPH commissioner to waive up to 10 contact hours of continuing medical education for a physician who (a) serves on the board or a medical hearing panel or (b) helps DPH with its duties to its professional boards and commissions. Can you think of other ways to encourage physicians to engage in such service?
4. How do you view the relationship between the board and DPH? Do you see any need for changes in this relationship?
5. The board is sometimes criticized for failure to discipline physicians in an appropriate manner or for treating physicians too leniently. Connecticut's rate of disciplining physicians generally ranks low among the other states. How do you react to this? What should be the board's approach in its oversight and review of physician performance?
6. What are your views on the program that allows physicians, with the consent of DPH, to participate in appropriate rehabilitation programs?
7. What can medical practitioners do to minimize medical error and improve the overall quality of health care delivery in the state? What role, if any, can the board play in this? Do you think electronic medical records help to prevent medical error?
8. How does your practice or institution address complaints related to the performance and possible discipline of a physician?

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