Entities Required to Report Possible Violations to the Board

| SUB | Self-reporting | | | | Managed care | Liability insurance | Federal | State/local law enforcement | State medical/ osteopathic | State professional/ specialty | Other state |
|--------------|----------------|----------------|----------|-----------|---------------|------------------------|----------|--------------------------------|-------------------------------|-------------------------------------|-------------|
| SMB | required | Peer licensees | Courts | Hospitals | organizations | organizations | agencies | agencies | societies | societies | agencies |
| AK AL | X | X | | X | X | X | | | X | X | |
| AR | X | ^ | | X | | | | | ^ | | |
| AZ-M | X | X | | X | | Х | | | | | |
| AZ-O | X | X | | X | | X | | | | | |
| CA-M | Х | | Х | Х | | | | | | | |
| CA-O | Х | | | Х | | X | | X | | | X |
| | | | | | | | | | | | |
| co | X | | | | | | | | | | |
| CT DC | X | X | | X | | X | | | X | | |
| DE | X | X | Х | X | X | X | X | X | Х | X | X |
| FL-M | X | X | ^ | ^ | ^ | ^ | ^ | ^ | ^ | ^ | ^ |
| FL-O | X | X | | | | | | | | | |
| GA | X | Α | | | | | | | | | |
| GU | X | Х | Х | Х | | | | X | | X | Х |
| HI | X | | | | | Х | | , | | , | X |
| IA | X | Х | | Х | | X | | | | | |
| ID | Х | Х | | Х | | | Х | X | | | Х |
| IL | Х | | Х | Х | | X | | X | Х | X | Х |
| IN | Х | | | | | | | | | | |
| KS | X | X | | Х | | X | | | | | |
| KY | X | X | | Х | | | | | | | |
| LA | X | | X | X | | X | | | | | |
| MA | X | X | X | Х | X | X | X | X | X | X | X |
| MD | X | | X | X | X | | | | | | |
| ME-M | | X | | X | | | | | | | |
| ME-O | X | X | V | X | | X | | | X | X | X |
| MI-M | X | X | X | X | | | | | | | |
| MI-O MN | X | X | X | X | X | X | | | X | | |
| MO | X | ^ | <u> </u> | X | | X | | | ^ | | |
| MS | X | | | X | | , A | | | | | |
| MT | X | | | | | X | X | | Х | | |
| NC | X | Х | | Х | | X | | | - | | |
| ND | Х | Х | | Х | | | | | | | |
| NE | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х |
| NH | X | | Х | Х | X | Х | | | | | |
| NJ | Х | Х | | Х | Х | Х | | | | | |
| NM | X | X | | X | X | | | | | | |
| NV-M | X | X | X | X | X | X | | | | | |
| NV-O | X | X | | Х | X | | | | | | |
| NY | X (PMC) | X (PMC) | X (PMC) | X (PMC) | | X (PMC) | | | X (PMC) | X (PMC) | |
| OH | X | X | X | X | V | X | | | X | X | |
| OK-M OK-O | X | X | | X | X | X | | | X | X | X |
| OR-O | X | X | | X | X | X | | | X | X | X |
| | | | | | | | | | | | |
| PA-M | X | X | | Х | | | | | | | |
| PA-O | X | X | | X | | | | | | | |
| PR | X | X | Х | X | Х | X | X | X | | X | X |
| RI | | | | X | X | X | | | X | | |
| SC | X | ., | | X | X | X | | ., | ., | | X |
| SD TN 44 | X | X | | X | | | | X | X | | X |
| TN-M TN-O | X | | | | | | | | | | |
| TX | X | X | X | Х | | X | X | | X | X | X |
| UT-M | X | ^ | ^ | X | X | X | ^ | | ^ | ^ | ^ |
| UT-O | X | | | X | X | X | | | | | |
| | , | | | ,, | , | - | | | | | |
| VA | X | x | X | X | x | X | | | | x | |
| VI | X | X | Х | Х | X | X | Х | X | Х | X | Х |
| | | | | | | | | | | | |
| VT-M | | <u> </u> | | Х | | <u> </u> | | <u> </u> | <u> </u> | | |
| VT-O | X | | Х | Х | Х | Х | | | | | |
| WA-M | | X | | Х | | X | | | | | |
| WA-O | X | X | Х | X | X | X | X | | | | X |
| 13471 | Х | X | X | X | X | Х | X | | Х | X | X |
| WI | | | | | | | | | | | · · · · · · |
| WV-M | Х | X | ., | X | ., | ., | | | ., | ., | X |
| | | X | X | X | X | X | | | X | X | X |



Entities Required to Report Possible Violations to the Board

| | Local | | | | | | |
|--------------|-------------|--------------|---------------|---------------|--------------|---|--------------------------------|
| | medical/ | Local | Peer review | Other | Other health | | |
| | osteopathic | professional | committees/ | professional | care | | Civil penalties authorized for |
| SMB | societies | societies | organizations | organizations | professions | Other individuals or entities | failing to report violations |
| AK | | | | | | | Yes |
| AL AR | X | X | | X | | | Yes No |
| AZ-M | | | | | | | No |
| AZ-O | | | | | | | Yes |
| CA-M | | | X | | | | Yes |
| CA-O | | | Х | | | | Yes |
| со | | | | | | Any licensee has the duty to report to the board any licensee known, or upon information and belief, to have violated any of the provisions of the Medical Practice Act | No |
| СТ | Х | | | | | | No |
| DC | | | | | | | Yes |
| DE | Х | X | X | X | X | | No |
| FL-M | | | | | X | | No |
| FL-O | | | | | X | | No |
| GA GU | X | Х | V | | Х | | No No |
| HI | ^ | ^ | X | | ^ | | Yes |
| IA | | | | | | | Yes |
| ID | | | Х | | | | Yes |
| IL | Х | Х | X | X | | Postgraduate training programs | Yes |
| IN | | | | | | | Yes |
| KS | | | Х | | | | Yes |
| KY | | | | | | | No |
| LA | ,,, | | | | | Postgraduate training programs | No |
| MA | X | X | | X | X | PHS Reports non-compliance | Yes |
| MD ME-M | | | X | | | | Yes No |
| ME-M | Х | Х | X | | | | No |
| MI-M | Α | | , A | | Х | | No |
| MI-O | | | | | X | | No |
| MN | Х | | | | | | Yes |
| МО | | | Х | | | | No |
| MS | | | | | | | No |
| MT | | | | | | | Yes |
| NC ND | | | | | | | No |
| NE | X | Х | | X | X | | No |
| NH | ^ | ^ | | ^ | ^ | | No |
| NJ | | | | | | | Yes |
| NM | | | | | | | Yes |
| NV-M | | | | | | | Yes |
| NV-O | | | | | | Medical facilities, medical schools | Yes |
| NY | X (PMC) | X (PMC) | | | X (PMC) | | Yes |
| OH | X | X | V | V | | Ambulatory surgical center | Yes |
| OK-M OK-O | X | X | X | X | | | No Yes |
| OR-O | X | Х | | | X | | Yes |
| | | ^ | | | ^ | The District Attorney of each county in Department | |
| PA-M | | | | | | The District Attorney of each county in Pennsylvania | Yes |
| PA-O | | | | | | The District Attorney of each county in Pennsylvania | Yes |
| PR | | Х | | | | NPDB | Yes |
| RI SC | | | | | | | No Voc |
| SD | X | X | | | X | | Yes No |
| TN-M | | | X | | ^ | | Yes |
| TN-O | | | | | | | Yes |
| TX | Х | Х | X | Х | X | | Yes |
| UT-M | | | | | | | Yes |
| UT-O | | | | | | | Yes |
| | | | | | | Any licensee of the Board is required to report any | |
| VA | ., | X | X | | ., | other licensee of the Board | V |
| VI | X | X | Х | X | Х | Clinic community mental health and a series | Yes |
| VT-M | | | X | | | Clinic, community mental health center, or other health care institution | Yes |
| VT-O | | | | | | neattii care institution | Yes No |
| WA-M | | | | | | | No |
| WA-O | | | Х | Х | Х | | Yes |
| | Х | Х | | | X | | Yes |
| WI | | | | | 1 | <u> </u> | |
| WV-M | | | | | | | Yes |
| | X | X | X | X | X | | Yes Yes No |

