

## 2008 Legislative Services Update

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Connecticut	Emergency Preparedness	Substituted	SB	496	Allows the Commissioner of Public Health to suspend any of the requirements for renewal of any license that would otherwise be required to be renewed upon the declaration of a civil preparedness emergency or a public health emergency. Any such suspension of these requirements may extend for the duration of the emergency and for up to six months following the date of the emergency. Any license not renewed during this time shall not expire during the period of the emergency and during the six-month period following the date that the emergency is declared to be over.
Connecticut	Managed Care	Failed	SB	173	Establishes standards for contracts between health insurers and physicians.
Connecticut	Scope of Practice	Amended	HB	5667	Permits school personnel to enter data into a student's insulin pump or supervise the entry of such data by the student, provided the school has received written authorization to do so from the student's parents and additionally has been authorized to do so pursuant to the written order of a health care professional.
Connecticut	Miscellaneous	Pending	HB	5668	Increases the fee per page that a health care provider may charge for the copying of medical records from forty-five cents per page to sixty-five cents per page.
Connecticut	Telemedicine	Pending	HB	5542	Promotes the use of telecommunications technology for medical diagnosis and patient care. Requires a health care provider to have in-person contact with the patient prior to the delivery of health care services to a patient through telemedicine for the first time except in specified circumstances.
Connecticut	Physician Profiling/Credentialing	Amended	SB	483	Requires all licensed health care providers who are statutorily required to maintain professional malpractice insurance submit specified information to the state physician profile.
Connecticut	Extending Health Care Services to Underserved Patient Populations	Reissued	SB	462	To allow doctors who work for free in a mobile health clinic to renew their licenses without charge if they do not practice medicine anywhere else.
Connecticut	Physician Profiling/Credentialing	Amended	SB	471	Requires health care providers, instead of just physicians, to submit certain information to the state physician profile.
Connecticut	Physician Practice	Pending	SB	245	Clarifies when health care professionals are immune from civil or criminal liability for prescribing, dispensing or administering opioid antagonists for the treatment or prevention of drug overdoses.
Connecticut	Scope of Practice	Amended	SB	460	Allows a licensed pharmacist to administer vaccinations pursuant to the order of a licensed health care provider. Previously, a pharmacist was limited to administering the influenza vaccine in such instances.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Connecticut	Medical Errors/Patient Safety	Failed	HB	5539	Establishes the Connecticut Health Quality Partnership to develop and implement a plan for the collection of administrative data from each health insurer licensed to operate in the state for the purpose of supporting quality improvement initiatives and enabling consumers to make better informed choices with respect to health care providers.
Connecticut	Scope of Practice	Amended	HB	5794	Includes chiropractic services as optional services under the Medicaid program.
Connecticut	Medical Errors/Patient Safety	Amended	SB	458	Seeks to improve linguistic access services in acute care hospitals and to collect data that will serve to increase cultural diversity in the state's health care workforce.
Connecticut	Medical Board Organization & Authority	Passed	HR	15	Confirms the nomination of Robert Green, M.D., to be a member of the Connecticut Medical Examining Board.
Connecticut	Medical Board Organization & Authority	Passed	SR	15	Confirms the nomination of Howard J. Sadinsky, D.O., to be a member of the Connecticut Medical Examining Board.
Connecticut	Medical Board Organization & Authority	Passed	SR	16	Confirms the nomination of Michael C. Lindberg, M.D., to be a member of the Connecticut Medical Examining Board.
Connecticut	Managed Care	Pending	HB	5446	Establishes standards for contracts between health insurers and physicians and establishes a task force to study such contracts between health organizations and physicians to determine if legislation is needed to address contracts that allow changes unilaterally, or to provider billed service codes without a reasonable investigation based on all available claim-related medical records.
Connecticut	Scope of Practice	Amended	SB	514	Allows a pharmacist to dispense prescriptions contained in common data bases under certain circumstances.
Connecticut	Physician Practice	Substituted	SB	243	Establishes the Sexual Assault Forensic Examiners Advisory Committee to advise the Office of Victim Services on the establishment and implementation of the sexual assault forensic examiners program. The Committee shall make specific recommendations concerning the recruitment and development of a specialized training course for registered nurses, advanced practice registered nurses and physicians. A sexual assault forensic examiner may provide immediate care and treatment to a victim of sexual assault who is a patient in an acute care hospital and may collect evidence pertaining to the investigation of any sexual assault.
Connecticut	Scope of Practice	Amended	SB	507	Allows reports from physician assistants and advanced practice registered nurses, in addition to already specified health care providers, to be admissible in evidence as business entries.
Connecticut	Physician Practice	Amended	SB	172	Requires that each mammography report provided to a patient to include information about breast density.
Delaware	Complementary and Alternative Medicine	Amended	HB	308	Establishes the Acupuncture Advisory Council to promulgate rules and regulations governing the practice of acupuncture and requires such practitioners to be licensed. Includes a physician member of the Board of Medical Practice on the Council. Defines the scope of practice for acupuncture.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Delaware	Scope of Practice	Substituted	HB	106	Establishes the Certified Professional Midwife Licensure Act to provide for a licensure procedure for Certified Professional Midwives and a Certified Professional Midwifery Council. Also establishes the scope of practice for midwives and outlines the application process for licensure.
Delaware	Criminal Background Checks	Amended	SB	207	States the intent of the legislature that the Board of Medical Practice shall have in its possession an applicant for medical licensure's criminal history report or a statement from the proper authorities that there is no criminal history.
Delaware	Electronic & Internet Prescribing	Pending	HB	270	Enacts the Internet Pharmacy Consumer Protection Act as a new subchapter within the Uniform Controlled Substances Act; regulates the licensing of internet pharmacies; imposes severe criminal penalties on unlicensed internet pharmacies and practitioners and pharmacists who knowingly violate its provisions; brings internet pharmacies under the regulatory authority of the State Board of Pharmacy; amends consumer fraud statutes to incorporate violations of the Internet Pharmacy Consumer Protection Act.
Delaware	Miscellaneous	Substituted	HB	236	Updates the patient notification procedures for retiring physicians and deceased physicians' estates to permit former patients the opportunity to pick up their records.
District of Columbia	Physician Practice	Passed	B	378	Requires physicians and institutions to report certain physical abuse of children and immediately provide copies of all records of a child who is the subject of a report of child abuse or neglect, or of any other child residing in the home where the abuse or neglect is alleged to have occurred, that are in the possession of the person or the person's employees.
District of Columbia	Medical Malpractice	Passed	EO	295	Delegates the Mayor's authority and responsibility pursuant to the Medical Malpractice Act of 2006 to the Director of the Department of Health.
District of Columbia	Medical Board Organization & Authority	Passed	B	364	States the issuance of a medical license shall be set by the Board of Medicine provided that the fee shall be no less than \$500 and shall be sufficient to fund the programmatic needs of the Board. Also relates to informed consent of off-label drugs and states that before prescribing, administering or furnishing a prescription medication for an off-label use, a prescriber shall explain the medication to the patient, provide the patient with information regarding the potential risks and side effects and obtain written informed consent of patient. This bill also establishes the SafeRx Registry within the Department of Health for the public disclosure of clinical trials and FDA correspondence, which shall be made available to the public on the Department's website.
Maine	Scope of Practice	Amended	HB	1616	Authorizes midwives certified by an international certification agency to possess and administer a limited number of noncontrolled prescription drugs and substances in the course of the practice of midwifery.
Maine	Extending Health Care Services to Underserved Patient Populations	Passed	SB	910	Directs the Governor's Office of Health Policy and Finance and the Department of Health and Human Services to report on activities for implementing a multipayer patient-centered medical home pilot project and for streamlining preauthorization processes for primary care physicians who are cost-effective prescribers.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Maine	Scope of Practice	Passed	HB	1648	Provides that a physician, psychologist, physician's assistant, nurse practitioner or licensed social worker can make a determination that any animal is necessary for an individual with a physical or mental disability.
Maine	Extending Health Care Services to Underserved Patient Populations	Failed	SB	821	Repeals the Capital Investment Fund in order to ensure access to necessary health care services in Maine. This fund limits the amount of capital spending that hospital physicians may make for health care projects that are subject to the certificate of need laws.
Maryland	Managed Care	Failed	SB	611	States that a provider contract created by a health care practitioner or group of health care practitioners licensed, certified, or otherwise authorized by law to provide health care services, may not contain a provision that requires a provider, as a condition of participation with a carrier, to participate with a different carrier.
Maryland	Medical Board Organization & Authority	Passed	SB	90	Provides appropriations to the Board of Physicians for the period July 1, 2008 until June 30, 2009, in the amount of \$8,238,986 as part of a broad budget bill.
Maryland	Medical Errors/Patient Safety	Failed	SB	765	Requires each hospital to create a nursing care committee and to adopt and implement a hospital-wide written staffing plan.
Maryland	Medical Board Organization & Authority	Failed	SB	443	Amends the requirements for the Board of Physician's to issue a subpoena for a patient's medical records for mental health services as the result of a complaint received by the Board from a person other than the patient.
Maryland	Scope of Practice	Amended	SB	889	Increases the scope of practice for nurse practitioners and certified nurse practitioners.
Maryland	Pain Management/Prescription Monitoring	Enrolled	HB	525	Establishes the Advisory Council on Prescription Drug Monitoring to make recommendations to the Secretary of Health and Mental Hygiene for establishing a prescription drug monitoring program that electronically collects and stores data concerning monitored prescription drugs. The Council shall submit an interim report on or before December 31, 2008, and a final report on or before December 31, 2009.
Maryland	Scope of Practice	Failed	HB	1469	Establishes scope of practice for athletic trainers and creates the Athletic Trainer Advisory Committee under the Board of Physicians to license and regulate the practice of athletic trainers.
Maryland	Medical Errors/Patient Safety	Failed	HB	168	Requires that a comparable evaluation system, a system established to improve the quality of care provided by hospitals and ambulatory surgical facilities by establishing a common set of performance measurements and disseminating the findings of the performance measurements to named entities, to include information from hospitals and ambulatory surgical facilities on the rates of complications and readmissions following outpatient surgeries.
Maryland	Scope of Practice	Failed	HB	220	Alters the definition of appraisal under the laws regulating professional counselors and therapists as that term relates to the practice of clinical alcohol and drug counseling, clinical marriage and family therapy, and clinical professional counseling.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Maryland	Scope of Practice	Failed	HB	234	Includes Oriental medical therapies within the definition of practice acupuncture.
Maryland	Medical Board Organization & Authority	Failed	HB	1334	Revises requirements for health regulatory boards in the state, including requiring the Governor to appoint members of the boards to reflect the geographic, racial, ethnic, cultural, and gender diversity of the state. Amends the processes by which complaints are initiated and investigated, and requires each health regulatory board to adopt regulations for the conduct of discovery and the hearing of charges against a licensee. Clarifies hearing procedures before administrative law judges. States that an individual who conducts an investigation for a health regulatory board shall have professional background, training, or experience similar to that of the licensee. Requires the Board of Physicians to reprimand any licensee, place any licensee on probation, or suspend or revoke a license on the affirmative vote of two-thirds of the members serving on the board, when previously such sanctions could be given on the affirmative vote of a majority of the quorum of the Board.
Maryland	Medical Board Organization & Authority	Failed	HB	876	Amends the requirements for the Board of Physician's to issue a subpoena for a patient's medical records for mental health services as the result of a complaint received by the Board from a person other than a person in interest.
Maryland	Emergency Preparedness	Failed	HB	666	Enacts the Uniform Emergency Volunteer Healthcare Practitioners Act. The Act would allow a practitioner to volunteer their services during a time of emergency if they are licensed and in good standing in another state. Their licensure status must be verified by a volunteer health practitioner registration system.
Maryland	Scope of Practice	Failed	HB	1381	Authorizes a therapeutically certified optometrist to prescribe and dispense a therapeutic contact lens.
Maryland	Medical Board Organization & Authority	Failed	HB	100	Provides appropriations to the Board of Physicians for the period July 1, 2008 until June 30, 2009, in the amount of \$8,838,986 as part of a broad budget bill.
Maryland	Medical Board Organization & Authority	Failed	HB	1500	Requires the Department of Health and Mental Hygiene to provide office space to each investigator for a health occupations board and requires an investigator for a health regulatory board to maintain the confidentiality of certain medical information and medical records.
Maryland	Scope of Practice	Amended	HB	1140	Increases the scope of practice for nurse practitioners and certified nurse practitioners.
Maryland	Medical Malpractice	Failed	HB	606	Repeals an increase on the limitation on noneconomic damages in a health care malpractice claim or action.
Maryland	Scope of Practice	Amended	HB	1387	Authorizes a pharmacist to dispense medication from a pharmacy or a remote location for the benefit of a health care facility that uses a remote automated medication system.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Maryland	Miscellaneous	Enrolled	HB	942	Requires the Office of Minority Health and Health Disparities to work collaboratively with universities, colleges, and programs of medicine, nursing, pharmacy and dentistry and other health care professional training programs to develop courses with cultural competency, sensitivity, and health literacy, that are designed to address the problem of racial and ethnic disparities in health care access, utilization, treatment decisions, quality and outcomes.
Maryland	Extending Health Care Services to Underserved Patient Populations	Failed	HB	687	Makes certain physicians who agree to practice in physician shortage areas for ten years eligible for loan repayment assistance.
Maryland	Complementary and Alternative Medicine	Failed	SB	884	States that the provisions of the Medical Practice Act do not prohibit certain individuals from administering complementary and alternative treatment or providing advice regarding the human body and its functions to another individual after providing informed consent.
Maryland	Complementary and Alternative Medicine	Failed	HB	730	Establishes the scope of practice for complementary alternative medicine health care providers and requires such providers to obtain informed consent from an individual whom is provided the treatment.
Maryland	Scope of Practice	Failed	SB	580	Defines the practice of radiology assistance and requires such practitioners to be licensed instead of certified.
Maryland	Scope of Practice	Amended	HB	1563	Renames the Board of Chiropractic Examiners the Board of Chiropractic and Massage Therapy Examiners and requires massage therapists to be licensed. Amends the definition of massage therapy.
Maryland	Medical Malpractice	Failed	HB	607	Repeals a certain exception to the provision of law that a certain expression of regret or apology made by a health care provider is inadmissible for certain purposes in a certain proceeding or civil action.
Maryland	Miscellaneous	Enrolled	SB	578	Authorizes the Motor Vehicle Administration to use information in its records for the purpose of driver safety research, provided that personal information is not published or disclosed.
Maryland	Miscellaneous	Enrolled	HB	766	Authorizes the Motor Vehicle Administrator to use certain information in confidential reports and records for driver safety research subject to restrictions.
Maryland	Scope of Practice	Amended	SB	767	Authorizes a pharmacist to dispense medication from a pharmacy or a remote location for the benefit of a health care facility that uses a remote automated medication system.
Maryland	Scope of Practice	Failed	HB	772	Stipulates the circumstances when a pharmacist may substitute a generically equivalent drug or device product, of the same dosage form and strength, for any brand name drug or device product prescribed.
Maryland	Scope of Practice	Amended	SB	960	Renames the Board of Chiropractic Examiners the Board of Chiropractic and Massage Therapy Examiners and requires massage therapists to be licensed. Amends the definition of massage therapy.
Maryland	Scope of Practice	Amended	SB	717	Allows a pharmacist to administer vaccinations to individuals under certain circumstances.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Maryland	Scope of Practice	Amended	HB	551	Allows a pharmacist to administer vaccinations to individuals under certain circumstances.
Maryland	Scope of Practice	Amended	SB	502	Revises standards of practice under the Board of Professional Counselors and Therapists. States that an individual may not practice, attempt to practice, or offer to practice clinical alcohol and drug counseling, clinical marriage and family therapy, or clinical professional counseling unless licensed by the Board. Defines such practices.
Maryland	Managed Care	Failed	HB	594	Requires specified carriers to reimburse providers for covered health care services provided to enrollees.
Maryland	Scope of Practice	Amended	HB	494	Specifies the scope of practice for a licensed counselor or therapist.
Maryland	Scope of Practice	Amended	HB	459	Revises standards of practice under the Board of Professional Counselors and Therapists. States that an individual may not practice, attempt to practice, or offer to practice clinical alcohol and drug counseling, clinical marriage and family therapy, or clinical professional counseling unless licensed by the Board. Defines such practices.
Massachusetts	Medical Board Organization & Authority	Pending	SB	1298	Requires that all physicians registered in the commonwealth renew their certificates of registration with the board at two-year intervals. Effective two thousand eight, physicians born in an even-numbered year and registered in the commonwealth shall renew their certificates of registration with the board on their birthday in each succeeding even-numbered year, and physicians born in odd-numbered years shall renew their certificates of registration with the board on their birthday in each succeeding odd-numbered year, inclusive of the year two thousand eight. For physicians who renewed their certificates of registration with the board in the year two thousand seven, and who were born in an even-numbered year, such physicians shall renew their certificates of registration with the board on their birthday in the year two thousand ten; provided they pay a fee equal to one and a half times the fee determined under the aforementioned provision; provided that if a birthday of any physician who shall be registered hereunder shall occur within three months after original registration, such person need not renew his or her registration until the birthday in the second year following the birthday aforesaid. For the purposes of this section, the birthday of a person born on February twenty-nine shall be deemed to be February twenty-eight. The renewal application shall be accompanied by a fee determined under the aforementioned provision and shall include the physician's name, license number, home address, office address, his or her specialties, the principal setting of his practice, and whether he or she is an active or inactive practitioner.
Massachusetts	Medical Board Organization & Authority	Amended	SB	3	Makes 2008 appropriate for the Board of Registration in Medicine and sets the budget at \$2,545,496. States that the board, including the physician profiles program, may expend revenue not to exceed \$300,000 from new revenues associated with increased license and renewal fees. Also establishes a special commission, of which the executive director of the board is a member, to investigate and study the accessibility and quality of doctors who specialize in obstetric, gynecological and neurosurgical care of women in the western part of the state.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Massachusetts	Medical Board Organization & Authority	Pending	SB	958	Relates to timely notice to the Board of Registration in Medicine of the arraignment of physicians.
Massachusetts	Medical Board Organization & Authority	Pending	SB	959	States that whenever an action of malpractice is brought against a provider of health care who is a physician licensed to practice medicine in the commonwealth, the clerk of the court shall, no later than fifteen days after such filing, send a copy of the complaint and the offer of proof to the board of registration in medicine.
Massachusetts	Medical Board Organization & Authority	Pending	SB	1263	Allows members of the Board to be paid \$105 per day while engaged in business of the Board.
Massachusetts	Resident Licensure/Minimum Standards for Postgraduate Training	Pending	SB	1247	States that there shall be within the Department of Public Health an advisory committee for resident physicians. The committee shall make an investigation and study into the duty hours and working conditions of resident-physicians in the commonwealth. Based on the study, the department shall adopt rules and regulations for the purpose of establishing an evidence-based standard duty hour schedule that promotes quality of care and patient and resident-physician safety. The study shall consider no schedule of duty hours greater than those currently recommended by the ACGME, and shall consider, but shall not be limited to: limiting resident-physicians to not more than a total of 80 hours per week and not more than 24 hours per shift, including time for the transition of patient care information; limiting resident-physicians who are assigned to patient care responsibilities in an emergency department to not more than 12 continuous hours; requiring resident-physicians to have a nonworking period of not less than 16 hours following a 24-hour shift and at least 10 hours between other scheduled shifts; requiring at least 24 consecutive hours free every 7 days and requiring at least 1 full 48-hour period off per month; limiting the resident-physician to overnight, on-call duty in the hospital not more frequently than 1 night in 3; accommodations that can be made in any recommended time limitations for a state of emergency declared by the commonwealth that applies with respect to that hospital or for an emergency situation when a resident-physician is providing critical physician-care to an individual patient and cannot be replaced; requirements for each hospital to inform resident-physicians of their rights under any rules and regulations promulgated by the department; enforcement of such rules and regulations including, but not limited to, the posting of maximum hours limitations in all departmental offices, informing all resident-physicians of their rights to report any violations of the regulations, whistleblower protections and the use of surveys of resident-physicians and reporting by hospitals to determine compliance with rules and regulations promulgated under this section; and requiring that resident-physicians and hospital supervisors be informed of the effects of acute and chronic sleep deprivation both on the resident-physicians and on the quality of patient care. The study shall also consider mechanisms for meaningful enforcement of any standards proposed and for effective sanctions for violations.
Massachusetts	Medical Board Organization & Authority	Pending	HB	1122	Requires the board to revoke the certificate of registration of any person licensed by the Board who is convicted of a felony connected with his practice of medicine and shall notify, to the extent possible, his patients of such revocation.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Massachusetts	Telemedicine	Pending	SB	680	Relates to the use of telemedicine to promote efficiency in the delivery of health care services.
Massachusetts	Medical Board Organization & Authority	Amended	HB	1	Establishes the budget for the Board of Registration in Medicine and Acupuncture at \$2,659,955.
Massachusetts	Physician Profiling/Credentialing	Pending	SB	1304	Amends the physician profile law to allow certain records to remain on a physician's record permanently.
Massachusetts	Physician Profiling/Credentialing	Replaced	HB	4242	Amends Chapter 112, Section 5 of Public Health by adding at the end of line 34, after the sentence "The board shall collect the following information to create individual profiles on licensees, in a format created by the board that shall be available for dissemination to the public," the following: - "and said profiles shall be sent to all patients of the licensee."
Massachusetts	Medical Board Organization & Authority	Pending	SB	1302	Allows the secretary of the executive office of health and human services to review and approve rules and regulations proposed by the board of medicine. Such regulations will be deemed approved unless disapproved within fifteen days of submission to the secretary; provided, however, that any such disapproval shall be in writing setting forth the reasons for such disapproval.
Massachusetts	Medical Board Organization & Authority	Pending	SB	1270	Allows members of the Board to be paid \$105 per day while engaged in business of the Board.
Massachusetts	Electronic & Internet Prescribing	Pending	SB	1285	Requires a physician to obtain a documented patient evaluation, including history and physical evaluation, prior to providing treatment, including issuing prescriptions, electronically or otherwise. Treatment based solely on an online questionnaire or consultation does not constitute an acceptable standard of care. Based on FSMB Model Guidelines.
Massachusetts	Scope of Practice	Replaced	SB	1288	Adopts the Nurse Licensure Compact. Provides for rapid deployment of qualified nurses in response to a state of emergency and provides for interstate communication on licensure and enforcement issues.
Massachusetts	Emergency Preparedness	Pending	SB	885	States that no physician shall be liable in civil suit for damages for any act or omission on his/her part related to voluntary participation in any disaster preparedness or response activity.
Massachusetts	Emergency Preparedness	Pending	HB	1013	States that no physician shall be liable in civil suit for damages for any act or omission on his/her part related to voluntary participation in any disaster preparedness or response activity.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Massachusetts	Medical Board Organization & Authority	Pending	SB	1307	Allows the board or its authorized representative to, at any reasonable time, visit and inspect any office or facility operated by a person who is subject to licensure, in order to determine whether such office or facility is being operated in a fraudulent or deceptive or professionally incompetent manner, or whether the practice of medicine at said location is in violation of the law or the rules and regulations promulgated by the board. Each licensed physician licensed shall permit any member of the board or its authorized representative, at all reasonable hours, to enter any place occupied or controlled by such physician. Each such physician shall at all reasonable hours identify and make available to any such person all books and records relating to the practice of medicine that are in his possession or custody or under his control, and permit such person to inspect and verify the same. The information obtained by any inspection shall be treated as confidential and shall not be disclosed by any person, however, that the board may use such information for compilation and publication of statistics on the practice of medicine in this commonwealth. Such statistics shall not contain the name of any patient or health care provider, or disclose, by inference or otherwise, information obtained from the books and records of any physician.
Massachusetts	Scope of Practice	Pending	SB	1281	Requires the Board of Registration in Medicine, the Board of Registration of Nursing, and the Board of Registration of Cosmetology to evaluate issues surrounding the use of laser or intense light pulse device for elective cosmetic procedures by health care practitioners.
Massachusetts	Miscellaneous	Pending	HB	2279	States that the board shall require as a condition of granting or renewing a physician's certificate of registration, that the physician disclose in writing each gift, benefit, gratuity, blandishment or incentive of any kind received from any agent or manufacture of drugs, pharmaceuticals or other medication, or from any agent or manufacturer of any medical device, treatment or service that the physician has or could provide to patients under his care. For each gift, gratuity, blandishment, or incentive, the disclosure shall include a description, the estimated cash value and the name and company of the donor.
Massachusetts	Scope of Practice	Pending	HB	2269	Amends the definition of podiatry.
Massachusetts	Scope of Practice	Pending	HB	2132	Amends the definition of podiatry and states that the Board of Registration in Podiatry and Board of Registration of Medicine shall jointly determine appropriate advanced educational and documentation requirements for ankle surgery.
Massachusetts	Scope of Practice	Replaced	HB	2166	Allows pharmacists and physicians to enter into collaborative practice agreements.
Massachusetts	Complementary and Alternative Medicine	Pending	SB	1321	Creates the Board of Registration in Naturopathy within the Division of Professional Licensure, establishes licensure requirements for naturopathic doctors and defines the practice naturopathic health care.
Massachusetts	Complementary and Alternative Medicine	Pending	HB	2225	Creates the Board of Registration in Naturopathy within the Division of Professional Licensure.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Massachusetts	Scope of Practice	Pending	SB	420	Allows pharmacists and physicians to enter into collaborative practice agreements.
Massachusetts	Scope of Practice	Pending	SB	2437	Adopts the Nurse Licensure Compact. Provides for rapid deployment of qualified nurses in response to a state of emergency and provides for interstate communication on licensure and enforcement issues.
Massachusetts	Miscellaneous	Pending	HB	2075	Establishes a special commission to investigate, study and evaluate methods to increase the recruitment and retention of physicians in the Commonwealth. The commission shall address, but not be limited to, the definition and designation of understaffed medical specialties, health professional shortage areas and other medically underserved areas; identification of existing laws, regulations, policies, contracting and reimbursement practices and which may create disincentives to physician recruitment and retention; physician workforce racial and ethnic diversity; the recruitment and retention of students from communities under-represented in medicine as defined by the Association of American Medical Colleges; and, the establishment of a loan forgiveness program, tax credits or other financial incentives for physicians to practice in the Commonwealth.
Massachusetts	Medical Errors/Patient Safety	Pending	SB	419	Requires the Betsy Lehman center for patient safety and medical error reduction, to convene a task force, which shall develop recommendations on methods for reducing medication and prescription errors including recommendations on: (1) increasing prescription legibility; (2) minimizing confusion in prescription drug labeling and packaging; (3) developing medication error reporting plans; (4) researching the effect of proven medication safety practices, including the use of automated drug-ordering systems; (5) reducing confusion created by similar-sounding drug names; (6) increasing patient education on the medications they are prescribed; (7) developing education programs for any person who writes prescriptions and reviewing the education programs for new practitioners and the continuing education requirements of established practitioners, including, but not limited to, programs offered to practitioners to educate them on the cost effective therapeutic alternatives to prescriptions; and (8) studying the issue of whether any dispensed prescription medication, other than those in unit dose or unit of use packaging, shall be labeled with its physical description, including, but not limited to, color, shape and any identification code that may appear on tablets and capsules.
Massachusetts	Medical Errors/Patient Safety	Pending	SB	1246	Directs a hospital within 24 hours of instituting any disciplinary action against any physician providing services within the hospital or becoming aware of any disciplinary action taken by the hospital or by any subsidiary of the hospital or any physician group contracting to provide services within the hospital against any physician providing services within the hospital, shall notify all patients being cared for by that physician within that hospital.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Massachusetts	Medical Errors/Patient Safety	Replaced	SB	1277	Requires all hospitals to establish and convene patient and family advisory councils. Defines adverse event and states that a health care provider who reasonably believes that an adverse event has occurred shall report the event to the management of the facility where the event occurred unless the health care provider knows that a report has already been made. Facilities shall provide notification in person and in writing to a patient affected by an adverse event within seven days. In an action for malpractice, negligence, error, omission, mistake, or the unauthorized rendering of professional services against a provider of health care, statements or writings by such provider expressing apology or sympathy relating to the pain, suffering or death of a person which is not the result of intentional misconduct and made to such person or to the family of such person shall be inadmissible as evidence of an admission of liability.
Massachusetts	Medical Errors/Patient Safety	Pending	SB	1264	Calls for the establishment within the Executive Office of Health and Human Services, a special commission to investigate and make recommendations on the establishment of performance standards for physicians that will improve patient outcomes and the means of measuring professional performance.
Massachusetts	Medical Errors/Patient Safety	Replaced	HB	2226	Requires all hospitals to establish and convene patient and family advisory councils. Defines adverse event and states that a health care provider who reasonably believes that an adverse event has occurred shall report the event to the management of the facility where the event occurred unless the health care provider knows that a report has already been made. Facilities shall provide notification in person and in writing to a patient affected by an adverse event within seven days. In an action for malpractice, negligence, error, omission, mistake, or the unauthorized rendering of professional services against a provider of health care, statements or writings by such provider expressing apology or sympathy relating to the pain, suffering or death of a person which is not the result of intentional misconduct and made to such person or to the family of such person shall be inadmissible as evidence of an admission of liability.
Massachusetts	Medical Errors/Patient Safety	Replaced	SB	1271	A hospital shall report each never event occurrence listed in regulations to the Betsy Lehman Center for Patient Safety and Medical Error Reduction, the Department of Public Health, the Board of Registration in Medicine's Patient Care Assessment division, and the Health Care Quality and Cost Council, as soon as is reasonably and practically possible, but no later than 15 working days after discovery of the never event. Any licensed hospital in the Commonwealth, which does not comply with this section and the rules and regulation set forth by the department may have its license revoked or suspended by said department, be fined up to \$1,000 per day per violation, or both.
Massachusetts	Continuing Medical Education (CME)	Replaced	HB	1913	Requires medical providers to complete no less than 10 hours of training on effective pain management, identification of patients at high risk for prescription drug abuse and other aspects of drug abuse.
Massachusetts	Medical Malpractice	Pending	HB	1445	States that in any action for malpractice, negligence, error, omission, mistake or the unauthorized rendering of professional services against a provider of health an expert witness shall be board certified in the same specialty as the defendant physician.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Massachusetts	Medical Malpractice	Pending	SB	988	States that in any action for malpractice, negligence, error, omission, mistake or the unauthorized rendering of professional services against a provider of health an expert witness shall be board certified in the same specialty as the defendant physician.
Massachusetts	Medical Malpractice	Pending	HB	1446	States that the offering of expert witness testimony in an action of malpractice constitutes the practice of medicine.
Massachusetts	Medical Malpractice	Pending	SB	1316	States that the offering of expert witness testimony in an action of malpractice constitutes the practice of medicine.
Massachusetts	Pain Management/Prescription Monitoring	Pending	HB	1137	States that no practitioner shall issue a prescription for the drug oxycontin unless s/he has had at least 8 hours of pain management training.
Massachusetts	Medical Board Organization & Authority	Pending	SB	1300	States that the license of any licensee who does not file a completed renewal application together with the fee shall automatically lapse and become void on its renewal expiration date, but the license may be reactivated upon completion of the renewal process within 90 days from the renewal expiration date.
Massachusetts	Pain Management/Prescription Monitoring	Pending	SB	1208	States that a physician licensed to practice medicine may prescribe or administer controlled substances to relief to a person in the course of the physician's treatment of that person for a diagnosed condition causing chronic intractable pain. A physician shall not be subject to prosecution or to disciplinary action by any state or federal agency for prescribing or administering controlled substances in the course of treatment of a chronic intractable pain patient.
Massachusetts	Miscellaneous	Pending	SB	1314	Prohibits anyone convicted of a felony by any jurisdiction within the United States, or by a foreign government, to be registered as a physician unless pardoned or unless said conviction was overturned on appeal.
Massachusetts	Miscellaneous	Replaced	SB	1213	Establishes a special commission to investigate, study and evaluate methods to increase the recruitment and retention of physicians in the Commonwealth. The commission shall address, but not be limited to, the definition and designation of understaffed medical specialties, health professional shortage areas and other medically underserved areas; identification of existing laws, regulations, policies, contracting and reimbursement practices and which may create disincentives to physician recruitment and retention; physician workforce racial and ethnic diversity; the recruitment and retention of students from communities under-represented in medicine as defined by the Association of American Medical Colleges; and, the establishment of a loan forgiveness program, tax credits or other financial incentives for physicians to practice in the Commonwealth.
Massachusetts	Miscellaneous	Pending	HB	2098	Establishes a grant program for the purpose of encouraging outstanding students to enlist in the doctor and nursing facilities that service uninsured and low-income patients in the commonwealth by providing financial assistance for students enrolled in any qualified education program that is necessary to obtain a medical license.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Massachusetts	Miscellaneous	Pending	HB	2099	Establishes a grant program for the purpose of encouraging outstanding students to enlist in the doctor and nursing facilities that service uninsured and low-income patients in the commonwealth by providing financial assistance for students enrolled in any qualified education program that is necessary to obtain a medical license.
Massachusetts	Medical Errors/Patient Safety	Replaced	HB	2072	A hospital shall report each never event occurrence listed in regulations to the Betsy Lehman Center for Patient Safety and Medical Error Reduction, the Department of Public Health, the Board of Registration in Medicine's Patient Care Assessment division, and the Health Care Quality and Cost Council, as soon as is reasonably and practically possible, but no later than 15 working days after discovery of the never event. Any licensed hospital in the Commonwealth, which does not comply with this section and the rules and regulation set forth by the department may have its license revoked or suspended by said department, be fined up to \$1,000 per day per violation, or both.
Massachusetts	Miscellaneous	Pending	HB	2133	States that is shall be unlawful for any person who is not a medical doctor, doctor of osteopathic medicine, doctor of dental surgery, or doctor of dental medicine to make any statement, or engage in any act, that deceives or misleads the public or a prospective or current patient that such person is a medical doctor, doctor of osteopathic medicine, doctor of dental surgery or doctor of dental medicine or has the same or equivalent education skills or training. Such deceptive or misleading statements or acts shall include advertising in any medium, making false statement regarding the education, skills, training or licensure of such person or in any other way describing such person's profession, skills, training experience, education or licensure in a fashion that causes the public, a potential patient or current patient to believe that such person is a medical doctor, doctor of osteopathic medicine, doctor of dental surgery or doctor of dental medicine.
Massachusetts	Miscellaneous	Pending	HB	2136	Defines the term "surgery".
Massachusetts	Miscellaneous	Pending	HB	2251	Provides for the disclosure of certain gifts made by pharmaceutical companies.
Massachusetts	Miscellaneous	Pending	SB	1252	Provides for the disclosure of certain gifts made by pharmaceutical companies.
Massachusetts	Miscellaneous	Pending	HB	3818	Establishes the Special Commission on Privacy Concerns to investigate issues of privacy related to the public and private sector collection, storage, usage and release of personally identifying information and/or information that potentially can be associated when combined with other information to individual identities of MA citizens. One member of the Commission will represent the Board of Registration in Medicine.
Massachusetts	Medical Malpractice	Replaced	SB	1284	Encourages health professionals to apologize for medical mistakes and states that any statement of apology shall be exempt from public disclosure, subpoena or discovery.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Massachusetts	Medical Errors/Patient Safety	Pending	SB	987	States that in any claim, complaint or civil action brought by or on behalf of a patient allegedly experiencing an unanticipated outcome of medical care, any and all statements, affirmations, gestures, activities or conduct expressing benevolence, regret, apology, sympathy, commiseration, condolence, compassion, mistake, error, or a general sense of concern which are made by a health care provider, facility or an employee or agent of a health care provider or facility, to the patient, a relative of the patient, or a representative of the patient and which relate to the unanticipated outcome shall be inadmissible as evidence in any judicial or administrative proceeding and shall not constitute an admission of liability or an admission against interest.
Massachusetts	Medical Errors/Patient Safety	Pending	HB	1370	States that in any claim, complaint or civil action brought by or on behalf of a patient allegedly experiencing an unanticipated outcome of medical care, any and all statements, affirmations, gestures, activities or conduct expressing benevolence, regret, apology, sympathy, commiseration, condolence, compassion, mistake, error, or a general sense of concern which are made by a health care provider, facility or an employee or agent of a health care provider or facility, to the patient, a relative of the patient, or a representative of the patient and which relate to the unanticipated outcome shall be inadmissible as evidence in any judicial or administrative proceeding and shall not constitute an admission of liability or an admission against interest.
Massachusetts	Pain Management/Prescription Monitoring	Pending	HB	3800	Directs the Board of Registration in Medicine to establish standards for patients with terminal illness which includes protocols, including pharmacological guide lines, for the treatment of patients suffering from specific terminal illnesses and requires registered physicians in appropriate specialties or practices to obtain continuing medical education in subjects related to the care of patients at the end of life.
Massachusetts	Continuing Medical Education (CME)	Pending	HB	4529	States that prescribing practitioners seeking to obtain or renew a professional license shall be required to demonstrate completion of no less than 10 hours of training in effective pain management including identification of patients at high risk for substance abuse and other aspects of prescription medication abuse. The Department of Public Health shall develop a program that achieves the stated purposes.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Massachusetts	Extending Health Care Services to Underserved Patient Populations	Pending	SB	2526	Establishes the Health Care Quality and Cost Council to promote public transparency of the quality and cost of health care and to establish health care quality improvement and cost containment goals designed to promote high-quality, safe, effective, timely, efficient, equitable and patient-centered health care. Requires that all carriers recognize nurse practitioners as participating providers and include coverage, on a nondiscriminatory basis, to their insureds for care provided by nurse practitioners. States that no pharmaceutical manufacturer agent shall knowingly and willfully offer or give to a physician, a member of the physician's immediate family, a physician's employee or agent, a health care facility or employee or agent of a health care facility, a gift of any value, and no physician or stipulated others shall knowingly and willfully solicit or accept from any pharmaceutical manufacturer agent, a gift of any value. Requires the Department of Public Health, no later than October 1, 2015, to implement interoperable electronic health records systems. Requires the University of Massachusetts to expand the entering class at its medical school and increase residencies for medical school graduates for students committed to entering the primary care field and to working in underserved regions. Further, the Center for Primary Care Recruitment and Placement shall establish a primary care workforce development and loan forgiveness grant program at stipulated locations in underserved areas for the purpose of enhancing the recruitment and retention of primary care providers.
Massachusetts	Medical Errors/Patient Safety	Pending	SB	2526	Establishes the Health Care Quality and Cost Council to promote public transparency of the quality and cost of health care and to establish health care quality improvement and cost containment goals designed to promote high-quality, safe, effective, timely, efficient, equitable and patient-centered health care. Requires that all carriers recognize nurse practitioners as participating providers and include coverage, on a nondiscriminatory basis, to their insureds for care provided by nurse practitioners. States that no pharmaceutical manufacturer agent shall knowingly and willfully offer or give to a physician, a member of the physician's immediate family, a physician's employee or agent, a health care facility or employee or agent of a health care facility, a gift of any value, and no physician or stipulated others shall knowingly and willfully solicit or accept from any pharmaceutical manufacturer agent, a gift of any value. Requires the Department of Public Health, no later than October 1, 2015, to implement interoperable electronic health records systems. Requires the University of Massachusetts to expand the entering class at its medical school and increase residencies for medical school graduates for students committed to entering the primary care field and to working in underserved regions. Further, the Center for Primary Care Recruitment and Placement shall establish a primary care workforce development and loan forgiveness grant program at stipulated locations in underserved areas for the purpose of enhancing the recruitment and retention of primary care providers.
Massachusetts	Scope of Practice	Pending	SB	2636	Establishes the Board of Registration in Midwifery to license midwives and define their scope of practice.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Massachusetts	Pain Management/Prescription Monitoring	Pending	HB	4529	States that prescribing practitioners seeking to obtain or renew a professional license shall be required to demonstrate completion of no less than 10 hours of training in effective pain management including identification of patients at high risk for substance abuse and other aspects of prescription medication abuse. The Department of Public Health shall develop a program that achieves the stated purposes.
Massachusetts	Medical Errors/Patient Safety	Pending	SB	2517	Promotes healthcare transparency and consumer-provider partnerships. Also states that in an action for malpractice, negligence, error, omission, mistake, or the unauthorized rendering of professional services against a provider of health care, statements or writings by such provider of health care expressing apology or sympathy relating to the pain, suffering or death of a person that is not the result of intentional misconduct by such provider of health care and made to such person or to the family of such person shall be inadmissible as evidence in such action.
Massachusetts	Extending Health Care Services to Underserved Patient Populations	Pending	HB	4514	Establishes a physician loan repayment program for physicians who meet certain criteria and who specialize in family medicine, internal medicine, pediatrics or obstetrics/gynecology, and who commit to providing those specialties in medically underserved areas for a minimum of two years.
Massachusetts	Scope of Practice	Pending	HB	4518	Authorizes an advanced practice nurse to issue written prescriptions and to order tests and therapeutics in accordance with regulations promulgated jointly by the Board of Nursing and the Board of Registration in Medicine after consultation with the Board of Pharmacy. A prescription made by an advanced practice nurse shall include the name of the supervising physician.
Massachusetts	Extending Health Care Services to Underserved Patient Populations	Pending	SB	1248	Allows the board to grant or renew a certificate of registration to a physician qualified for registration or renewal in order for the physician to participate in the free care program operated by a non-profit organization.
Massachusetts	Extending Health Care Services to Underserved Patient Populations	Pending	SB	2418	To ensure consumer choice of nurse practitioner services, this bill establishes the Massachusetts Commission on Advanced Practice Nursing and requires the commission to make a report and recommendations on advanced practice nursing. This report will include the supply and demand for advanced practice nursing services, the barriers to practice, the cost-effectiveness of advanced practice nursing and strategies to further develop the role of advanced practice nurses in improving access to primary care, obstetrical and gynecological care, anesthesia care and mental health services.
Massachusetts	Continuing Medical Education (CME)	Pending	SB	1265	Requires the Board of Registration in Medicine to promulgate rules and regulations requiring their holders applying for a renewal registration or license on or after January 1, 2005, to certify that said holder has taken two pharmacological courses or seminars or utilizes a computer order entry system in their daily practice.
Massachusetts	Continuing Medical Education (CME)	Pending	HB	2162	States that no licensed health provider shall obtain a license or registration, or renewal of said license unless the health care provider has demonstrated that s/he has received appropriate training and cme on HIV/AIDS counseling and testing, the diagnosis and treatment of HIV.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Massachusetts	Continuing Medical Education (CME)	Pending	HB	2087	States that no licensed health provider shall obtain a license or registration, or renewal of said license unless the health care provider has demonstrated that s/he has received appropriate training and cme on HIV/AIDS counseling and testing, the diagnosis and treatment of HIV.
Massachusetts	Continuing Medical Education (CME)	Pending	HB	2176	Requires prescribing physicians seeking to obtain or renew a Massachusetts Controlled Substances license to demonstrate completion of 6 hours of training in effective pain management, identification of patients at high risk for substance abuse and other aspects of prescription medication abuse.
New Hampshire	Medical Board Organization & Authority	Amended	SB	251	Allows the Board of Medicine to issue a correctional institution medical license to persons practicing as physicians only in a correctional institution. This bill was requested by the Department of Corrections.
New Hampshire	Pain Management/Prescription Monitoring	Failed	HB	630	Establishes an electronic controlled drug prescription monitoring program consistent with the American Society for Automation in Pharmacy standards. A member of the Board of Medicine is included on the Advisory Council established to advise the Commission on this program.
New Hampshire	Physician Practice	Amended	SB	527	Requires a counselor or health care provider to provide a pregnant minor, under the age of 17 years, with counseling and information before such minor has an abortion.
New Hampshire	Emergency Preparedness	Amended	HB	1201	Allows communities to conduct point of dispensing exercises to test emergency management operations plans, and allows qualified health professionals designated by the local organization for emergency management to prescribe and administer flu vaccine during such exercises and to be deemed authorized emergency management workers under the immunity and exemption provisions during such exercises.
New Hampshire	Scope of Practice	Pending	HB	1288	Allows licensed pharmacists who meet certain criteria and complete training to administer influenza vaccines to the public.
New Hampshire	Medical Board Organization & Authority	Pending	HB	1153	Relates to physician assistants and physicians regulation by the board of medicine. This bill repeals the advisory committee of physicians assistants and changes the authority for examinations for physicians by the board of medicine by allowing the board to waive the examination requirement for any applicant who has satisfactorily passed a national examination approved by the Federation of State Medical Boards.
New Hampshire	Miscellaneous	Amended	HB	1587	Establishes procedures for access to health care information that is in the possession of health care providers. Specifies the rights of the individual who is the subject of the health care information. Establishes a commission to develop a form restrict disclosure of protected health care information.
New Hampshire	Miscellaneous	Amended	SB	433	Excludes the release of urine samples and the results of laboratory tests for drugs taken from a person who is under investigation for driving a motor vehicle while such person was under the influence of drugs from the law regarding confidential communications between a physician and a patient.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
New Hampshire	Miscellaneous	Amended	HB	1396	Requires prescriptions to be ordered pursuant to a practitioner-patient relationship, and defines the practitioner-patient relationship as a medical connection between a licensed practitioner and a patient that includes an in-person exam, a history, a diagnosis, a treatment plan appropriate for the licensee's scope of practice, and documentation of all prescription drugs including name and dosage. It also states it shall be unlawful for any person to knowingly obtain, or attempt to obtain, a prescription for a controlled substance without having formed a valid practitioner-patient relationship. It shall be a prohibited act within the controlled drug act to submit an electronic or online medical history form that fails to establish a valid practitioner-patient relationship.
New Hampshire	Miscellaneous	Pending	HB	1611	Specifies that physical restraints shall only be used for taking custody and transporting persons who are being involuntarily committed if a physician or advanced registered nurse practitioner states in writing that such restraints are necessary.
New Hampshire	Continuing Medical Education (CME)	Amended	HB	1262	Requires the continuing medical education requirements for physicians be completed every 2 years at the biennial license renewal. Also states the board shall require each licensee to show proof at least at every biennial license renewal that the licensee has completed 100 hours of approved continuing medical education program within the preceding 2 years.
New Hampshire	Extending Health Care Services to Underserved Patient Populations	Failed	HB	1406	Establishes a special volunteer license for retired physicians, dentists, nurses and nurse practitioners to be issued by the board of medicine, and grants such practitioners immunity from liability for donating their expertise for the medical care and treatment of indigent and needy persons in medically underserved areas.
New Hampshire	Medical Malpractice	Failed	SB	165	Requires screening panels on medical injury claims to report the results of the panels to the Board of Medicine at least annually. The Board shall mail the panel results to all physicians licensed by the Board at least once each year.
New Jersey	Miscellaneous	Pending	SB	892	Requires health care providers to obtain informed consent from patients for the use of certain reprocessed medical devices. A patient's attending physician shall record in a patient's permanent medical records an inventory of each reprocessed device that is utilized in the course of a patient's treatment, and shall indicate the procedure in which the device was used.
New Jersey	Medical Malpractice	Pending	SB	1239	Establishes limits on certain damages, including noneconomic loss, in a medical malpractice action.
New Jersey	Medical Malpractice	Pending	SB	285	Establishes a Medical Malpractice Court as a court of limited jurisdiction which has respect to any action for injury against a health care provider based on negligence, among other duties.
New Jersey	Medical Malpractice	Pending	SB	191	Provides that physicians shall only be liable for professional negligence to the extent of the medical malpractice insurance they are required to carry under current law.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
New Jersey	Medical Errors/Patient Safety	Pending	AR	61	Requests Congress and the President to enact legislation to make national data bank information about all disciplined health care practitioners available to health care facilities.
New Jersey	Miscellaneous	Pending	ACR	81	Proposes an amendment to the State Constitution regarding parental notification for medical or surgical procedures or treatments relating to pregnancy to be performed on minor children.
New Jersey	Scope of Practice	Amended	SB	227	Provides the practice of chiropractic includes diagnosis and adjustment of articulations of the spinal column and other joints.
New Jersey	Scope of Practice	Pending	SB	565	Revises the definition of the practice of chiropractic.
New Jersey	Medical Malpractice	Pending	SB	605	Caps noneconomic damages in medical malpractice actions at \$250,000.
New Jersey	Physician Practice	Pending	SB	1512	Requires a physician or other authorized prescriber, prior to prescribing for an individual under 18 years of age any psychotropic medication required by the federal Food and Drug Administration to have a "black box warning" on its labeling, to inform the individual's parent or legal guardian about the possible side effects of the medication and to obtain written informed consent from the individual's parent or legal guardian for the notification.
New Jersey	Medical Errors/Patient Safety	Pending	AB	1531	Establishes minimum registered professional nurse staffing standards for hospitals and ambulatory surgery facilities and certain other facilities.
New Jersey	Managed Care	Pending	SB	1441	Requires health insurers, Medicaid, and FamilyCare to provide coverage for ancillary medical services in connection with outpatient diagnostic screening and surgical intervention services.
New Jersey	Managed Care	Pending	AB	2086	Requires utilization management of all claims and requires that carriers and organized delivery systems include information concerning the computer algorithms and the development of such algorithms used to make utilization management decisions concerning the medical necessity of health care services. Reduces the time frame under which a carrier or organized delivery system shall respond to a health care provider's request for authorization to provide services to a covered person.
New Jersey	Scope of Practice	Pending	AB	2123	Provides that a licensed physical therapist shall be a specialty physician or specialist. Further, provides increases access to physical therapy services, and reforms the review, processing and payment of certain health and other insurance claims relating to the provision of those physical therapy services.
New Jersey	Scope of Practice	Pending	AB	2299	States the administration and monitoring of general or regional anesthesia, or conscious sedation, in a hospital or ambulatory surgery facility or at a physician's office shall be performed by an anesthesiologist or a certified registered nurse anesthetist or registered nurse anesthetist under the supervision of an anesthesiologist or a physician who is privileged to administer or supervise the administration of anesthesia services, who in either case shall be immediately available during the surgery.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
New Jersey	Scope of Practice	Pending	SB	1305	Provides that only a licensed physician, audiologist, or chiropractor may interpret evoked potentials or nerve conduction studies. Removes the current provision that only a licensed physician, audiologist, or chiropractor may perform nerve conduction studies.
New Jersey	Continuing Medical Education (CME)	Pending	AB	2319	Requires each person licensed as a physician, as a condition for biennial registration, to complete 10 hours of continuing education credits in suicide prevention.
New Jersey	Extending Health Care Services to Underserved Patient Populations	Pending	SB	1179	Establishes regional long-term care facilities and outpatient substance abuse treatment programs to meet the post-acute needs of persons living with HIV/AIDS.
New Jersey	Extending Health Care Services to Underserved Patient Populations	Pending	SB	1220	Makes changes to the Primary Care Practitioner Loan Redemption Program to require an applicant for the program to be a primary care practitioner and agree to practice primary care at an approved site. The criteria used by the Commissioner of Health and Senior Services is amended regarding designating an area as being underserved.
New Jersey	Outpatient/Office-Based Surgery	Pending	AB	2504	States that a qualified ambulatory care facility shall not deny appropriate services to a patient on the basis of that patient's ability to pay or source of payment.
New Jersey	Miscellaneous	Pending	AB	517	Clarifies that advertisements by persons licensed to practice medicine and surgery are subject to the Consumer Fraud Act.
New Jersey	Resident Licensure/Minimum Standards for Postgraduate Training	Pending	AB	1333	Establishes limits on the hours a resident who has inpatient care responsibilities may work in a week.
New Jersey	Scope of Practice	Pending	AB	1866	Enacts the Nurse Multistate Licensure Compact.
New Jersey	Miscellaneous	Pending	AB	1899	Requires health care providers to obtain informed consent from patients for the use of certain reprocessed medical devices. A patient's attending physician shall record in a patient's permanent medical records an inventory of each reprocessed device that is utilized in the course of a patient's treatment, and shall indicate the procedure in which the device was used.
New Jersey	Miscellaneous	Pending	AB	1933	Permits physicians to refer patients to certain ambulatory care facilities in which they have a financial interest under certain circumstances.
New Jersey	Miscellaneous	Substituted	SB	787	Permits physicians to refer patients to certain ambulatory care facilities in which they have a financial interest under certain circumstances.
New Jersey	Scope of Practice	Pending	AB	2029	Amends the definition of the practice of chiropractic.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
New Jersey	Outpatient/Office-Based Surgery	Pending	AB	116	Requires physicians to obtain a license from the Department of Health and Senior Services in order to operate a surgical practice prior to the commencement of services there, except that a physician who is operating a surgical practice on the effective date of this act has one year from such date to obtain the license. The Commissioner of DHSS, in consultation with the State Board of Medical Examiners, shall establish standards governing the operation of a surgical practice. The State Board of Medical Examiners shall adopt rules and regulations to effectuate the purposes of this act.
New Jersey	Outpatient/Office-Based Surgery	Pending	SB	99	Requires physicians to obtain a license from the Department of Health and Senior Services in order to operate a surgical practice prior to the commencement of services there, except that a physician who is operating a surgical practice on the effective date of this act has one year from such date to obtain the license. The Commissioner of DHSS, in consultation with the State Board of Medical Examiners, shall establish standards governing the operation of a surgical practice. The State Board of Medical Examiners shall adopt rules and regulations to effectuate the purposes of this act.
New Jersey	Continuing Medical Education (CME)	Pending	AB	118	Permits physicians to earn continuing medical education credits, in whole or in part, by providing free medical care to low-income, uninsured patients.
New Jersey	Continuing Medical Education (CME)	Pending	SB	96	Permits physicians to earn continuing medical education credits, in whole or in part, by providing free medical care to low-income, uninsured patients.
New Jersey	Complementary and Alternative Medicine	Substituted	AB	1408	Amends the definition of acupuncture and requires acupuncture practitioners to be licensed instead of certified. Further, an acupuncturist is required to advise each patient as to the importance of consulting with a licensed physician regarding the patient's condition. The Board of Medical Examiners, after consultation with the Acupuncture Examining Board, may, by regulation, denote a title or description indicating that a physician or surgeon practices acupuncture.
New Jersey	Physician Practice	Amended	AB	378	Requires physicians, prior to prescribing for an individual under 18 years of age any psychotropic medication required by the federal Food and Drug Administration to have a black box warning on its labeling, to inform the individual's parent or legal guardian about the possible side effects of the medication and to obtain the parent or legal guardian's written informed consent. A physician who prescribes a medication in violation of this act shall be subject to disciplinary action.
New Jersey	Medical Board Organization & Authority	Pending	AB	1496	Requires hospitals and physicians to have examination tables accessible to handicapped patients. The State Board of Medical Examiners shall require that a physician, as a condition of licensure, certify, in writing, that the physician is in compliance with these requirements.
New Jersey	Scope of Practice	Pending	AB	1335	Requires that chiropractic and podiatric physicians be reimbursed at the same rate as allopathic or osteopathic physicians under various health and accident plans.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
New Jersey	Medical Malpractice	Pending	AB	1369	Revises standards for expert witnesses in medical malpractice actions. States that an expert witness under this section must be both hospital-credentialed and board certified, where previously the expert had to be either hospital-credentialed or board certified. Requires the expert to devote a majority of his professional time to the active clinical practice of the same health care profession in which the defendant is licensed. Further, clarifies the court's option to waive the same specialty or subspecialty requirement for an expert witness.
New Jersey	Medical Errors/Patient Safety	Pending	SB	1233	Establishes minimum registered professional nurse staffing standards for hospitals and ambulatory surgery facilities and certain other facilities.
New Jersey	Managed Care	Pending	AB	1374	Deems certain utilization management decisions by physicians or dentists on behalf of certain insurers as the practice of medicine or dentistry.
New Jersey	Complementary and Alternative Medicine	Pending	SB	1311	Amends the definition of acupuncture and requires acupuncturists to be licensed instead of certified.
New Jersey	Extending Health Care Services to Underserved Patient Populations	Pending	SCR	76	Directs the legislature to conduct public hearings on, and provides for the expedited consideration of, the Medical Care Availability Task Force recommendations.
New Jersey	Outpatient/Office-Based Surgery	Pending	AB	728	Exempts certain physician's offices operating magnetic resonance imaging or computerized axial tomography services from requirement to obtain a license to operate those services. Effective July 1, 2008, any physician's office not covered by the exemption above must be licensed in order to provide magnetic resonance imaging or computerized axial tomography.
New Jersey	Medical Malpractice	Pending	AB	1123	Establishes a Special Medical Malpractice Part in the Superior Court. This Part has jurisdiction with respect to any action for injury against a health care provider based on professional negligence.
New Jersey	Outpatient/Office-Based Surgery	Pending	AB	1120	States that a qualified ambulatory care facility shall not deny appropriate services to a patient on the basis of that patient's ability to pay or source of payment.
New Jersey	Medical Malpractice	Pending	AB	954	Requires a person contemplating commencement of an action alleging malpractice to give the health care provider written notice of the proposed action at least 180 days before the action is filed. The notice shall contain the factual basis for the claim, the applicable standard of care and the manner in which that standard was breached and all health care providers that the claimant is notifying. Defines the burdens of proof that a plaintiff in a medical malpractice case must meet, and stipulates that a plaintiff file an affidavit of merit at the same time as the filing of the complaint. Outlines the requirements to qualify as an expert witness, including that the expert practice in the same type of practice and possess the same certifications as the defendant. Stipulates that all actions alleging medical malpractice be mediated by a panel of five neutral mediators. Limits noneconomic damages in medical malpractice cases to \$250,000 except in certain circumstances. Requires that in any settled action, the plaintiff and defendant shall jointly file a copy of the settlement agreement with the appropriate professional board within 30 days of the execution of the agreement.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
New Jersey	Medical Malpractice	Pending	AB	949	Limits the discovery rule and provides that medical malpractice liability actions must be filed within four years of the occurrence of the professional negligence.
Rhode Island	Medical Errors/Patient Safety	Pending	SB	2677	Enacts the Patient Safety and Quality Improvement Act of 2008 to promote patient safety, reduce medical errors, and encourage better reporting of medical errors and related incidents.
Rhode Island	Medical Errors/Patient Safety	Pending	HB	7099	States that statements, writings or benevolent gestures of a health care provider made to a patient or to the family of such patient expressing sympathy or a general sense of benevolence relating to the pain, suffering or death of such patient in connection with or relating to the patient's condition or the outcome of such patient's medical care and treatment are inadmissible as evidence of an admission of liability in a civil action against a health care provider.
Rhode Island	Medical Board Organization & Authority	Pending	SB	2718	Provides a procedure to allow various boards and divisions of the Department of Health, including the Board of Medical Licensure and Discipline, to expunge disciplinary records of certain licensees.
Rhode Island	Physician Practice	Pending	HB	7049	Enacts the Health Care Rights of Conscience Act that states that a health care provider has the right not to participate, and no health care provider shall be required to participate, in a health care service that violates his or her conscience.
Rhode Island	Extending Health Care Services to Underserved Patient Populations	Pending	SB	2018	States that no person licensed by the Board of Medical Licensure and Discipline, who voluntarily and gratuitously renders care to persons in need of it in a free clinic for the poor, is liable for civil damages for any personal injuries which result from acts or omissions by these persons in rendering care which may constitute ordinary negligence. This immunity does not apply to acts or omissions constituting gross, willful or wanton negligence.
Rhode Island	Physician Practice	Pending	HB	8129	Requires a physician who is to perform an abortion or certified technician working in conjunction with the physician to, prior to a woman giving informed consent to having any part of an abortion performed, perform an obstetric ultrasound on the pregnant woman, provide an explanation of the results, display the images so the woman may view them, and provide a medical description of the ultrasound images. Upon a finding by a court that a physician has knowingly violated a provision of this chapter, the court shall notify the Board of Medical Review. A civil penalty not to exceed \$100,000 for the first offense shall be imposed, and the penalty for a second/subsequent offense shall not exceed the sum of \$250,000.
Rhode Island	Physician Practice	Pending	SB	2172	Repeals the requirement that physicians performing abortions notify the husband of the patient before the abortion is performed.
Rhode Island	Miscellaneous	Pending	SB	604	States that the Economic Development Corporation shall provide for the establishment of a Primary Care Practice Development Center that shall provide assistance to primary care practices in the state seeking to enhance the efficiency of their operations and incorporate optimal business practices.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Rhode Island	Medical Errors/Patient Safety	Pending	HB	7465	Creates a health care quality and value database designed to make available to consumers transparent health care price information, quality information, and such other information as the director determines is necessary to empower individuals to make economically sound and medically appropriate decisions.
Rhode Island	Emergency Preparedness	Pending	HB	7733	States that in the event of a public health emergency, the Director of Health is authorized to grant a temporary health care provider license for a period not to exceed ninety days and limited to those health care providers who hold an active valid license in another state.
Rhode Island	Medical Board Organization & Authority	Substituted	HB	7468	Grants immunity from liability for gratuitous emergency assistance provided by physician assistants during an emergency or a state or local disaster. States that any physician who supervises a physician assistant providing medical care in response to such an emergency or state or local disaster to not be required to meet the supervising physician requirements.
Rhode Island	Miscellaneous	Pending	HB	5274	Enacts the Health Care Rights of Conscience Act that states that a health care provider has the right not to participate, and no health care provider shall be required to participate, in a health care service that violates his or her conscience.
Rhode Island	Miscellaneous	Pending	SB	452	Enacts the Health Care Rights of Conscience Act that states that a health care provider has the right not to participate, and no health care provider shall be required to participate, in a health care service that violates his or her conscience.
Rhode Island	Miscellaneous	Pending	HB	6080	Creates the "Rhode Island Death with Dignity Act." The Act would allow a physician assisted suicide under certain circumstances. The bill states that a physician who participates in good faith in the Act cannot be subject to disciplinary action.
Rhode Island	Medical Errors/Patient Safety	Pending	HB	7561	Enacts the Patient Safety and Quality Improvement Act of 2008 to promote patient safety, reduce medical errors, and encourage better reporting of medical errors and related incidents.
Rhode Island	Miscellaneous	Pending	SB	175	Enacts the Patient's Right to Know of the Reuse of Certain Medical Devices Act to state that a health care provider may not use a reprocessed single-use medical device on a patient. A reprocessor who reconditions or reprocesses any single-use medical device shall be liable for the safety and effectiveness of any reprocessed single-use medical device except that a health care provider who fails to fulfill the informed patient consent requirement shall also be held liable.
Rhode Island	Medical Board Organization & Authority	Pending	SB	2547	Amends requirements for physician assistants. Removes the allowance for graduate practice status for physician assistants. Grants immunity from liability for gratuitous emergency assistance provided by physician assistants during an emergency or a state or local disaster. States that any physician who supervises a physician assistant providing medical care in response to such an emergency or state or local disaster to not be required to meet the supervising physician requirements.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Rhode Island	Miscellaneous	Pending	SB	634	Establishes the Umbilical Cord Blood Bank, which requires that beginning in the second trimester of pregnancy or after admission to a hospital or other obstetrical facility for obstetrical services, every obstetrical professional or facility in the state must inform the pregnant woman of certain options relating to stem cells that are contained in her umbilical cord blood after the delivery of her child.
Rhode Island	Extending Health Care Services to Underserved Patient Populations	Pending	SB	2384	Establishes a physician loan repayment program for physicians who meet certain criteria and who specialize in family medicine, internal medicine, pediatrics or obstetrics/gynecology, and who commit to providing those specialties in medically underserved areas for ten years. A physician who receives loan forgiveness pursuant to this act shall enter into a contract with the Rhode Island Student Loan Authority and shall agree to accept Medicare and Medicaid patients, agree not to discriminate against patients based upon an ability to pay, permit the authority to monitor compliance with all terms and conditions set forth in the contract, and certify compliance of the physician with the terms of the contract.
Rhode Island	Medical Board Organization & Authority	Substituted	HB	7468	Grants immunity from liability for gratuitous emergency assistance provided by physician assistants during an emergency or a state or local disaster. States that any physician who supervises a physician assistant providing medical care in response to such an emergency or state or local disaster to not be required to meet the supervising physician requirements.
Rhode Island	Medical Errors/Patient Safety	Pending	SB	2280	Creates the Patient Safety and Medical Error Reduction Act to require each hospital in the state to participate in a comprehensive program to improve patient safety and reduce medical errors in that hospital.
Rhode Island	Extending Health Care Services to Underserved Patient Populations	Pending	SB	444	States that no person licensed by the Board of Medical Licensure and Discipline who voluntarily and gratuitously renders care to persons in need of it in a free clinic for the poor is liable for civil damages for any personal injuries that result from acts or omissions by these persons in rendering care which may constitute ordinary negligence. This immunity does not apply to acts or omissions constituting gross, willful or wanton negligence.
Rhode Island	Extending Health Care Services to Underserved Patient Populations	Pending	HB	6129	Grants physicians immunity from ordinary negligence when they offer free care in free clinics for the poor.
Rhode Island	Miscellaneous	Pending	HB	6380	Includes a physician within the definition of psychotherapist. States that a person is guilty of fourth degree sexual assault if he or she is a psychotherapist and subjects another person to sexual contact who is a patient and the sexual contact occurs during the psychotherapy session, or a patient, a former patient who is emotionally dependent upon the psychotherapist, or a former patient and the sexual contact occurs by means of therapeutic deception.
Rhode Island	Extending Health Care Services to Underserved Patient Populations	Pending	HB	7511	States that no person licensed by the Board of Medical Licensure and Discipline who voluntarily and gratuitously renders care to persons in need of it in a free clinic for the poor is liable for civil damages for any personal injuries which result from acts or omissions by these persons in rendering care which may constitute ordinary negligence. This immunity does not apply to acts or omissions constituting gross, willful or wanton negligence.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Rhode Island	Extending Health Care Services to Underserved Patient Populations	Pending	HB	7530	Establishes a physician loan repayment program for physicians who meet certain criteria and who specialize in family medicine, internal medicine, pediatrics or obstetrics/gynecology, and who commit to providing those specialties in medically underserved areas for ten years. A physician who receives loan forgiveness pursuant to this act shall enter into a contract with the Rhode Island Student Loan Authority and shall agree to accept Medicare and Medicaid patients, agree not to discriminate against patients based upon an ability to pay, permit the authority to monitor compliance with all terms and conditions set forth in the contract, and certify compliance of the physician with the terms of the contract.
Rhode Island	Extending Health Care Services to Underserved Patient Populations	Pending	HB	7308	States that no person licensed by the Board of Medical Licensure and Discipline who voluntarily and gratuitously renders care to persons in need of it in a free clinic for the poor is liable for civil damages for any personal injuries which result from acts or omissions by these persons in rendering care which may constitute ordinary negligence. This immunity does not apply to acts or omissions constituting gross, willful or wanton negligence.
Rhode Island	Emergency Preparedness	Pending	SB	2380	States that in the event of a public health emergency, the Director of Health is authorized to grant a temporary health care provider license for a period not to exceed ninety days and limited to those health care providers who hold an active valid license in another state.
Rhode Island	Medical Errors/Patient Safety	Pending	SB	2474	Enacts the Patient Safety and Quality Improvement Act of 2008 to promote patient safety, reduce medical errors, and encourage better reporting of medical errors and related incidents.
Rhode Island	Scope of Practice	Substituted	HB	7961	Rhode Island HB 7961 Limits the prescription privileges of certified nurse practitioners.
Rhode Island	Medical Board Organization & Authority	Pending	SB	75	Amends the reporting requirements of insurers to the Board of Medical Licensure and Discipline. In the case of settlements and judgments, the insurer must provide an itemization of the award stating an amount for economic damages, non-economic damages, medical expense and interest accrued.
Rhode Island	Scope of Practice	Pending	SB	2673	Permits delivery of a compounded drug to a practitioner, for use in the practitioner's office, by a pharmacist.
Rhode Island	Miscellaneous	Pending	SB	2162	Prohibits health care providers from reusing certain medical devices without the express consent of the patient. A person convicted of violating this section shall be fined not less than ten thousand dollars for a first offense and not less than twenty thousand dollars for a second or subsequent offense.
Rhode Island	Scope of Practice	Pending	SB	2479	Allows certified nurse practitioners to prescribe medicine in accordance with the state formulary of registered nurse practitioners.
Rhode Island	Physician Practice	Pending	SB	2475	Requires full disclosure if a physician refers a patient for physical therapy to a facility owned by the physician or operated by employees of the physician.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Rhode Island	Physician Practice	Pending	HB	7574	Requires full disclosure if a physician refers a patient for physical therapy to a facility owned by the physician or operated by employees of the physician.
Rhode Island	Outpatient/Office-Based Surgery	Pending	HB	7573	Creates certain licensure requirements for freestanding ambulatory surgical centers.
Rhode Island	Medical Malpractice	Pending	SB	2203	Requires the administrator of the Board of Medical Licensure and Discipline to, on or before October 1, 2008, and on or before February 1 of each following year submit a malpractice loss report to the General Assembly.
Vermont	Miscellaneous	Amended	HB	11	Authorizes the Commissioner of Health to be either a licensed physician or a health care professional who has at least a master's degree in public health or a related health care field. Previously, the Commission had to be a licensed physician.
Vermont	Miscellaneous	Pending	HB	43	States that a person is guilty of aggravated assault if the person attempts to cause or purposely or knowingly causes bodily injury in a health care facility to a health care provider or to an employee of the facility.
Vermont	Scope of Practice	Passed	SB	257	Requires that medically necessary services provided by naturopathic physicians are covered by Medicaid, VHAP, and other public health care assistance programs.
Vermont	Pain Management/Prescription Monitoring	Amended	SB	281	Requires the Department of Health to convene a group of stakeholders to discuss how to improve palliative care, end-of-life care, and management of chronic pain. No later than January 15, 2009, the Department shall report on the stakeholders' group's findings and recommendations to stipulated committees in the legislature.
Vermont	Miscellaneous	Pending	HB	315	States that a health care provider has the right not to participate, and no health care provider shall be required to participate, in a health care service that violates his or her conscience.
Vermont	Scope of Practice	Pending	SB	282	Requires Catamount Health cover clinically necessary chiropractic care, whether provided inside or outside an insurer's provider network.
Vermont	Physician Practice	Pending	HB	328	Requires licensed health care professionals providing prenatal care to educate women and their families about postpartum depression, and requires licensed health care professionals providing postnatal care to screen new mothers for the disorder.
Vermont	Outpatient/Office-Based Surgery	Pending	SB	332	Requires ambulatory surgical care centers to apply for and to receive a certificate of need before development.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Vermont	Medical Malpractice	Pending	HB	221	Requires physician expert witnesses in medical malpractice cases to have a current, valid and unrestricted license to practice medicine in the state in which he or she practices, to be qualified by experience or demonstrated competence in the area of medical practice involved in the case, and to be familiar with the standard of care provided at the time of the alleged occurrence. The physician expert witness shall state the basis of his or her testimony or opinion, and whether it is based on personal experience, specific clinical references, evidence-based guidelines, or a generally accepted opinion in the specialty field. Limits damages for pain and suffering or other noneconomic loss for actions based on medical malpractice to \$250,000.
Vermont	Pain Management/Prescription Monitoring	Pending	HB	804	Establishes a Pain Patient's Bill of Rights and a Patient's Right To Know End-Of-Life Options.
Vermont	Medical Malpractice	Pending	HB	814	Proposes to set standards for the qualification of physician expert witnesses, provide limited immunity to health care practitioners providing volunteer or public health services, establishes a mandatory arbitration process for medical malpractice actions, and limits damages for pain and suffering in medical malpractice actions to \$250,000.
Vermont	Extending Health Care Services to Underserved Patient Populations	Amended	HB	887	Proposes to expand access to affordable health coverage by creating a new health insurance product that rewards healthy lifestyles with enhanced insurance benefits, allowing a former spouse to remain eligible for health care benefits after a divorce or dissolution, expanding dependent coverage for young adults to age 24, laying the framework for a reduction in the uninsured waiting period in Catamount Health from 12 months to six months, providing for a one-time amnesty from the preexisting condition exclusion in Catamount Health, and eliminating the 75-percent coverage rule for small group health plans.
Vermont	Medical Board Organization & Authority	Pending	HB	837	Creates a Medical Practice Hearings Commission to hear cases of unprofessional conduct involving persons regulated by the Board of Medical Practice. Some powers of the Board are transferred to the Commission for purposes of investigation and hearings regarding unprofessional conduct.
Vermont	Miscellaneous	Pending	HB	851	Prohibits covenants which would restrict the right of a physician to practice medicine in any geographic area or for any period of time.
Vermont	Scope of Practice	Amended	HB	867	Requires health insurance plans to cover services that are within the scope of practice of athletic trainers and would otherwise be covered if provided by another type of health care provider.
Vermont	Scope of Practice	Pending	HB	657	States that medically necessary services provided by naturopathic physicians are covered by Medicaid, VHAP, and other public health care assistance programs.

<i>State</i>	<i>Issue</i>	<i>Status</i>	<i>LegType</i>	<i>Bill Number</i>	<i>Bill Summary</i>
Vermont	Pain Management/Prescription Monitoring	Pending	SB	63	States that a patient with capacity who has been determined by the attending physician and consulting physician to be suffering from a terminal condition and who has voluntarily expressed a wish to die may make a written request for medication for the purpose of hastening his or her death. Provides immunity from liability for health care providers who participate in good faith compliance with this chapter.
Vermont	Medical Malpractice	Pending	HB	227	Establishes screening panels for medical injury claims to help identify both meritorious and nonmeritorious claims without the delay and expense of a court trial. The claimant or claimant's representative and the person accused of professional negligence or his or her representative shall make presentations to the panel. The panel shall make findings upon such evidence as is presented at the hearing, the records, and any expert opinions provided by or sought by the panel or the parties.