

Looking for Doctor Information Online

*A survey and ranking of state medical
and osteopathic board websites in 2021*



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The MBR is part of the Patient Safety Action Network. <https://www.patientsafetyaction.org>

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Abbreviations

- FSMB Federation of State Medical Boards
- NPDB National Practitioner Data Bank

Executive summary

Looking for a doctor is one of the more consequential health care actions that a person can take given research showing significant variation in the quality and safety of healthcare in the United States. There are many reasons to look for a doctor including moving to a new town, getting new insurance or receiving a diagnosis that requires the care of a specialist. Many turn to the Internet to learn about doctors and one place to look in every state is a state medical board website. Medical boards are state government agencies that protect the public from the unprofessional, improper and incompetent practice of medicine. In addition to licensing doctors, they accept and investigate complaints about physician care from the public. Unfortunately, many people don't know about state medical boards.

This report evaluated how well 64 state medical and osteopathic boards provided online information to the public through their websites. Volunteer researchers looked for information on 23 criteria including content (information on individual doctors, board mission, information about the complaint process), accessibility (how easy it was to find and understand information, file a complaint), timeliness (how current is the information), and transparency (how accessible are state board meetings, information in annual reports). The report builds on similar work published in 2016 by Consumer Reports and the Informed Patient Institute: "Seeking Doctor Information Online: A Survey and Ranking of State Medical and Osteopathic Board Websites in 2015".

Of particular note in the report is information found on a Physician Profile—an individual web page (or pages) that provides a variety of information about the license status of individual doctors, including a record of disciplinary actions taken against them by the medical board. Some state Profiles also include other important information such as medical malpractice payouts, hospital actions that affect the ability of a doctor to practice in a facility, and criminal convictions. We used the 16 criteria related to Physician Profiles to rank the state websites based on how many of the criteria they met for providing information to the public:

Highest scoring states

Florida Medical Board (12 of 16 criteria)
Florida Osteopathic Board (12 of 16 criteria)
Maryland Medical Board (12 of 16 criteria)
New Jersey Medical Board (12 of 16 criteria)

Lowest scoring states

Indiana Medical Board (2 of 16 criteria)
Alaska Medical Board (3 of 16 criteria)
Michigan Medical Board (3 of 16 criteria)
Michigan Osteopathic Board (3 of 16 criteria)

We found mixed results from our evaluation of state medical board websites. On the positive side, all state medical boards now include information about disciplinary actions on their Physician Profiles. Compared to our 2016 review, more now provide easy access to legal documents relating to Board actions from their Physician Profile. The ability of the public to submit complaints online and to participate in public meetings virtually has improved. Clearly, some states have invested in communicating with the public through better designed sites that are easier to use.

However, there has been little movement on providing easy access to other types of information of interest to the public, including complaints filed against doctors, malpractice payouts, hospital adverse actions, criminal convictions, and information from other states. The top score of 75% means that **even residents in the best states for public information are still not seeing complete information about doctors on Physician Profiles**. More concerning is that the average score for information we were looking for on Physician Profiles was 42%—and the lowest score was 13%—indicating that **many people across the country have limited information about doctors from what should be an important and trusted public resource**.

Many sites continue to direct people to Physician Profiles with language that is difficult to understand (“verify a license”) and rely on legal and technical descriptions of disciplinary actions rather than plain English summaries that “tell the story” of what the physician did and how the board responded. And in too many states it remains difficult to even find information about physicians, with websites designed for physicians instead of the public.

Our review indicated that some states have proven it is possible to provide timely and more complete information about doctors in an easily accessible and user-friendly way. And some websites that we looked at five years ago have improved—both in terms of accessibility and the breadth of information they provided.

Most medical boards have missions that include protection of the public, which we believe includes providing timely, accurate and complete information about each physician’s license status. To fully accomplish their mission, boards should become more transparent and make this important information more easily accessible. If this requires changes in the law, we call on boards to proactively request state legislatures to make such changes.

We make the following recommendations:

- **Expand physician profiles**

Make Physician Profiles the one-stop place for anyone searching for information about an individual physician who has ever held a license in the state. Compile all board information about the entire history of a doctor’s license on the Physician Profile and include links to official documents.

- **Advocate for transparency**

State medical board members and staff should proactively inform state legislatures of changes in the law that will increase transparency and fulfill the board’s mission to protect the public. This includes expanding medical boards’ legal authority to put complete information about a physician’s history on board websites, such as complaints received about a doctor, legal allegations filed by the board against the doctor, medical malpractice settlements/payouts, hospital disciplines, and federal actions.

State medical boards should support national efforts to open the National Practitioner Data Bank (NPDB) to the public so anyone can access complete information about physicians.

- **Improve website usability**

Use consumer-oriented approaches to assist the public in navigating medical board websites to find Physician Profiles and other board-related information such as consumer sections, plain English search terms, easy-to-use drop down menus, direct links to other documents, and user-friendly security measures.

- **Simplify complaint filing**

Create a simple form that allows people to file complaints against a physician online. Allow the user to see the whole form before working on it and to print the final complaint before submitting it. Eliminate difficult steps such as getting the complaint notarized before filing. Include a thorough explanation of how to file a complaint, what information should be included, expected time frames for follow up and resolution by the board, and any statute of limitations on filing a complaint.

- **Improve board transparency**

Webcast board meetings so the public can watch and provide comments in real time during the meetings. Archive these for future reference.

Publish an annual board report that includes information on complaints received, actions finalized, and unresolved cases.

Introduction

Research over the last forty years indicates that the quality and safety of health care you receive in the United States depends on many factors including where you live, the hospital you go to, and what doctor and other health professionals you see.^{1,2} Given the central role of physicians in assessing, diagnosing, referring and treating patients, the choice of a physician is particularly important to maintaining health—and can be a matter of life and death. This report aims to see how well one resource—state medical board websites—provided public information about physicians licensed in their state. Based on our set of criteria, we evaluated and ranked the websites for completeness of information provided about individual physicians. This report summarizes our findings and presents our recommendations for improvement. The report builds on similar work published in 2016 by Consumer Reports and the Informed Patient Institute: “Seeking Doctor Information Online: A Survey and Ranking of State Medical and Osteopathic Board Websites in 2015”.³

Many people go online to look for information about a doctor after being diagnosed with a new condition, moving to a new location, or switching health plans. Because the license status of a physician can change due to disciplinary actions, there is a compelling reason to regularly check on one’s current doctors as well. A University of Michigan national poll of older adults found that 43% of those aged 50–84 had reviewed doctor ratings, with 65% of those looking at information about doctors they were considering and 31% reviewing information about doctors they were already seeing.⁴

What the public finds online is a variety of for-profit, nonprofit, and government websites that provide some information about the more than one million doctors in the United States. Sites vary in the breadth, depth and accuracy of information. There are, however, online resources with information about doctors licensed in every state maintained by state medical boards. These state websites should be viewed as the “official” word on the status of physicians’ licenses and include accurate information about many aspects of a physician’s history. Unfortunately, the public doesn’t know about these websites. According to a 2019 survey conducted by the Federation of State Medical Boards (FSMB), only 27% of Americans knew how to find out if a physician had ever received a disciplinary action against their medical license. And nearly 7 in 10 Americans (69%) did not know that a state medical board was a resource to contact if you have a complaint about a physician’s competence or conduct.⁵

¹ <https://2020scorecard.commonwealthfund.org/rankings/>

² <https://2020scorecard.commonwealthfund.org/>

³ <https://www.informedpatientinstitute.org/Seeking Doctor Information Online.pdf>

⁴ <https://www.healthyagingpoll.org/reports-more/report/searching-good-doctor-online>

⁵ <https://www.fsmb.org/advocacy/news-releases/national-survey-indicates-majority-of-physician-misconduct-goes-unreported/>

What are state medical boards?

Medical boards are state agencies established by state laws, often called “Medical Practice Acts”, that define their work. Therefore, there is state-to-state variation in the scope and operations of medical boards. A significant part of medical boards’ duties are to protect the public from harm by dangerous or incompetent doctors—an aim found in 69% of the mission statements of state medical boards. Some examples are provided in the box at the right.

Other themes found in some medical board mission statements included:

- Licensing, regulating and overseeing physicians and other health professionals
- Enforcing the state's Medical Practice Act
- Conducting efficient and accessible services as a state agency
- Providing information to the public

There are 64 US state medical and osteopathic boards (not including the American territories). Some states have two boards—one that licenses medical doctors (doctors with “MD” after their name) and another for osteopathic doctors (“DO” after their name).

Osteopathic doctors receive special training in the musculoskeletal system. Other states’ boards combine oversight of both medical and osteopathic professionals. In most states medical boards also license other health professionals like podiatrists, acupuncturists, and physician assistants.

Some medical boards are part of a broader state agency that has multiple divisions (such as a Department of Health) or an agency that licenses all kinds of professions and occupations. Others are independent agencies. Medical boards are typically made up of a majority of volunteer physicians or health professionals and public members (non-physicians) who are usually appointed by the

Examples of mission statements

To protect the public by setting educational and training standards for licensure, and by reviewing complaints made against osteopathic physicians, interns, and residents to ensure that their conduct meets the standards of the profession.

*Arizona (DO)*⁶

To protect and enhance the health, safety, and well-being of District of Columbia residents by promoting evidence-based best practices in health regulation, high standards of quality care and implementing policies that prevent adverse events.

*District of Columbia*⁷

... to serve and protect the public by providing an accessible, responsible and accountable regulatory system that [p]rotects the public from incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty [...]

*Missouri*⁸

The paramount responsibility of the State Board of Medical Examiners is the protection of the public’s health, safety, and welfare [...]

*New Jersey*⁹

To protect and enhance the health and safety of the public through effective medical regulation.

*Ohio*¹⁰

The primary objectives are to promote public health, safety and welfare and to protect the public from the unprofessional, improper, unauthorized, or unqualified practice of medicine and certain other healthcare professions.

*Delaware*¹¹

Safeguard the public through licensure, education and discipline of those who practice the healing arts in Kansas.

*Kansas*¹²

⁶ <https://www.azdo.gov/>

⁷ <https://dchealth.dc.gov/bomed>

⁸ <https://pr.mo.gov/mission.asp>

⁹ <https://www.njconsumeraffairs.gov/bme/Pages/about.aspx>

¹⁰ <https://med.ohio.gov/The-Board/Agency-Mission-and-Goals>

¹¹ <https://dpr.delaware.gov/boards/medicalpractice/>

¹² <http://www.ksbha.org/main.shtml>

Governor. Boards are supported by a staff of state employees, including investigators and lawyers. Some rely on state attorneys general for legal support.

Medical boards license professionals to ensure they meet certain educational and practice standards. They also investigate complaints and discipline doctors who violate the licensing laws. Examples of violations include:¹³

- Alcohol and substance abuse
- Sexual misconduct
- Neglect of a patient
- Failing to meet the accepted standard of care in a state
- Prescribing drugs in excess or without legitimate reason
- Conviction of a felony
- Fraud

Of particular relevance to consumers interested in information about doctors is the “**Physician Profile**” — an individual web page (or pages) that provides a variety of information about a specific doctor. The Profile generally includes the dates of their state license, practice locations, education, specialty and a record of disciplinary actions taken against them by the medical board. In some cases, information about payouts from medical malpractice lawsuits, hospital actions that affect the ability of a doctor to practice in a facility, and other types of information are also available. It is particularly important that state medical board data about physicians is accurate and current because in addition to being used by consumers, health care entities such as hospitals and health plans also use this information. While every medical board has a website and information about individual physicians on Profile pages, this report reveals significant differences among the states in what the public can see.

Two national databases include some information about doctors, but at this point they are not sufficient substitutes for medical board websites. Both are limited in their ability to provide complete information to the public:

- **DocInfo** — A consumer-oriented database from FSMB that compiles disciplinary information from state medical boards nationwide so a user can see if a doctor has disciplinary actions in any state. In some cases, the legal documents associated with a case are also available, but often a user has to navigate back to a state’s individual medical board website to learn more. DocInfo does not include any information on malpractice payouts, hospital disciplinary actions, or federal actions.
- **National Practitioner Data Bank (NPDB)** — A federal repository created by Congress in 1986 that contains a wide range of information on doctors including malpractice payments and actions against their license by federal and state agencies, hospitals, and other entities. NPDB information about a particular physician, however, is not available to the public. By federal law it is confidential. If that law were changed, full access to physician information in the

¹³ <https://www.fsmb.org/u.s.-medical-regulatory-trends-and-actions/guide-to-medical-regulation-in-the-united-states/about-physician-discipline/>

NPDB would allow consumers a “one-stop” resource to check on complete information about any doctor of interest.¹⁴

Providing complete information about a physician’s history is a significant component of medical boards’ stated mission to protect the public. Yet, the amount of information provided by these boards varies greatly, with most falling far below what is sufficient. This report analyzes the extent to which medical boards provide information about physicians to the public and makes recommendations for better serving the public.

¹⁴ <https://www.npdb.hrsa.gov/>

Methodology

Evaluation of the 64 medical board websites was conducted by 12 volunteer researchers (all members of the Medical Board Roundtable and thus somewhat familiar with state medical boards) during March–May 2021. The work was overseen by the project directors and authors of this report, Carol Cronin, Executive Director of the Informed Patient Institute, and Lisa McGiffert, Board President, Patient Safety Action Network. Both directed similar work published in 2016.^{15,16}

Thirty-eight states had websites with information about both medical and osteopathic doctors, while 13 states (26 websites) had separate boards and websites for medical doctors and osteopathic doctors.¹⁷ Throughout this report, we generally refer to medical and osteopathic boards as “medical boards.” A list of these medical boards is available in **Appendix A**.

Building on the 2016 report analyzing medical board websites, reviewers looked for information on 23 questions in the following categories:

- General Information (mission, homepage design)
- Physician Profile information
- Information for the public on submitting complaints
- Public participation and annual reports

The list of survey questions is available in **Appendix B**.

Volunteer reviewers attended a training session in which they were given an overview of the project and briefed on each of the topics covered in the questions. They received guidance on how to find a physician with a board action by selecting a name(s) from a list of board orders, a board newsletter, or other methods in order to review a Physician Profile with disciplinary actions on it. Volunteers were instructed to review the sites as any member of the public would rather than as researchers who might dive deep into the site. Once the reviews were complete, the project directors reviewed and cleaned the data—filling in any blanks and verifying responses for consistency of interpretation.

The data was then sent to each state medical and osteopathic board to confirm and clarify the information. Information was sent to the Executive Director of the board, as well as one other contact whenever possible. If bounce-backs occurred, e-mails were corrected, and the information was re-sent. Each state was asked to submit any corrections or additional information, accompanied by proof of the change (such as a URL linking to the correct information). States were told that if they didn't respond to the request, information would be published “as is.” We also advised that the project directors reserved the right to make final decisions about the reviews (for

¹⁵ <https://www.informedpatientinstitute.org/Seeking Doctor Information Online.pdf>

¹⁶ <https://www.consumerreports.org/doctors-hospitals/can-you-rely-on-your-state-medical-board/>

¹⁷ One state, New Mexico, combined their medical and osteopathic boards during the time period of our review and that was the site we reviewed.

example, if information can only be found by digging through long legal documents, we would disagree that it is easily publicly available).

The states were given three weeks to respond, with a follow-up reminder sent one week prior to the due date. If no response was received from the state, we included and scored the board's website based on the information in our review. Thirty-five of the 64 boards responded to our request. The project directors reviewed each board's responses and made changes when appropriate. We acknowledge that states constantly redesign web pages so these findings may not reflect a state's current site.

Scoring of the state medical board websites focused on the 16 questions dealing with the Physician Profile, as the completeness of this resource is key to fully informing the public about a doctor's license. Each of the questions was ranked equally so the ranking was based on the number of "Yes" answers for these questions divided by 16.

Survey results for the Physician Profile questions are in **Appendix C**, and results for the other questions are in **Appendix D**. **Appendix E** lists the mission statements our reviewers found for the medical boards.

Findings

Barriers to searching for information about doctors

The basic function of any informational website is to help a user locate information of interest. When someone is looking for doctor information on a state medical board website, it should be easy to find complete and current information about the status of a doctor's license. We looked for a well-labeled and intuitive set of steps that the public would understand and that would allow a user to quickly navigate to information about a specific doctor.

We found that every state board website directed users to a search page where they could enter the name of a physician of interest. But states varied in how easy it was to find that search page and the number of steps needed to submit the form to locate information about a physician.

When the user first arrives at a medical board homepage, states provide some type of pathway for the public to find out information about their doctor by using buttons, headings, tabs and other search aides to draw attention to where to begin the search. Some states include that information in a "Consumer" section of their site that orients the public to information of interest. However, other states' sites left our reviewers confused about where to start. One reviewer noted of the Pennsylvania site, "Oh it is like weeds in a jungle." Another was frustrated by Hawaii's referral to DocInfo to find out information about a doctor,¹⁸ which then referred back to the state website for more information, creating frustration and extra work.

New York state created a challenge for our reviewer who needed to check three separate websites (in part because state regulation of physicians is split between agencies).^{19,20,21} We based our rankings on New York's stand-alone Physician Profile which was quite comprehensive. However, as on other states' sites, it was unclear which information was self-reported by the doctor and which was official information from the state. New York state law mandates that doctors must report certain information to the state that will appear on the Physician Profile.²² Doctors who do not accurately report information for their Physician Profile could be found guilty of professional misconduct. However, the public has no way of knowing how often such actions are taken. Further, the Profile did not include direct links to other important information about the work of the medical board.

Barriers we encountered in locating a page to search for doctors included:

- Putting the search link for doctors at the end of long lists of topics, requiring an excessive amount of scrolling

¹⁸ <https://cca.hawaii.gov/pvl/boards/medical/>

¹⁹ <https://www.nydoctorprofile.com/NYPublic/>

²⁰ <http://www.op.nysed.gov/prof/med/>

²¹ <https://www.health.ny.gov/professionals/doctors/conduct/>

²² <https://www.nysenate.gov/legislation/laws/PBH/2995-A>

- Having two different ways to search for doctors that are labeled differently (i.e. Physician Profile and Verify a License) with no explanation of how they are different.
- Not differentiating information for consumers from information for physicians
- Requiring multiple clicks to get to the search function
- Overwhelming users with many topics

Another issue noted by many reviewers was the wording used to direct people to the search function. Many sites use consumer friendly terms such as:

- Search for a doctor
- Look up a doctor
- Check up on your doctor’s license
- Physician profile
- Physician search

Some sites, however, used terms like “License verification” or “Verify a license.” While these words are familiar within the health professional board world, they are not familiar to the general public. Consumers coming to the site are looking for information about a physician and don’t necessarily think that they are “verifying a license.” One of our reviewers wondered, for example, if they needed a license to review the material.

As shown in Figure 1 at the right, Oklahoma linked the terms “Doctor” and “Licensee” together, helping the user understand the connection between these phrases.²³

The medical board websites of many states offered search functions that included a variety of health professionals in addition to doctors, such as physician assistants or anesthesiologist assistants. In other states, the database and search functions included dozens of non-health or medical occupations such as “Big Game Guides and Transporters” in Alaska,²⁴ “Landscape Architects” in Delaware,²⁵ and “Auctioneers” in Illinois.²⁶ Websites that covered many health and non-health professions created several problems for users searching for physicians:

- They are faced with the unfamiliar term “licensee” or “professional” that now applies to many other occupations.



Figure 1: Oklahoma webpage linking the terms “Doctor” and “Licensee” to aid the user

²³ <https://www.okmedicalboard.org/>

²⁴ <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/StateMedicalBoard/ProfessionalLicenseSearch.aspx>

²⁵ https://delpros.delaware.gov/OH_VerifyLicense

²⁶ <https://online-dfpr.micropact.com/Lookup/LicenseLookup.aspx>

- When they arrive at the search function, they are faced with an intimidating list of professions to choose from.

Even on sites where the board’s search function only included health professionals, users may need to choose between unfamiliar types of physicians among a long list. For example, the Utah medical board had a site that that was graphically well-designed and prominently featured the question “Is My Professional Licensed?” and in smaller print “Click here to verify whether your professional is licensed and whether they have any disciplinary actions against them.” However, none of these words told the reviewer that this site included information about doctors.²⁷ Clicking on the search link on the site led to the following confusing list of types of physicians to choose from:

- Physician & Surgeon
- Physician Educator CS
- Physician Educator Type I
- Physician Educator Type II
- Physician Online Prescriber
- Physician/Surgeon CS
- Temp Physician/Surgeon Cont Substance
- Temporary Physician & Surgeon
- Volunteer Physician & Surgeon
- Volunteer Physician/Surgeon CS

Some states that provided information on many different occupations found remedies and shortcuts to help users more quickly get to information about physicians. For example, the California medical board created a “Quick Physician Name Search” on its homepage that links to a multi-agency form with pre-populated information.²⁸ All the reviewer had to do is put in the last name of the physician to begin their search of medical board information. We are aware that the California medical board advocated for such a quick search, while the state’s board that oversees osteopathic doctors did not. Searching for a DO in California requires wading through a list of many professional types to find “Osteopathic Physician and Surgeon” before entering a name for a search.²⁹

The Maine medical and osteopathic boards also pre-populated their drop down menu search bar with the words “Medicine” and “Osteopathic License” so the reviewer didn’t need to search through many occupations.^{30,31} Maryland sent us directly to a search function where we entered the name of a practitioner, eliminating the need to navigate a drop-down menu.³²

²⁷ <https://dopl.utah.gov/>

²⁸ <https://www.mbc.ca.gov/>

²⁹ <https://search.dca.ca.gov/>

³⁰ <https://www.pfr.maine.gov/ALMSOnline/ALMSQuery/SearchIndividual.aspx?Board=376>

³¹ <https://www.pfr.maine.gov/ALMSOnline/ALMSQuery/SearchIndividual.aspx?Board=383>

³² <https://www.mbp.state.md.us/bpqapp/>

Finally, some medical board websites created barriers such as security codes that needed to be entered before one got to the information of interest. For users researching several doctors, it can be frustrating and time consuming to repeatedly enter codes for each doctor search. Other sites used a simpler process of security with an “I am not a robot” button to check before getting to the results.

While we understand that state medical and osteopathic boards face financial constraints, security concerns, technical limitations, and other issues, state medical boards are governmental entities that have a responsibility to provide easily accessible public information about the doctors they regulate. Some states make it easy, many do not.

Physician Profile information

The Physician Profile is the most important section of any board’s website for informing the public about doctors, which is why it was the focus of our state rankings. Profiles should be a one-stop place for all public information the board holds about each physician it licenses so users don’t need to search in multiple places throughout the website. The Profile page might have links to other site locations, but it should feel seamless to the user. With only a few clicks, one should be able to learn about a doctor’s full history of disciplinary actions as well as information about malpractice payouts, hospital actions, criminal convictions and actions by federal agencies.

Medical boards should officially collect this type of information in each doctors’ licensing record and should make it publicly available on the Physician Profile. Some states leave it up to the physicians to self-report or have laws that require them to self-report certain information, which can make it difficult for the public to trust that they are getting the full picture of a doctor’s history. If the board holds the information, the board should be responsible for reporting it to the public in a timely manner.

This report provides details about how well states did in providing a range of information for the public on their Profiles.

Complaints against doctors

No medical or osteopathic board website in the country included one piece of critical information for the public: the number and type of complaints received about a doctor. It is noteworthy when a member of the public or a fellow health professional takes the time and effort to file a complaint about a physician. The FSMB survey found that most Americans (51 percent) don’t even know that medical boards are responsible for licensing and regulating doctors.³³ They also found that nearly one in five (18%) had “experienced an interaction with a physician who they believe was acting unethically, unprofessionally, or providing substandard care.” Only one-third (33%) of those reported the interaction or filed a complaint against the doctor. And

³³ <https://www.fsmb.org/advocacy/news-releases/national-survey-indicates-majority-of-physician-misconduct-goes-unreported/>

among those who did file a complaint against the physician, only one-third (34%) “took their complaint” to the medical board. Thus, it is important to recognize that filing a complaint is not an easy undertaking and should be given some weight when assessing a doctor’s record. A doctor with many complaints would be particularly concerning to the public and to the health profession.

Several states indicated in their verification comments that, by law, this was confidential information and that only complaints leading to official board actions were publicly available within finalized board orders. However, we know from information on some medical board websites that most complaints do not lead to board actions and therefore there is no public record at all about their existence. For example:

- The California medical board received more than 10,000 complaints each year since 2017, yet fewer than 700 cases were referred for action in the last two fiscal years. Of the 6,526 complaints received from the public recently (2019-2020), the two biggest categories of complaints involved Gross Negligence/Incompetence/Quality of Care (3,808 of the complaints) and Unprofessional Conduct (1,154 complaints).³⁴ These are not frivolous complaint categories.
- The North Carolina medical board noted on their website: “Only about one percent of the 1,200 complaints received annually result in public action being taken against the provider’s license.”³⁵
- The New Hampshire board indicated in their Annual Report they received 233 complaints in FY20 and dismissed 220.³⁶

We know from recent national news coverage of high-profile cases that many cases take years before there is board action. For example, the cases of Dr. Christopher Duntsch in Texas,³⁷ Dr. Larry Nasser in Michigan,³⁸ Dr. Richard Strauss in Ohio,³⁹ Dr. George Tyndall in California,⁴⁰ and Dr. Ricardo Cruciani in New York⁴¹ all raise questions in the public’s mind about how many complaints were received before the boards finally took official action to protect patients from doctors who repeatedly harmed their patients.

We understand that perceived legal limitations, board resources, due process rights for health professionals, and other barriers often prevent boards from acting swiftly and that final board action can take years to complete. This is the very reason that complaint information should be available—to provide signals to the public about

³⁴ <https://www.mbc.ca.gov/Download/Reports/Annual-Report-2019-2020.pdf>

³⁵ <https://www.ncmedboard.org/resources-information/faqs/complaints>

³⁶ <https://www.oplc.nh.gov/sites/g/files/ehbemt441/files/inline-documents/sonh/2020-oplc-annual-report.pdf>

³⁷ <https://www.propublica.org/article/dr-death-christopher-duntsch-a-surgeon-so-bad-it-was-criminal>

³⁸ <https://statenews.com/article/2021/01/a-timeline-of-nassars-abuse-charges-and-michigan-states-response>

³⁹ <https://governor.ohio.gov/wps/portal/gov/governor/media/news-and-media/083019>

⁴⁰ <https://www.npr.org/2019/09/10/759623148/ex-usc-doctor-accused-of-sexually-abusing-hundreds-of-women-surrenders-medical-l>

⁴¹ <https://www.nytimes.com/2021/10/20/health/ricardo-cruciani-federal-charges.html>

physicians of concern. Since most boards categorize complaints (such as gross negligence, standard of care violations, and unprofessional conduct), the number of complaints in serious categories that involve patient care could easily be included on each Physician's Profile.

We recognize that changes in this area may require state legislative action. Given that state medical boards regularly interact with state legislatures, we call on them, acting on their mission to protect the public, to proactively support increased transparency.

Board disciplinary actions

Disciplinary action information is the most important information unique to each physician that medical boards provide to the public. It indicates that a doctor has violated the conditions of their license or failed to meet the standard of care for their patients. According to the FSMB, in 2017 (which is the last year for which we could find national information), there were 8,813 state medical board actions that resulted in 4,081 physicians being disciplined.⁴²

The process for disciplining doctors varies from state to state but often starts with a complaint from the public, health professionals or other entities. Board staff, sometimes working with other state agencies such as the Attorney General's office, decide whether to act on the complaint based on the law. If they investigate and find evidence of unprofessional, improper, or incompetent medical practice, they follow a process that generally begins with a "charge" or "accusation" (the alleged offense committed by the doctor) followed by a series of meetings and hearings if the case moves forward. If the board finds that the doctor has violated the law, they can take disciplinary action against the doctor's license. The particular type of action taken is typically negotiated between physicians, their attorneys, and the board; they rarely include the patient who filed the complaint. These actions include suspension or revocation of a doctor's license, probation, sending a letter of concern (or reprimand), collecting a fine, or imposing supervision or educational requirements on the doctor. The description of the process and outcome against a doctor is generally written up in a legal document called a "board order."

Providing information about disciplinary actions

Individual Physician Profiles should clearly indicate the history of all actions taken against a particular doctor, including the reasons they were disciplined. Our research indicated that in 2021 all state medical board websites indicated disciplinary actions on their Physician Profile. This was a significant positive change from our 2016 evaluation when we found a number of states did not include this fundamental piece of public information on the Physician Profile. However, it is often unclear whether the Profile includes *all disciplinary actions that were ever taken by the board*, because some states may remove actions from their websites after certain conditions are met, after a certain amount of time has passed, or for other reasons.

⁴² <https://www.fsmb.org/siteassets/advocacy/publications/us-medical-regulatory-trends-actions.pdf>, page 19

Some states provide information early in the search process about whether a doctor may not be meeting an acceptable standard of care. In some cases, when our reviewers entered a doctor's name into the search function and a list of names was returned, the license status of each doctor (such as "active", "suspended", "revoked") was included with the name. This provided an early signal that the user may want to learn more about a doctor. For example, after we put in a name to search on the Connecticut board website search, the resulting list included the "Status" of each physician with that last name (Active or Inactive) and the "Status Reason" such as "On Probation" or "Lapsed Due to Non-Renewal" or "Current."⁴³ The user could then click on the Profile to learn more.

Once a user navigates to a Physician Profile, it is important for boards to again clearly signal the status of a doctor's license. The Maine medical board, for example, put a statement in red at the top of their Profile indicating when a doctor has been the subject of board disciplinary action.⁴⁴ They then directed the reviewer to the details below it in the Physician Profile.

Providing links to the board's legal documents

Most board websites (81%) provided a direct link to the legal documents on the Profile page of those physicians who had actions. These documents, sometimes called board orders, usually included details of what the physician did, including information about the complaints filed, legal accusations, and how the board responded. Although the legal language used in these orders is often daunting for the average person to understand, making them easily available is fundamental to full public transparency.

Some sites provided information about legal documents related to board actions in places other than the Physician Profile. For example, some had a separate section of their website that listed "Board Actions" while others included the information in newsletters on the site. California provided access in several ways—under "Public Document Lookup" on the homepage⁴⁵ as well as direct links on the Profile page.

Other sites made it more difficult to find the legal information. For example, the Vermont and Louisiana medical boards included information about board orders on their Physician Profiles, but the reviewer then had to go to another part of the website to hunt for it. Arkansas required users to email the agency to request a copy of a board order. Other states, including Hawaii, Illinois, Indiana, Oklahoma Osteopathic, Rhode Island and Vermont Osteopathic, did not include links to board orders on their Profiles. New Mexico's board did not consistently provide links to board orders for osteopathic doctors, even after completion of the merger of the state's two boards overseeing doctors.

⁴³ <https://www.elicense.ct.gov/Lookup/LicenseLookup.aspx>

⁴⁴ The Maine statement is "One or more of the licenses listed below were subject to license/disciplinary action. Details regarding each action and whether any requirements imposed have been completed can be found below under the affected license." The search page is at <https://www.pfr.maine.gov/ALMSOnline/ALMSQuery/SearchIndividual.aspx>

⁴⁵ <https://www.mbc.ca.gov/>

Information about what the doctor did

Medical boards take action against physicians for many reasons, such as failing to comply with an administrative requirement, overprescribing medications, sexual misconduct with a patient, or preventable harm to a patient during surgery. We asked our reviewers to look for information about what the doctor did to trigger an investigation and action by the board. We found that 88% of state medical board websites did include information about what the doctor did either on the profile, in legal documents linked to the profile, or in both places. In some cases, this information was on the Physician Profile, in most cases it was included in legal documents linked from the Profile.

Many boards cited general reasons such as “failure to maintain a standard of care”. Others were more specific. For example, two Maine medical board Physician Profiles noted “Communication issues/disruptive behavior” as the reason for disciplinary action, while two North Dakota Physician Profiles indicated “Habitual use of alcohol”.^{46,47} Screen captures from these profiles are shown in Figure 2.

Basis for Action (1 record) hide

Description

Communication issues/disruptive behavior
Incompetent practice: engaging in conduct evidence lack of knowledge, principle, or skills to carry out the practice for which licensed

Action Details (3 records) hide

Description	Value
Probation of License	03/12/2021
Reprimand or Censure	03/12/2021
Suspension of License	03/17/2021 to 03/31/2021

Basis for Action (1 record) hide

Description

Communication issues/disruptive behavior
Unprofessional conduct: Violation of any standard of professional behavior established for the practice in which licensed. Ethics or morality substandard.

Action Details (2 records) hide

Description	Value
Suspension of License	10/15/2020
Warning	08/14/2020

Discipline History

The Summary of Action and the link to the Public Disciplinary Documents are available from 2012 forward. If "Yes" is indicated in the Discipline column below and there is no Summary of Action or Public Disciplinary Documents provided, please contact the board to obtain the public disciplinary documents prior to 2012.

Discipline	Summary of Action	Public Disciplinary Documents
Yes	3-27-19: Formal Complaint issued. Violations of NDPHP monitoring agreement. 4-22-19 Stipulation entered. 7-19-19: Order entered. 10-15-19: Respondent entered into a Stipulation and Non-Practice Agreement.	03272020 07192019
	12-10-19: Formal Complaint issued for engaging in the habitual use of alcohol. 1-7-20: Stipulation entered. 3-27-20: Order entered - License revoked.	

Discipline History

The Summary of Action and the link to the Public Disciplinary Documents are available from 2012 forward. If "Yes" is indicated in the Discipline column below and there is no Summary of Action or Public Disciplinary Documents provided, please contact the board to obtain the public disciplinary documents prior to 2012.

Discipline	Summary of Action	Public Disciplinary Documents
Yes	02/10/2020 Non-practice agreement entered. Habitual use of alcohol.	07242020 02102020
	6-25-20: Stipulation entered. 7-24-20: Order entered. Respondent must participate in the NDPHP for a minimum of five (5) years.	

Figure 2: Examples of portions of Physician Profiles from Maine and North Dakota giving specific reasons for board actions.

⁴⁶ <https://www.pfr.maine.gov/ALMSOnline/ALMSQuery/SearchIndividual.aspx>

⁴⁷ https://www.ndbom.org/public/find_verify/verify.asp

Plain English summary of board actions

In addition to providing links to the actual legal documents that include information about what the doctor did, it is critical for Physician Profiles to include a short summary in plain English that describes what the doctor was accused of and the action taken by the board. Most people will not have the time or capacity to read lengthy legal documents to find this information. Only 14 (22%) of the state medical board Profiles we reviewed included a plain English summary of this information. For example, the Missouri board gave the following detailed summary:

Every Physician Profile should include a plain English summary that “tells the story” of what the physician did to cause the board to take action, including dates. Summaries should minimize the use of legal jargon and give enough detail for the reader to understand the context of the board’s actions.

Licensee is publicly reprimanded for performing two excessive spine surgeries and placed on four (4) years probation. Licensee must use Board-mandated form of informed consent in all spine surgeries involving instrumentation and/or fusion and make designated reports to Board of any ongoing problems. The Board found cause to discipline licensee, a neurosurgeon, for performing two excessive spine surgeries on two separate patients and for failure to secure adequate informed consent from patient due to failure to outline less invasive surgical options to patient, based on repeated negligence, unprofessional conduct and conduct dangerous to the patient.

And an example from a New Jersey Physician Profile page:

CONSENT ORDER filed December 13, 2019: Following her satisfactory compliance with the terms of an October 26, 2015 Interim Consent Order instigated by concerns over her CDS prescribing, [Dr. C] and the Board entered into a Final Consent Order on August 27, 2017. [Dr. C] was reprimanded and agreed to, among other things, no longer offer long-term pain management and/or addiction treatment. Further investigation into [Dr C’s] practice triggered by a May 9, 2018 consumer complaint revealed evidence of noncompliance with the Final Consent Order insofar as she continued treating at least five patients’ long-term pain complaints with Schedule IV CDS, and providing Vivitrol-based addiction treatment. Without making any admissions and denying the Board’s findings, [Dr. C] entered into a subsequent Consent Order with the Board on December 13, 2019, whereupon she agreed to a one-year suspension of her license, with six months served as an active suspension, and the remaining six months as a period of probation; a one-year prohibition on CS prescribing; a bar on long-term pain management and/or addiction treatment; medical ethics course work; a \$20,000 civil penalty; and costs totaling \$20,775. EFFECTIVE DATE: November 2, 2019.

Using a different approach to providing this information to the public, the Iowa board provided a link on the Physician Profile to a press release that included a plain English description of what happened and what action the Board took regarding disciplined doctors. This gave the researcher an easy path directly from the Profile to understand the disciplinary action taken against the doctor. Even better would be if that summary was on the Physician Profile.

Board actions in other states

Eighteen (28%) of the Profiles on medical board websites provided information about actions taken in other states against a doctor, while most states did not. This is particularly important as a recent report by the FSMB noted that almost a quarter (23%) of physicians hold two or more active licenses.⁴⁸ This type of information is even more important to the public since the onset of the COVID-19 pandemic. According to the National Conference of State Legislatures, states have modified licensure laws by opening up reciprocity to allow health professionals, including doctors, to offer services across state lines. Some are issuing temporary or emergency licenses with limited review to speed up the process.⁴⁹

Without multi-state information on Physician Profiles, the public faces hurdles to finding actions against physicians taken by multiple state medical boards. Information about a physician's disciplinary record in any state in which they are licensed is available on FSMB's DocInfo, but as previously noted DocInfo often requires users to navigate to individual state website to find information about the action. Information about actions across multiple states is available in the NPDB, but the public does not currently have access to the NPDB.

Medical malpractice information

Medical malpractice information was not commonly available on state medical board Physician Profiles. This is another important piece of information for the public to have when evaluating their physicians. Only about a third (36%) of Physician Profiles had any information about malpractice settlements or judgments. Those that did varied in the degree to which they provided complete information.

If medical malpractice information is available to the state medical boards, it should be available to the public. State laws that limit publication of this information should be changed.

For the states that included some type of information about medical malpractice settlements or judgments, few provided detailed information:

- Seven state medical boards (11%) provided *all* medical malpractice payouts/settlements.
- Four (6%) provided the *exact amounts* of the malpractice payouts/settlements

Only one agency, the Nevada medical board, included all of the medical malpractice information we were looking for — all medical malpractice payouts/settlements and the exact amounts of each one. More often, state Profiles included limited malpractice information such as only recent cases (New Jersey: most recent 5 years), those above a specified dollar amount (California over \$30,000 and Florida/medical over \$100,000), or those that had a certain number of cases within a particular time frame (Maryland: three or more settlements of over \$150,000 or greater in the past five years). Some left it up to the physicians to self-report their malpractice record

⁴⁸ <https://www.fsmb.org/siteassets/advocacy/publications/fsmb-current-annual-report.pdf>, page 21

⁴⁹ <https://www.ncsl.org/research/labor-and-employment/covid-19-occupational-licensing-in-public-emergencies.aspx>

(Washington, DC). Some listed the amounts of malpractice payouts as “medium” (Rhode Island) or “average” (Virginia) rather than a specific dollar value.⁵⁰

Several states had long disclaimers for users seemingly designed to discourage or limit the impact of the malpractice information by suggesting the information was not connected to quality of care. A typical example of this on the Tennessee medical and osteopathic boards Physician Profiles:⁵¹

When considering malpractice data, please keep in mind:

- *Malpractice histories tend to vary by specialty. Some specialties are more likely than others to be the subject of litigation. This report compares doctors only to the members of their specialty, not to all doctors, in order to make individual doctor’s history more meaningful.*
- *The incident causing the malpractice claim may have happened years before a payment is finally made. Sometimes, it takes a long time for a malpractice lawsuit to move through the legal system.*
- *Some doctors work primarily with high risk patients. These doctors may have malpractice histories that are higher than average because they specialize in cases or patients who are at very high risk for problems.*
- *Settlement of a claim may occur for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the provider. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.*

You may wish to discuss information provided in this report, and malpractice generally, with your doctor. The Department can refer you to other articles on this subject.

We noticed that for the state of Georgia, there was information on the “Look up a Licensee” page about a 2011 state law that required the board to disclose on the Physician Profile whether a physician carried medical malpractice insurance.⁵² Ten years later this had not been implemented. Instead they rely on a work-around by providing a large document to download that lists self-reported medical malpractice coverage for all physicians.

Several boards noted in the verification process that state law dictated the availability and completeness of malpractice information that they could provide to the public. Other states appear to leave it up to the physicians to report their own medical malpractice history. Obtaining medical malpractice information should not be onerous for medical boards. They can get it from the NPDB. Also, some state laws require the collection of malpractice “closed claims” information from malpractice

⁵⁰ Our researchers found this information in various places: stated in the Physician Profile, explained in an FAQ about information in the Physician Profile, and in the state laws.

⁵¹ <https://apps.health.tn.gov/Licensure/default.aspx>
<https://apps.health.tn.gov/Licensure/default.aspx>

⁵² <https://medicalboard.georgia.gov/look-licensee>

insurers (including Florida, Illinois, Maine, Massachusetts, Missouri, Nevada, Texas, and Washington),^{53,54} which would presumably be available to medical boards.

Details about civil cases, including malpractice, are often publicly available at local courthouses — though searching for information about a specific doctor would be challenging for most people. The California medical board advises that “...malpractice cases that result in settlement are not reflected unless specific criteria are met. You also can check with the county courthouse to research whether civil lawsuits for medical malpractice have been filed against a doctor.”⁵⁵ And the Louisiana board’s verification note to us stated “the public is able to search court records to determine if someone has been sued.”

The Massachusetts board articulated the tension between concerns about revealing malpractice settlements and the public’s right to know:

*Some studies have shown that there is no significant correlation between malpractice history and a physician’s competence. At the same time, the Board believes that consumers should have access to malpractice information. In these profiles, the Board has given you information about both the malpractice history of the physicians currently practicing in Massachusetts in that physician’s specialty and the individual physician’s history of payments. The Board has placed payment amounts for these physicians into three statistical categories: below average, average, and above average, based on the payments made by physicians currently practicing in Massachusetts in the physician’s specialty.*⁵⁶

Other types of disciplinary information on physician profiles

There are a variety of types of important information included by some states on their Physician Profiles:

- Hospital disciplinary actions
- Federal disciplinary actions
- Convictions unrelated to the practice of medicine

Each of these actions is a potential red flag to the public about a doctor they are seeing, or are thinking about seeing, and they may want to learn more. The NPBD has this information and state medical boards can access this information through queries. However, the NPDB data is not available to the public.

Hospital disciplinary actions: Most doctors have privileges to practice — to treat their patients — at certain hospitals. Many states require hospitals to report to the medical board if they take certain actions to limit a doctor’s ability to practice. These actions are also required to be reported to the NPDB. Our review of medical board websites found that only 16 (25%) of state medical boards had this information on

⁵³ <https://bjs.ojp.gov/content/pub/pdf/mmicss04.pdf>

⁵⁴ <https://www.insurance.wa.gov/sites/default/files/2020-09/2020-medical-malpractice-annual-report.pdf>

⁵⁵ <https://www.mbc.ca.gov/FAQs/?cat=Consumer&topic=Complaint: Public Disclosure>

⁵⁶ <http://profiles.ehs.state.ma.us/ProfilesV3/>. Statement appears on Profile page of physicians with malpractice payments.

their Physician Profile. It is particularly important for patients scheduling a hospital procedure to know if their doctor's privileges are in good standing.

Federal disciplinary actions: Federal agencies such as the Center for Medicare and Medicaid Services (CMS), the Food and Drug Administration (FDA), and the Drug Enforcement Agency (DEA) can take action against doctors for a variety of conduct including fraud, patient abuse and drug-related crimes.⁵⁷ The Office of Inspector General (OIG) of the US Department of Health and Human Services has the authority to exclude doctors from federally funded health care programs such as Medicare and Medicaid.⁵⁸ These agencies maintain federal websites available to the public that include information about excluded or debarred doctors. In addition, states also maintain information about physicians excluded from their state Medicaid programs, though we did not look for that in our survey. Only six states (9%) included federal disciplinary actions on their Physician Profiles. While people could try to track down this information about their doctor on numerous federal websites, it would be most helpful to find it on their doctor's Profile.

Convictions unrelated to the practice of medicine: Twenty-three (36%) state medical board websites included information on their Physician Profile about convictions such as Driving Under the Influence (DUI), drug crimes, sexual crimes, and other serious crimes. Almost all states require a criminal background check, at least as a condition of initial medical licensure.⁵⁹ After the initial check many states rely on self-reporting by the doctor.

Some examples of information provided in the Profiles:

- The Virginia Physician Profile included a section titled: "Felony Convictions"⁶⁰
- Minnesota included "Criminal Convictions" and noted that the information is self-reported⁶¹
- Kansas included several pieces of information on their Profile indicating: "Other Public License Actions, DEA Actions, Criminal Actions and Miscellaneous Information"⁶²
- North Carolina included a Section on Misdemeanor/DUI/DWI Information and a separate section for Felony Conviction Information⁶³

Timeliness of information

There were two ways that we assessed the issue of timeliness in the review of medical board websites. We were interested in whether the Physician Profile indicated when the information about the physician was last updated so that a user could judge how current the information is. We also looked for information anywhere on the site that indicated how long actions against physicians were kept

⁵⁷ https://www.dea.gov/divisions/crim_admin_actions/index.html

⁵⁸ <https://oig.hhs.gov/exclusions/background.asp>

⁵⁹ <http://www.fsmb.org/siteassets/advocacy/key-issues/criminal-background-checks-by-state2.pdf>

⁶⁰ <http://www.vahealthprovider.com/search.asp>

⁶¹ <https://mn.gov/boards/medical-practice/licensing/verification/>

⁶² <http://www.ksbha.org/searchdisclaimer.shtml>

⁶³ <https://portal.ncmedboard.org/verification/search.aspx>

on the Physician Profile. These types of information are important for the public to know whether they were seeing complete information about a physician — or only a subset of it.

Information last updated: We found that websites offered information about updating the Profiles in numerous ways. Although slightly over a third of state medical board websites (36%) indicated when information on the Profile was last updated, it was difficult to determine if the information was accurate and current.

Vermont’s medical board website included the statement “The information on the profile is continuously updated and reflects the information in the Board’s files.” The North Carolina board noted at the bottom of the Profile: “Information loaded from this database is current as of [the current Date/Time].”

When our researchers looked at some states’ Profiles they saw only a “date stamp” that coincided with the time and date they viewed the information. We found this to be misleading without more information. Perhaps it was only an indication of the current date and time or it could have meant the webpage was generated from data in the database when the reviewer performed the search. Several boards indicated the latter was the case in our verification process, but they did not explicitly state so on the Profile.

Some states included “Last Update” dates for certain parts of their Profile. For example, New Jersey included a last-updated date only on information provided by the physician about their practice, such as their office location, languages spoken, and health plan affiliation.⁶⁴

Several states included update times on the Profile, but it was not obvious to our reviewers. For example, the Washington, DC board noted “updated on a daily basis” at the end of a long disclaimer at the very bottom of the Profile page. Alabama, noted in the overview of their licensee search process, that information was updated in “real time” - we doubted that users would see this note and we were not certain what it meant.

History of board actions: Our reviewers looked to see if boards indicated anywhere on their site how long disciplinary records were kept on the Physician Profile. They found that 30 state medical board websites (47%) provided that information.

Some sites noted that they limited online access to disciplinary actions from the past 10 years (Florida medical board, Maryland, New Jersey, Rhode Island, and Tennessee osteopathic board). Others only included information after a certain year (such as after 2012 in North Dakota, 1998 in Washington medical and osteopathic boards, 1996 in Montana, and 1990 in Illinois.) The Alaska website indicated that users needed to contact the board for “historical license actions,” however, elsewhere on the site was a scanned list of board actions from 1985 to 1997 and another list of 1997 to present actions. These lists did not include links to orders, so we assumed one would have to ask for those. Kentucky only displays “current orders” — previous actions are noted but information about those actions can only be obtained by submitting a written request. Thus, when a physician completes the requirements of

⁶⁴ <https://www.njdoctorlist.com/NJPublic/>

an order, such as probation for a certain number of years for a serious violation of a standard of care, the history of that discipline disappears from the website profile. This essentially erases multiple, repeated problems a physician may have had.

Some sites were silent on how far back their disciplinary records were available, but clearly had old records either on a Profile we reviewed (Wyoming) or on pages separate from the Profile; we saw information from as far back as 1972 (Louisiana). Several responses by medical board staff to our verification request (Kansas, Nevada medical and osteopathic boards, Ohio and Oregon) stated they kept these disciplinary records online “indefinitely,” but their website did not tell this to the public. While we commend those boards that provided a full history electronically, if it is available somewhere on the website, links to this history of board orders should also be on the Profile page. The public should not have to hunt for older orders that would reveal the entire license history.

Results of scoring Physician Profiles

We ranked state medical board websites based on meeting the 16 criteria related to public information provided in the Physician Profiles. The top scorers had 12 out of the 16 of the criteria we were looking for, while the lowest state score had only two out of the 16 criteria. Figure 3 on the next page displays the ranked scores.

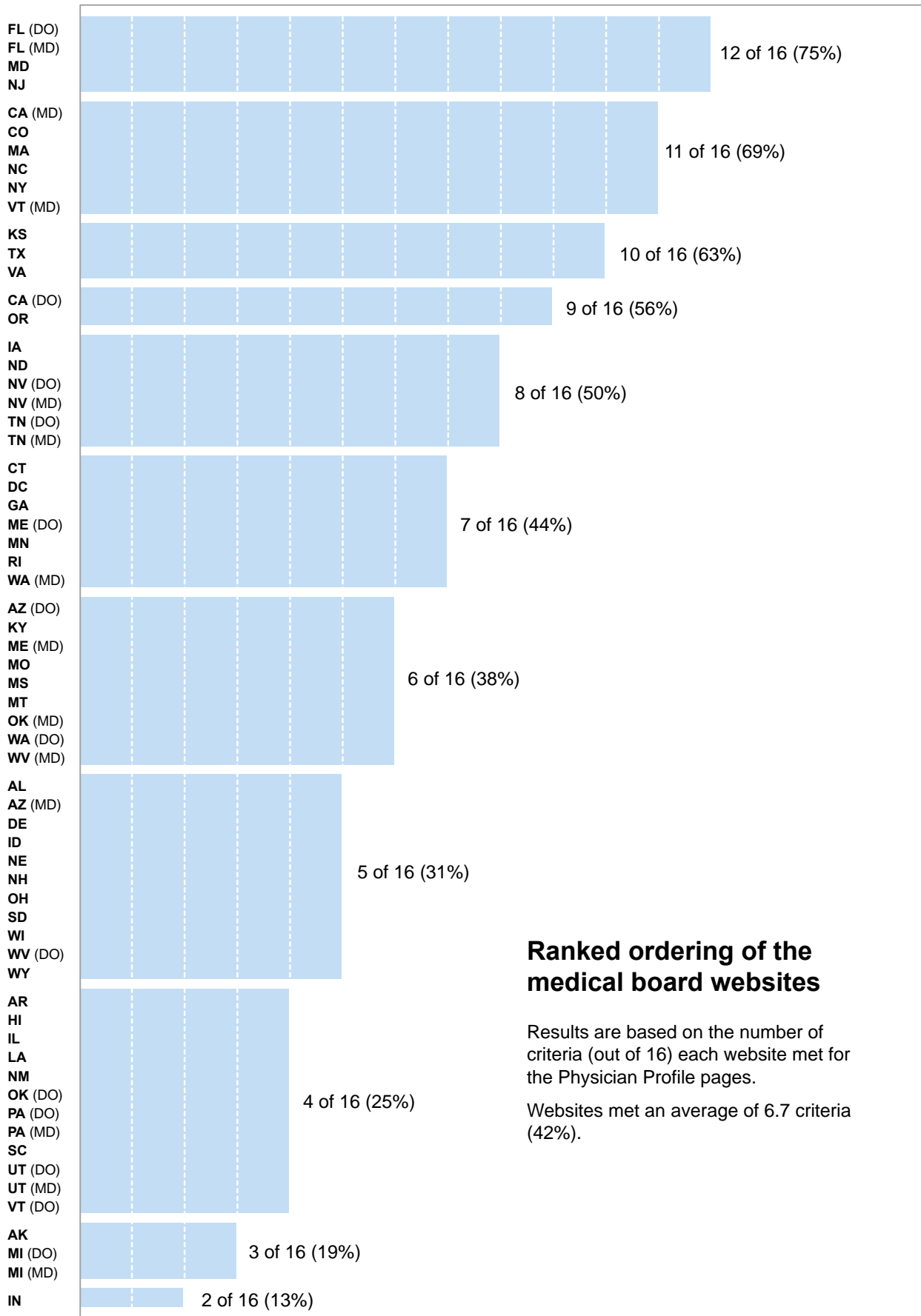


Figure 3: Results of scoring the Physician Profiles on 16 criteria. All criteria were evaluated as “yes” the profile meets the criteria, or “no” it does not.

Medical board complaint process

One of the most important functions of state medical boards is to receive, investigate and act on complaints sent to them by the public and others. Medical boards depend on complaints to initiate reviews of physicians as they have limited other means to identify problem physicians.

Our reviewers found that 43 sites (67%) allowed users to file a complaint online—in many cases by completing and submitting an online form. The ability to file complaints online simplifies the process for patients. However, including all of the medical records needed to back up their complaint could be a challenge. Any online complaint process should include instructions regarding where to mail medical records to accompany the complaint. In addition, one reviewer noted that the ability to view the entire complaint form prior to working on it would be helpful—as well as the ability to print a copy of the completed form. Finally, accessibility to the complaint process for people who do not have Internet access or do not use a computer should also be considered.

We found that almost all sites (55) provided a plain English description of their complaint process. These were usually found as “Frequently-Asked Questions”, a separate web-page description of the process, a brochure or other formats describing what happens after a complaint is filed. The North Carolina medical board had a video that discussed filing a complaint that included information on the situations it cannot address through the complaint process.⁶⁵

Reviewers noted that the complaint process was hard to find on some sites—lost in long lists or requiring multiple clicks. One reviewer who tested the site got a pop-up security message that the site was not fully secure. On the other hand, a number of sites had a clearly labeled, prominently featured “File a Complaint” button that was easy to find.

In terms of other consumer friendly practices, the Maine medical board had a “Consumer Assistant” on staff to help consumers with the process. The Colorado medical board included a button on their Physician Profile that said “File Complaint.”⁶⁶ This led to a pop-up pre-populated window with information about the physician of concern in the online submission process. California has a License Alert mobile app that allows users to follow up to 16 doctors and receive information whenever their Profiles are updated.⁶⁷ Utah left nothing to the imagination on its complaint page (Figure 4).

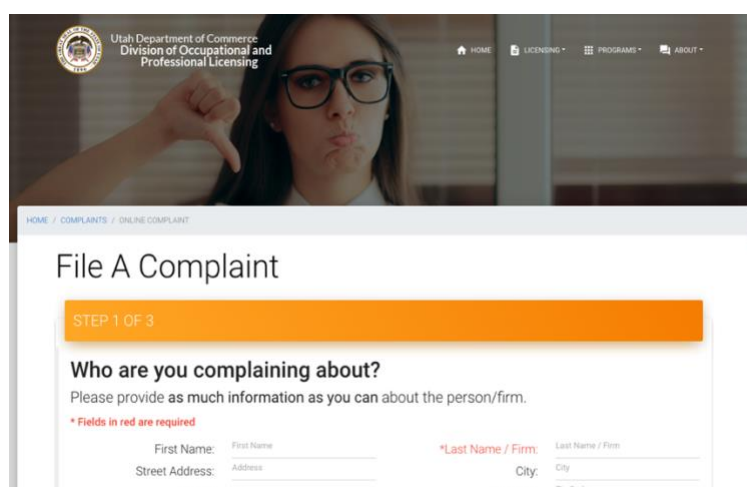


Figure 4: Design of Utah page for complaints.

⁶⁵ <https://www.ncmedboard.org/resources-information/consumer-resources/complaint-process>

⁶⁶ <https://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx>

⁶⁷ <https://www.mbc.ca.gov/License-Verification/mobile-app.aspx>

On the other hand, the Minnesota and Wyoming boards indicated that complaints must be notarized, which presented a barrier to consumers who wish to file.

We also examined whether the site indicated if consumers had to file a complaint within a certain time frame in order to have it considered by the board – generally called a “statute of limitations.” We found that only 13 sites (20%) clearly conveyed this information on their site. In the verification process with medical board staff, some said that they had no time frames listed on their website because they had no statute of limitations. If there is no statute of limitations, the website should state so.

Public participation and annual reports

We asked several questions related to the ability for the public to participate remotely by audio or video in state medical board meetings and whether those meetings were archived and publicly available. We also looked for an annual report that might give overall information about the board’s activities such as the number and type of complaints received and disciplinary cases pursued and actions taken by the board.

Remote Public Participation and Archives of Board Meetings: Given that medical boards are state-wide agencies, it may be difficult for some residents in more distant parts of a state to attend meetings of interest. We looked for evidence that members of the public could participate in board meetings remotely by audio or video. We found that 43 states (67%) seemed to allow remote participation.

Some states allowed people to view portions of the meetings, but not participate, for example during a public comment period. Ohio, for example, had a very useful “YouTube” archive of their meetings, but it was not apparent that the public could do anything other than watch the proceedings.⁶⁸ North Dakota required people to email or call staff to get a link to watch the virtual meeting, but they could not participate.⁶⁹ New Mexico allows participation but required those who want to do so to notify staff a week in advance of the meeting.⁷⁰ In many states, much of the time during the medical board meeting is in “Executive Session” which is never accessible to the public and numerous state boards had no agenda item at all for public comment, whether in person or virtual (Kansas, North Dakota, Nebraska, Ohio).⁷¹

Many boards were meeting remotely because of COVID -19 restrictions. Several states noted in their verification that remote participation was only offered during the public health emergency in the state (for example, Alabama, Louisiana, North Carolina, Virginia) while others indicated the public could participate virtually only when the meetings were held virtually (for example, Florida Medical, North Dakota, Nebraska). Given the experience with virtual participation gained during COVID,

⁶⁸ <https://www.youtube.com/c/StateMedicalBoardofOhio>

⁶⁹ https://www.ndbom.org/about/agendas_minutes.asp. Meeting agenda for 2/19/2021.

⁷⁰ Notice of Dec 16 2021 board meeting at <https://www.nmmb.state.nm.us/>, “If anyone wishes to address the Board regarding an agenda item your request must be put in writing to Samantha Breen and must be approved by the Board. Requests must be received by 3:00 pm on Wednesday, December 8, 2021.”

⁷¹ Found when our researchers reviewed numerous agendas for board meetings in these states.

we strongly encourage the practice of allowing remote participation to continue to maximize the opportunity for public participation.

We also looked for evidence that audio or video archives of board meetings were available to the public for review. We found that only 14 states provided these.

Annual Reports: Our reviewers looked for easily accessible Annual Reports that provided statistics about state medical board activities. Our volunteers found that 29 states (45%) had such a report. The reports varied in their detail—particularly about their enforcement or disciplinary activities. Some gave aggregate numbers, while others provided more detail about the type and outcome of complaints and actions taken against physicians. Since some complaints take more than a year to get to final board action, it would be helpful for these reports to include the ratio of complaints received to actions taken, by year of receipt of the complaint, including the number of cases remaining unresolved.

Discussion

State medical boards have been providing some level of information about physicians to the public online since the mid-1990s—for over 20 years. Previous work by Public Citizen in 2000, 2002, and 2006⁷² and our own work published in 2016 indicates what has changed and what has not, though exact comparisons cannot be made because of different questions and ranking methodologies.

Overall it remains too difficult for the public nationwide to find complete information about physicians on their state medical board websites. This is due both to poorly designed and confusing websites and to gaps in the types of available information. At times it seemed that some websites intentionally made finding complete information difficult, withholding information on the Profile that could easily be found elsewhere on the site. It also appeared to our reviewers that the primary audiences for many medical board websites were physicians and other health professionals. Medical boards need to evaluate the design, content, and navigation of their sites from the perspective of communicating with a public that is unfamiliar with the work and language of the boards.

There has been important progress—all states now tell the public about disciplinary actions on their Physician Profiles. This is a significant improvement since our last review in 2016 that found ten states did not include this information. Also important is the increased number of states that now include links on their Physician Profile to legal documents relating to board actions. These improvements ensure that across the nation, people can more easily access crucial information about doctors who have acted outside of the acceptable boundaries of their licenses. Unfortunately, few boards translate that information into a plain English summary on the Physician Profile, which would make these actions more understandable to the public.

However, there was little change in providing other types of information of interest to the public on Physician Profiles such as Federal actions, malpractice payouts, hospital adverse actions, convictions and information from other states where a doctor held a license. And, as we found in our previous report, no state medical board provided any information on the number or type of complaints that boards received from the public and others about a physician.

On the positive side, we found:

- More website homepages clearly indicated where to find more information about doctors - though some of the terms they used could still be confusing to the public.
- More state medical boards provided information on how long they kept actions on the physician profile.
- Most provided a way for the public to submit complaints online, with clear descriptions of their complaint process.

⁷² <https://www.citizen.org/article/state-medical-boards-websites/>

- More allowed virtual participation in their public meetings (though access may no longer be offered post COVID-19 pandemic)
- Some states have clearly invested in communicating with the public through better designed sites that are easier to use.

However, there are still areas where state medical boards could add information to clarify and be more transparent to the public:

- Indicating on the Physician Profile when information was last updated, including when this is done continually.
- Explaining whether there are time limits (i.e. statute of limitations), or none at all, for filing a complaint
- Providing easily accessible and complete Annual Reports about board activities.
- Archiving and making video/audio archives of medical board meetings accessible.

A limitation of this report is that we only looked at the state medical board websites themselves. Another important set of state medical board tasks is public outreach to increase consumer awareness of board websites and the role boards play in physician oversight by receiving and acting on complaints. Ultimately, even the best designed and most comprehensive website is not effective if no one knows about it.

We recognize that the work of state medical boards is limited by what state laws allow. And even when they have latitude, medical boards may be reluctant to do more than is explicitly allowed given powerful health and medical associations and individuals opposed to complete public transparency. We also recognize that there are costs and expertise associated with maintaining robust, user-friendly and comprehensive websites for the public and that this may not be a state or legislative priority.

Our review indicated, however, that it is possible to provide timely and more complete information about doctors in an easily accessible and user-friendly way. And some websites that we looked at five years ago have improved—both in terms of accessibility and the breadth of information they provided. We applaud those states that have put in extra efforts to ensure that informing the public is a priority.

For residents of many states though, information is absent or the burden to find it is onerous. We call on state medical boards to invest in making their information more complete and accessible and to seek legislative changes needed to improve public knowledge of physician licensees. The stated mission of most medical boards—to protect the public—requires this commitment to public transparency.

Recommendations

1. *Expand Physician Profiles*

- 1.1. **Make Physician Profiles the one-stop place for anyone searching for information about an individual physician** who has ever held a license in the state. Compile all board information about the entire history of a doctor's license on the Physician Profile and include links to official documents.
- 1.2. **Include the following information on each Physician Profile:**
 - 1.2.a. Easily-understood words at the top of the Profile that clearly indicate the doctor's license status, such as "On Probation" or "Expired."
 - 1.2.b. Clear, plain English summaries of all actions taken against the doctor, with dates, reasons, duration and restrictions of a license.
 - 1.2.c. Links to the full legal orders that clearly indicate the reason action was taken, including the board's legal accusation.
 - 1.2.d. All medical malpractice information with the number of suits, dates they were finalized and specific amounts of settlements or payouts. Remove language on the site that negates the importance of this information to the public.
 - 1.2.e. Actions taken by boards in other states where the physician is licensed.
 - 1.2.f. Sanctions by Federal agencies such as the Drug Enforcement Agency (DEA) or Centers for Medicare and Medicaid Services (CMS) for prescribing violations or fraud.
 - 1.2.g. Disciplinary actions by hospitals that limit a doctor's privileges or ability to practice at the facility.
 - 1.2.h. Criminal or civil convictions, such as DUIs, assault, or other violation of laws unrelated to the practice of medicine.
 - 1.2.i. The number and type of complaints that the board has received from the public and others against a physician, such as gross negligence, incompetence, unprofessional conduct, threats to health and safety, sexual misconduct and standard of care violations.
- 1.3. **Indicate clearly on the Profile the length of licensing history provided on the Profile**, that is, whether the history is limited (e.g., only includes past 10 years or since 2004) or includes the entire history.
- 1.4. **State clearly on the Profile when information was last updated.** If done continuously or on a particular day or time of day every week, communicate that to the public in a prominent manner on the Profile.

2. Advocate for transparency

- 2.1. **State medical board members and staff should proactively inform state legislatures of changes in the law that will increase transparency and fulfill the board's mission to protect the public.** This includes expanding medical boards' legal authority to put complete information about a physician's history on board websites, such as complaints received about a doctor, legal allegations filed by the board against the doctor, medical malpractice settlements/payouts, hospital disciplines, and federal actions.
- 2.2. **Support national efforts to open the National Practitioner Data Bank (NPDB) to the public so anyone can access complete information about physicians.**

3. Improve website usability

- 3.1. **Consider the following approaches to assist the public in navigating medical board websites to find Physician Profiles and other board related information:**
 - 3.1.a. Create a "consumer" section on the website homepage that links to plain English information about what the medical board does, how to file a complaint, FAQs, and how to access doctor information on a Physician Profile.
 - 3.1.b. Guide the public, clearly and simply, from the homepage to the Physician Profile search page, using plain English such as "Look up your Doctor." Avoid terms like "Verify", "License" and "Licensee."
 - 3.1.c. Improve access to the Physician Profile by making it more prominent on the website such as putting it at or near the top of the homepage and using other design features that make it more visually accessible.
 - 3.1.d. Eliminate barriers to accessing Physician Profiles in terms of security codes. If state policy requires it, consider using security approaches that are less onerous, such as checking "I am not a robot" rather than typing in a string of letters and numbers.
 - 3.1.e. Facilitate easier searches for those looking up multiple doctors by allowing new searches without going through drop down menus and security codes for each search.
 - 3.1.f. Directly link listings of all board actions against doctors, such as chronological "Board Actions" listings and newsletter information, to the corresponding doctor's Profile.
 - 3.1.g. Provide information on a search result list that allows users to quickly see if there is a board action regarding a physician license, such as "On Probation" or "Revoked."

- 3.2. For medical boards required to use sites to search for Profiles among many professions besides physicians, use shortcuts that quickly get users to the Physician Profile. This could include providing a direct link from the medical board homepage to the doctor search function. Eliminate long drop-down menus, and avoid multiple terms to describe doctors by specialty or type of license.

4. Simplify complaint filing

- 4.1. Create a simple format that allows people to file complaints against a physician online. Allow the user to see the whole form before working on it and to print the final complaint before submitting it. Eliminate difficult steps such as getting the complaint notarized before filing.
- 4.2. Include a thorough explanation of how to file a complaint, what information should be included, where to find help with questions (e.g., a phone number to call), what to expect regarding time frames for follow up by the board and expected time from complaint to resolution.
- 4.3. Prominently explain any statute of limitation for filing a complaint; clearly state if there is no limit.

5. Improve board transparency

- 5.1. Webcast board meetings so the public can watch and provide comments in real time during the meetings. Archive these for future reference.
- 5.2. Create an annual board report that is easy to find on the website. Include in these reports the number and type of complaints received and the actions finalized by the board during the period covered. Also include the ratio of complaints received to actions taken related to those complaints, including cases remaining unresolved.

Appendix A: State medical boards and homepages

State	Name of medical board	URL of homepage
AK	State Medical Board, Division of Corporations, Business and Professional Licensing	https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/StateMedicalBoard.aspx
AL	Alabama Board of Medical Examiners, Medical Licensure Commission	https://www.albme.org/
AR	Arkansas State Medical Board	http://www.armedicalboard.org/
AZ (MD)	Arizona Medical Board	https://www.azmd.gov/
AZ (DO)	Arizona Board of Osteopathic Examiners in Medicine and Surgery	https://www.azdo.gov/
CA (MD)	Medical Board of California	https://www.mbc.ca.gov/
CA (DO)	Osteopathic Medical Board of California	https://www.ombc.ca.gov/
CO	Colorado Medical Board, Department of Regulatory Agencies	https://dpo.colorado.gov/Medical
CT	Connecticut Medical Examining Board, State Department of Public Health	https://portal.ct.gov/DPH/Public-Health-Hearing-Office/Connecticut-Medical-Examining-Board/Connecticut-Medical-Examining-Board
DC	DC Board of Medicine	https://dchealth.dc.gov/bomed
DE	Board of Medical Licensure and Discipline, Division of Professional Regulation	https://dpr.delaware.gov/boards/medicalpractice/
FL (MD)	Florida Board of Medicine	https://flboardofmedicine.gov/
FL (DO)	Florida Osteopathic Board of Medicine	https://floridasosteopathicmedicine.gov/
GA	Georgia Composite Medical Board	https://medicalboard.georgia.gov/
HI	Hawaii Medical Board	http://cca.hawaii.gov/pvl/boards/medical/
IA	Iowa Board of Medicine	https://medicalboard.iowa.gov/
ID	Idaho Board of Medicine	https://elitepublic.bom.idaho.gov/IBOMPortal/Home.aspx
IL	State Medical Disciplinary Board, Illinois Department of Financial and Professional Regulation	https://www.idfpr.com/
IN	Medical Licensing Board of Indiana, Indiana Professional Licensing Agency	https://www.in.gov/pla/professions/medical-licensing-board-of-indiana/
KS	Kansas State Board of Healing Arts	http://www.ksbha.org/main.shtml
KY	Kentucky Board of Medical Licensure	https://kbml.ky.gov/Pages/index.aspx
LA	Louisiana State Board of Medical Examiners	http://www.lsbme.la.gov/
MA	Board of Registration in Medicine (BORIM)	https://www.mass.gov/orgs/board-of-registration-in-medicine

MD	Maryland Board of Physicians	https://www.mbp.state.md.us/
ME (MD)	Maine Board of Licensure in Medicine	https://www.maine.gov/md/
ME (DO)	Board of Osteopathic Licensure	https://www.maine.gov/osteo/home
MI (DO)	Michigan Board of Osteopathic Medicine and Surgery, Department of Licensing and Regulatory Affairs	https://www.michigan.gov/lara/0,4601,7-154-89334_72600_72603_27529_27547---,00.html
MI (MD)	Michigan Board of Medicine Department of Licensing and Regulatory Affairs	https://www.michigan.gov/lara/0,4601,7-154-89334_72600_72603_27529_27541---,00.html
MN	Minnesota Board of Medical Practice	https://mn.gov/boards/medical-practice/
MO	Missouri Division of Professional Registration	https://www.pr.mo.gov/healingarts.asp
MS	Mississippi State Board of Medical Licensure	https://www.msbml.ms.gov/
MT	Montana Board of Medical Examiners	https://boards.bsd.dli.mt.gov/medical-examiners/
NC	North Carolina Medical Board	https://www.ncmedboard.org
ND	North Dakota Board of Medicine	https://www.ndbom.org/about/
NE	Board of Medicine and Surgery	https://dhhs.ne.gov/licensure/Pages/Medicine-and-Surgery.aspx
NH	Board of Medicine, NH Office of Professional Licensure & Certification	https://www.oplc.nh.gov/board-medicine
NJ	State Board of Medical Examiners	https://www.njconsumeraffairs.gov/bme
NM	New Mexico Medical Board	https://www.nmmb.state.nm.us/
NV (DO)	Nevada State Board of Osteopathic Medicine	license.k3systems.com/LicensingPublic/
NV (MD)	Nevada State Board of Medical Examiners	https://medboard.nv.gov/
NY	New York State Physician Profile	https://www.nydoctorprofile.com/NYPublic/
	New York State Board of Medicine	http://www.op.nysed.gov/prof/med/
	New York State Office of Professional Misconduct	https://www.health.ny.gov/professionals/doctors/conduct/
OH	State Medical Board of Ohio	https://www.med.ohio.gov/
OK (MD)	Oklahoma Board of Medical Licensure and Supervision	https://www.okmedicalboard.org/
OK (DO)	Oklahoma State Board of Osteopathic Examiners	https://www.ok.gov/osboe/
OR	Oregon Medical Board	https://www.oregon.gov/omb/Pages/default.aspx
PA (MD)	State Board of Medicine Licensure, Pennsylvania Department of State	https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Medicine/Pages/default.aspx
PA (DO)	State Board of Osteopathic Medicine Pennsylvania Department of State	https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/OsteopathicMedicine/Pages/General-Board-Information.aspx
RI	Rhode Island Department of Health	https://health.ri.gov/licenses/

SC	South Carolina Board of Medical Examiners	https://lir.sc.gov/med/
SD	South Dakota Board of Medical and Osteopathic Examiners	http://www.sdbmoe.gov/
TN (DO)	Board of Osteopathic Examination TN Department of Health	https://www.tn.gov/health/health-program-areas/health-professional-boards/osteo-board.html
TN (MD)	Board of Medical Examiners TN Department of Health	https://www.tn.gov/health/health-program-areas/health-professional-boards/me-board.html
TX	Texas Medical Board	https://www.tmb.state.tx.us/
UT (MD)	Physician and Surgeon Division of Occupational and Professional Licensing	https://dopl.utah.gov/md/
UT (DO)	Osteopathic Physicians and Surgeon Division of Occupational and Professional Licensing	https://dopl.utah.gov/do/
VA	Board of Medicine Virginia Department of Health Professions	https://www.dhp.virginia.gov/Boards/Medicine/
VT (MD)	Board of Medical Practice Health Professions and Systems	https://www.healthvermont.gov/systems/medical-practice-board
VT (DO)	OPR: Osteopathic Physicians Vermont Secretary of State	https://sos.vermont.gov/osteopathic-physicians/
WA (MD)	Washington Medical Commission	https://wmc.wa.gov/
WA (DO)	Board of Osteopathic Medicine and Surgery Washington State Department of Health	https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/OsteopathicPhysician
WI	Department of Safety and Professional Services	https://dsps.wi.gov/Pages/Professions/Physician/Default.aspx
WV (MD)	West Virginia Board of Medicine	https://wvbom.wv.gov/
WV (DO)	WV Board of Osteopathic Medicine	https://www.wvbdosteo.org/
WY	Wyoming Board of Medicine	http://wyomedboard.wyo.gov/

Appendix B: Survey questions

These questions were used by reviewers to gather data on the state board websites.

Codes for question IDs in the right column indicate the category of question:

PP = Physician Profile (used to calculate scores for the website rankings)

C = Complaint

T = Transparency

G = General (the mission statement of the board)

Question number	Question	Question ID
1a	Does the HOMEPAGE clearly indicate where to find information about individual physicians? (Y/N)	PP1
1b	Please indicate the exact language used to find information about a specific doctor (i.e. find a physician, verify a license etc.)	
2	Does the search function from the Homepage to find those licensed in the state only include information about doctors/related health professionals? (Y/N) <i>Some sites include information in their search function for many types of non-health related licensed professionals (such as architects, barbers, funeral services etc.). A YES here indicates the search function is only for physicians/other health professionals licensed by the State Medical Board.</i>	PP2
3	Does the profile include information about complaints filed against the doctor? (Y/N) <i>Look for any information that indicates patient or other complaints against a doctor whether or not any action is taken based on those complaints. We are not looking for legal accusations/complaints.</i>	PP3
4	Does the profile include information that the Board has taken any action against a physician? (Y/N) <i>Look for a place on the profile that indicates whether the Board has taken any actions against the physician (for most physicians this will be blank or say "No Actions"). Examples of other words you may see are: Revocation, Probation, Suspension, Reprimand, Conditions imposed etc.</i>	PP4
5	Does the profile include a link to legal documents relating to any Board actions? (Y/N)	PP5
6	Do Board disciplinary actions, either on the profile or in the linked legal documents, include information about what the doctor did (accusation, charge, allegation)? (Y/N) <i>Look for information that tells us why the doctor was investigated - what they did that resulted in the Board taking action. The words "accusation", "charge" or "allegation" are often used. Some states give this information before official Board action is taken. Others include it in the legal documents.</i>	PP6
7	Is there a plain English summary that includes the date of Board actions on the profile? (Y/N) Look for a plain English short summary of what the doctor was accused of doing and the action taken by the Board on the profile. These actions need to be dated.	PP7
8	Does the website state how long actions against physicians are kept on the physician profile? (Y/N) <i>Look for whether the Board removes disciplinary actions after a certain number of years. Many states have laws that require them to remove any disciplinary information older than 10 years. For example, one state's Medical Board physician profile says: "Discipline information from 1996 to the present."</i>	PP8
9	Does the profile include actions taken by Boards in other states? (Y/N)	PP9
10	Does the profile include actions by Federal agencies (DEA, CMS etc.)? (Y/N)	PP10
11	Does the profile include information about medical malpractice? (Y/N)	PP11

12	Are ALL medical malpractice payouts/settlements on the profile? (Y/N) <i>Some states do not give all malpractice information but use formulas such as: only include malpractice information if the physician has at least 3 cases in 5 years or only shows settlements over a certain amount of money.</i>	PP12
13	Are EXACT malpractice settlement amounts included in the physician profile? (Y/N) <i>Some states list the exact amount of a malpractice settlement(s). Others use ranges such as \$10,000 - \$50,000.</i>	PP13
14	Does the profile include information about hospital disciplinary actions? (Y/N)	PP14
15	Does the profile include information about convictions? (Y/N)	PP15
16	Does the physician profile indicate when the information about the physician was last updated? (Y/N)	PP16
17	Can a complaint against a physician be submitted online? (Y/N)	C1
18	Is there a plain English description of the complaint process? (Y/N)	C2
19	Does the complaint information include time limits (i.e. statute of limitations) for filing a complaint? (Y/N)	C3
20	Can members of the public participate in State Medical Board meetings remotely by audio and/or video? (Y/N)	T1
21	Are audio or video archives of Board meetings available to the public on the website? (Y/N)	T2
22	Does the website have an easily accessible annual report that provides statistics about Board activities? (Y/N)	T3
23	What is the MISSION of the State Medical Board?	G1

Appendix C: Survey results for Physician Profiles

Full questions in Appendix B.

State	PP1a Profile easy to find	PP2 Search is only for doctors	PP3 Includes filed complaints	PP4 Shows if any action taken	PP5 Links to legal docs	PP6 Shows what doctor did	PP7 Plain English Summary	PP8 Shows how long actions kept	PP9 Other states' actions	PP10 Federal actions	PP11 Any med mal info	PP12 Shows all med mal payouts	PP13 Shows exact med mal payouts	PP14 Hospital actions	PP15 Convictions	PP16 When updated
AK	N	N	N	Y	Y	Y	N	N	N	N	N	N	N	N	N	N
AL	Y	Y	N	Y	Y	Y	N	N	N	N	N	N	N	N	N	N
AR	Y	Y	N	Y	N	N	N	Y	N	N	N	N	N	N	N	N
AZ (MD)	Y	Y	N	Y	Y	Y	N	N	N	N	N	N	N	N	N	N
AZ (DO)	Y	Y	N	Y	Y	Y	N	N	Y	N	N	N	N	N	N	N
CA (MD)	Y	Y	N	Y	Y	Y	N	Y	Y	Y	Y	N	N	Y	Y	N
CA (DO)	N	Y	N	Y	Y	Y	N	N	Y	Y	Y	N	N	Y	Y	N
CO	Y	Y	N	Y	Y	Y	N	Y	Y	N	Y	Y	N	Y	Y	N
CT	N	N	N	Y	Y	Y	N	N	Y	N	Y	N	N	Y	Y	N
DC	N	N	N	Y	Y	Y	N	Y	N	N	Y	N	N	N	Y	Y
DE	N	N	N	Y	Y	Y	N	N	N	N	N	N	N	N	Y	Y
FL (MD)	Y	Y	N	Y	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	N
FL (DO)	Y	Y	N	Y	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	N
GA	Y	Y	N	Y	Y	N	N	N	N	N	Y	N	N	Y	Y	N
HI	N	N	N	Y	N	N	N	Y	Y	N	N	N	N	N	N	Y
IA	Y	Y	N	Y	Y	Y	Y	N	N	N	N	N	N	Y	Y	N
ID	Y	Y	N	Y	Y	N	N	N	N	N	N	N	N	N	N	Y
IL	Y	Y	N	Y	N	N	N	Y	N	N	N	N	N	N	N	N
IN	Y	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N

State	PP1a Profile easy to find	PP2 Search is only for doctors	PP3 Includes filed complaints	PP4 Shows if any action taken	PP5 Links to legal docs	PP6 Shows what doctor did	PP7 Plain English Summary	PP8 Shows how long actions kept	PP9 Other states' actions	PP10 Federal actions	PP11 Any med mal info	PP12 Shows all med mal payouts	PP13 Shows exact med mal payouts	PP14 Hospital actions	PP15 Convictions	PP16 When updated
KS	Y	Y	N	Y	Y	Y	N	Y	N	Y	N	N	N	Y	Y	Y
KY	Y	Y	N	Y	Y	Y	N	Y	N	N	N	N	N	N	N	N
LA	N	Y	N	Y	N	Y	N	Y	N	N	N	N	N	N	N	N
MA	Y	Y	N	Y	Y	Y	N	Y	Y	N	Y	Y	N	Y	Y	N
MD	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y	Y
ME (MD)	Y	N	N	Y	Y	Y	N	Y	N	N	N	N	N	N	N	Y
ME (DO)	Y	Y	N	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N
MI (DO)	N	N	N	Y	Y	Y	N	N	N	N	N	N	N	N	N	N
MI (MD)	N	N	N	Y	Y	Y	N	N	N	N	N	N	N	N	N	N
MN	Y	Y	N	Y	Y	Y	N	N	Y	N	N	N	N	N	Y	N
MO	Y	Y	N	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N
MS	Y	Y	N	Y	Y	Y	N	N	N	N	N	N	N	N	N	Y
MT	Y	Y	N	Y	Y	Y	N	Y	N	N	N	N	N	N	N	N
NC	Y	Y	N	Y	Y	Y	N	N	Y	Y	Y	N	N	Y	Y	Y
ND	Y	Y	N	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	Y
NE	Y	N	N	Y	Y	Y	N	Y	N	N	N	N	N	N	N	N
NH	Y	N	N	Y	Y	Y	N	N	N	N	N	N	N	N	Y	N
NJ	Y	Y	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	Y	Y	Y
NM	Y	Y	N	Y	N	N	N	N	N	N	N	N	N	N	N	Y
NV (DO)	N	Y	N	Y	Y	Y	N	N	Y	N	Y	Y	N	N	N	Y
NV (MD)	Y	Y	N	Y	N	Y	Y	N	N	N	Y	Y	Y	N	N	N
NY	Y	Y	N	Y	N	Y	Y	Y	Y	N	Y	N	N	Y	Y	Y

State	PP1a Profile easy to find	PP2 Search is only for doctors	PP3 Includes filed complaints	PP4 Shows if any action taken	PP5 Links to legal docs	PP6 Shows what doctor did	PP7 Plain English Summary	PP8 Shows how long actions kept	PP9 Other states' actions	PP10 Federal actions	PP11 Any med mal info	PP12 Shows all med mal payouts	PP13 Shows exact med mal payouts	PP14 Hospital actions	PP15 Convictions	PP16 When updated
OH	Y	N	N	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N
OK (MD)	Y	N	N	Y	Y	Y	Y	N	N	N	N	N	N	N	N	Y
OK (DO)	Y	Y	N	Y	N	Y	N	N	N	N	N	N	N	N	N	N
OR	Y	Y	N	Y	Y	Y	N	N	N	N	Y	Y	Y	N	N	Y
PA (MD)	N	N	N	Y	Y	Y	N	N	N	N	N	N	N	N	N	Y
PA (DO)	N	N	N	Y	Y	Y	N	N	N	N	N	N	N	N	N	Y
RI	Y	Y	N	Y	N	Y	N	Y	N	N	Y	Y	N	N	N	N
SC	Y	Y	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N
SD	Y	Y	N	Y	Y	Y	N	N	N	N	N	N	N	N	N	N
TN (DO)	N	N	N	Y	Y	Y	Y	Y	N	N	Y	N	N	Y	Y	N
TN (MD)	N	N	N	Y	Y	Y	Y	Y	N	N	Y	N	N	Y	Y	N
TX	Y	Y	N	Y	Y	Y	Y	N	Y	N	Y	N	N	N	Y	Y
UT (MD)	Y	N	N	Y	Y	Y	N	N	N	N	N	N	N	N	N	N
UT (DO)	Y	N	N	Y	Y	Y	N	N	N	N	N	N	N	N	N	N
VA	Y	Y	N	Y	Y	Y	N	Y	Y	N	Y	N	N	N	Y	Y
VT (MD)	Y	Y	N	Y	N	Y	N	Y	Y	N	Y	Y	N	Y	Y	Y
VT (DO)	Y	N	N	Y	N	Y	N	Y	N	N	N	N	N	N	N	N
WA (MD)	Y	Y	N	Y	Y	Y	N	Y	N	N	N	N	N	N	N	Y
WA (DO)	N	Y	N	Y	Y	Y	N	Y	N	N	N	N	N	N	N	Y
WI	N	N	N	Y	Y	Y	N	Y	N	Y	N	N	N	N	N	N
WV (MD)	Y	Y	N	Y	Y	Y	N	N	N	N	Y	N	N	N	N	N
WV (DO)	N	Y	N	Y	Y	Y	N	Y	N	N	N	N	N	N	N	N

State	PP1a Profile easy to find	PP2 Search is only for doctors	PP3 Includes filed complaints	PP4 Shows if any action taken	PP5 Links to legal docs	PP6 Shows what doctor did	PP7 Plain English Summary	PP8 Shows how long actions kept	PP9 Other states' actions	PP10 Federal actions	PP11 Any med mal info	PP12 Shows all med mal payouts	PP13 Shows exact med mal payouts	PP14 Hospital actions	PP15 Convictions	PP16 When updated
WY	Y	Y	N	Y	Y	Y	N	N	N	N	N	N	N	N	N	N

Appendix D: Survey results for additional questions

Full questions in Appendix B.

State	C1 File complaints online	C2 Complaint process explained	C3 Time limits given	T1 Audio/ video public participation	T2 Audio/video archives	T3 Annual report
AK	N	Y	N	Y	N	Y
AL	N	Y	Y	N	N	N
AR	N	N	N	N	N	N
AZ (MD)	Y	Y	Y	Y	Y	Y
AZ (DO)	Y	Y	N	Y	Y	Y
CA (MD)	Y	Y	Y	Y	Y	Y
CA (DO)	Y	Y	N	Y	Y	N
CO	Y	Y	N	N	N	N
CT	N	Y	N	Y	N	N
DC	Y	Y	N	N	N	N
DE	Y	Y	N	N	N	N
FL (MD)	N	Y	Y	Y	Y	Y
FL (DO)	N	Y	Y	Y	Y	N
GA	Y	Y	N	Y	N	Y
HI	Y	Y	Y	Y	N	N
IA	Y	Y	N	Y	N	Y
ID	N	Y	N	Y	N	N
IL	Y	N	Y	Y	N	N
IN	Y	N	N	N	N	N
KS	Y	Y	Y	Y	N	N
KY	N	Y	N	N	N	Y
LA	N	Y	N	Y	Y	N
MA	Y	Y	Y	Y	N	Y
MD	N	Y	N	Y	N	Y
ME (MD)	Y	Y	N	Y	N	Y
ME (DO)	Y	N	N	Y	N	N
MI (DO)	Y	Y	N	Y	N	N
MI (MD)	Y	Y	N	Y	N	N
MN	N	Y	Y	Y	N	Y
MO	N	Y	N	N	N	N
MS	Y	N	N	Y	Y	N
MT	N	Y	N	Y	Y	Y
NC	Y	Y	Y	Y	N	Y
ND	Y	Y	N	N	N	N
NE	Y	Y	N	Y	N	Y
NH	N	Y	N	Y	N	Y
NJ	Y	Y	N	N	N	N

State	C1 File complaints online	C2 Complaint process explained	C3 Time limits given	T1 Audio/ video public participation	T2 Audio/video archives	T3 Annual report
NM	Y	Y	N	Y	N	Y
NV (DO)	Y	N	N	Y	N	N
NV (MD)	Y	Y	N	Y	N	Y
NY	N	Y	N	N	N	Y
OH	Y	Y	N	N	Y	Y
OK (MD)	Y	Y	N	Y	N	Y
OK (DO)	Y	Y	N	Y	N	Y
OR	N	Y	N	N	N	Y
PA (MD)	Y	Y	N	Y	N	N
PA (DO)	Y	Y	N	Y	N	N
RI	Y	Y	N	N	N	Y
SC	Y	Y	N	N	N	N
SD	N	N	N	N	N	N
TN (DO)	Y	Y	N	Y	N	N
TN (MD)	Y	Y	N	Y	N	N
TX	Y	Y	N	Y	N	Y
UT (MD)	Y	Y	N	Y	Y	N
UT (DO)	Y	Y	N	Y	Y	N
VA	Y	Y	N	N	Y	N
VT (MD)	N	N	N	Y	N	N
VT (DO)	Y	Y	N	Y	N	Y
WA (MD)	Y	Y	Y	Y	Y	Y
WA (DO)	Y	Y	Y	Y	N	N
WI	Y	Y	N	Y	N	Y
WV (MD)	N	Y	N	N	N	Y
WV (DO)	N	N	N	N	N	N
WY	N	Y	N	Y	N	N

Appendix E: Mission statements of the medical boards

Reviewers were asked to locate the mission statement on the website. For some states, only a statement describing the purpose or functions of the board was identified.

State	
AK	Ensure that competent, professional and regulated commercial services are available to Alaska consumers.
AL	AL Board of Medical Examiners: The Alabama Board of Medical Examiners certifies that initial applicants meet the requirements for a medical or assistant to physician license and issues initial and renewed registrations for the prescribing of controlled substances. The Board also investigates and reviews complaints against practitioners and pursues disciplinary action when appropriate. AL Medical Licensure Commission: The Medical Licensure Commission is charged with protecting the health and safety of the citizens of the state of Alabama. The Commission issues initial and renewed medical licenses and adjudicates formal charges brought by the Board against physicians and determines the appropriate disciplinary resolution.
AR	The Arkansas State Medical Board is charged by the General Assembly to protect the health, safety, and welfare of the people of the State of Arkansas with the goal that all citizens are provided with the highest quality health care.
AZ (MD)	To protect public safety through judicious licensing, regulation and education of all allopathic physicians.
AZ (DO)	To protect the public by setting educational and training standards for licensure, and by reviewing complaints made against osteopathic physicians, interns, and residents to ensure that their conduct meets the standards of the profession.
CA (MD)	The mission of the Medical Board of California is to protect health care consumers through the proper licensing and regulation of physicians and surgeons and certain allied health care professionals and through the vigorous, objective enforcement of the Medical Practice Act, and to promote access to quality medical care through the Board's licensing and regulatory functions.
CA (DO)	To protect consumers and promote the highest professional standards in the practice of osteopathic medicine, the Osteopathic Medical Board of California licenses osteopathic physicians and surgeons. The board investigates consumer complaints and uses its enforcement power to ensure practitioners abide by the provisions of the state Business and Professions Code/Medical Practice Act. To maintain their license, practitioners must successfully complete rigorous, periodic continuing education requirements that meet the standards of the American Osteopathic Association (AOA)
CO	The Colorado Medical Board (CMB) was instituted as part of the Medical Practice Act for the purpose of regulating and controlling the practice of healing arts, which include establishing and enforcing the licensing standards for Medical Doctors (M.D.s), Doctors of Osteopathy (D.O.s), Physician Assistants (P.A.s), and Anesthesiology Assistants (A.A.s). Licensure is mandatory to practice medicine in Colorado or to treat Colorado patients. Exceptions exist for the Veterans Administration, Bureau of Indian Affairs, and Department of Defense physicians and other licensed healthcare providers.
CT	To protect and improve the health and safety of the people of Connecticut by: Assuring the conditions in which people can be healthy; Preventing disease, injury, and disability, and Promoting the equal enjoyment of the highest attainable standard of health, which is a human right and a priority of the state. <i>(from Health Department webpage)</i>
DC	To protect and enhance the health, safety, and well-being of District of Columbia residents by promoting evidence-based best practices in health regulation, high standards of quality care and implementing policies that prevent adverse events.
DE	The primary objectives of the Delaware Board of Medical Licensure and Discipline are to promote public health, safety and welfare and to protect the public from the unprofessional, improper, unauthorized, or unqualified practice of medicine and certain other healthcare professions
FL (MD)	To protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts.
FL (DO)	To protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts.
GA	The Georgia Composite Medical Board protects the health of Georgians through the proper licensing of physicians and enforcement of the Medical Practice Act.
HI	<i>No mission statement found on website.</i>
IA	To protect the health and safety of the public through effective licensure and regulation of physicians and acupuncturists.
ID	To protect and enhance the public's health, safety and welfare by establishing and maintaining standards of excellence used in regulating the practice of medicine and ensuring quality health care for the citizens of Idaho through licensure, discipline, and education.

IL	The Medical Disciplinary Board's purpose is to consider allegations of misconduct or malfeasance by members of the medical professions and to recommend appropriate discipline to the Secretary. The Board is composed of eleven members appointed by the Governor, seven of whom are physicians with representatives of the osteopathic and chiropractic branches included, and four of whom are members of the public.
IN	The mission of the Medical Licensing Board of Indiana is to protect the public and provide licensure to professionals in the most productive and efficient manner by delivering a high level of customer service to every Hoosier licensee.
KS	Safeguard the public through licensure, education and discipline of those who practice the healing arts in Kansas.
KY	The Kentucky Board of Medical Licensure is responsible for protecting the public by ensuring that only qualified medical and osteopathic physicians are licensed and initiating disciplinary action when violations of the Medical Practice Act occur. In addition, the Board regulates the practice of Physician Assistants, Surgical Assistants, Athletic Trainers and Acupuncturists in the Commonwealth.
LA	The mission of the Louisiana State Board of Medical Examiners is to protect and improve the health, safety, and welfare of the citizens of Louisiana through licensing, regulation, research, and discipline of physicians and allied health professionals in a manner that protects the rights and privileges of the licensees.
MA	The Board of Registration in Medicine's mission is to ensure that only qualified and competent physicians of good moral character are licensed to practice in the Commonwealth of Massachusetts and that those physicians and health care institutions in which they practice provide to their patients a high standard of care, and support an environment that maximizes the high quality of health care in Massachusetts.
MD	The mission of the Board is to assure quality health care in Maryland, through the efficient licensure and effective discipline of health providers under its jurisdiction, by protecting and educating the clients/customers and stakeholders, and enforcing the Maryland Medical Practice Act.
ME (MD)	The mission of the Board of Licensure in Medicine is to safeguard the health, welfare, safety and lives, of the people of Maine by ensuring that the public is served by competent, ethical and honest practitioners. To accomplish this the Board will: license only qualified medical doctors and physician assistants; monitor the practice of medicine to insure the integrity of the profession and to maintain high professional standards and conduct; provide the public a forum to have complaints heard and impartially investigated; discipline and sanction licensees who violate the standards of conduct or whose performance is below minimum acceptable standards of proficiency; undertake special projects, often in collaboration with other interested groups, that both enhance the profession and meet public needs.
ME (DO)	The Board of Osteopathic Licensure is responsible for helping to ensure the health and safety of the public of this State. It is the responsibility of the Board to determine which applicants qualify to practice osteopathic medicine in the State of Maine by regulating the practice of its licensees.
MI (DO)	The mission of the Bureau of Professional Licensing is to protect, preserve and improve the health, safety and welfare of Michigan's citizens through the licensing and regulation of occupational and health professionals. The Bureau is designed to make the regulatory system simple, fair and efficient.
MI (MD)	The mission of the Bureau of Professional Licensing is to protect, preserve and improve the health, safety and welfare of Michigan's citizens through the licensing and regulation of occupational and health professionals. The Bureau is designed to make the regulatory system simple, fair and efficient.
MN	The mission of the Minnesota Board of Medical Practice is to protect the public's health and safety by assuring that the people who practice medicine or as an allied health professional are competent, ethical practitioners with the necessary knowledge and skills appropriate to their title and role.
MO	It is the mission of the Division of Professional Registration to serve and protect the public by providing an accessible, responsible and accountable regulatory system that: Protects the public from incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty; Licenses only "qualified" professionals by examination and evaluation of minimum competency; Enforces standards by implementing legislation and administrative rules.
MS	The Board's primary objective is to ensure the protection of the health, safety and welfare of Mississippians through implementation and enforcement of laws involving the licensing and regulation of physicians, podiatrists, physician assistants, radiology assistants and acupuncturists and through the objective enforcement of the Mississippi Medical Practice Act.
MT	The mission of the Board of Medical Examiners is to protect the health, safety and well being of Montana citizens through the licensing of competent health professionals and by the regulation of the related practices to promote the delivery of quality health care.
NC	The North Carolina Medical Board protects the people of North Carolina, and the integrity of the medical profession, through just and vigilant licensing and regulation.

ND	The North Dakota Board of Medicine was established in 1890 to protect the citizens of the state by regulating the practice of medicine. The Board licenses physicians, physician assistants and genetic counselors and disciplines them if they violate the state's medical practice act or other applicable law or rule.
NE	Protection of the public's health, safety and well-being through regulation of health care professionals, facilities and programs.
NH	The principal mission of the New Hampshire Office of Professional Licensure and Certification is to safeguard the public health, safety, welfare, environment and the public trust of the citizens of the State of New Hampshire.
NJ	The paramount responsibility of the State Board of Medical Examiners is the protection of the public's health, safety, and welfare. The Board meets its responsibility by licensing medical professionals, adopting regulations, determining standards of practice, investigating allegations of physician misconduct, and disciplining those who do not adhere to requirements - thereby assuring the public that the physicians are qualified, competent, and honest.
NM	The New Mexico Medical Board was established by the State Legislature in the interest of the public health, safety and welfare and to protect the public from the improper, unprofessional, incompetent and unlawful practice of medicine.
NV (DO)	The Nevada State Board of Osteopathic Medicine's mission is to protect and safeguard the public by licensing and disciplining well-educated and competent Doctors of Osteopathy and Physician Assistants.
NV (MD)	The Nevada State Board of Medical Examiners protects the public and serves the state of Nevada by ensuring that only well-qualified, competent physicians, physician assistants, practitioners of respiratory care and perfusionists receive licenses to practice in Nevada. The Board responds with expediency to complaints against our licensees by conducting fair, complete investigations that result in appropriate action. In all Board activities, the Board shall place the interests of the public before the interests of the medical profession and encourage public input and involvement to help educate the public as we improve the quality of medical practice in Nevada.
NY	<i>No mission statement found on the three websites.</i>
OH	To protect and enhance the health and safety of the public through effective medical regulation.
OK (MD)	To promote the Health, Safety and Well-being of the citizens (patients) of Oklahoma by requiring a high level of qualifications, standards and continuing education for licenses regulated by Oklahoma Medical Board. To protect the on-going Health Safety and Well-being of the citizens (patients) of Oklahoma by investigating complaints, conducting public hearings, effectuating and monitoring disciplinary actions against any of the licensed professionals, while providing the licensee with proper due process and all rights afforded under the law. To provide any member of society upon request, a copy of the specific public records and information on any of the licensed professionals.
OK (DO)	To protect the public by regulating the practice of osteopathic medicine in the State of Oklahoma through education and licensing and to ensure that each licensee practices osteopathic medicine within the provisions of the Osteopathic Medicine Act.
OR	The mission of the Oregon Medical Board is to protect the health, safety, and wellbeing of Oregon citizens by regulating the practice of medicine in a manner that promotes access to quality care.
PA (MD)	The State Board of Medicine regulates the practice of medicine through the licensure, registration and certification of members of the medical profession in the Commonwealth of Pennsylvania. The Board regulates medical doctors; physician assistants; radiology technicians; respiratory therapists; nurse-midwives; acupuncturists; practitioners of oriental medicine; perfusionists; behavioral specialists; and athletic trainers. The Board also has authority take disciplinary or corrective action against individuals it regulates.
PA (DO)	The State Board of Osteopathic Medicine regulates the licensure and registration of doctors of osteopathic medicine and surgery; the certification of physician assistants and respiratory therapists; certification of athletic trainers; and the registration of acupuncturists.
RI	The mission of the Board of Medical Licensure and Discipline is to protect the public through enforcement of standards for medical licensure and ongoing clinical competence.
SC	The primary mission of the South Carolina Board of Medical Examiners is to protect the public and fulfill two major functions: (1) licensing physicians (M.D. and D.O.), physician assistants, anesthesiologist assistants, respiratory care practitioners, registered cardiovascular invasive specialists, acupuncturists, auricular therapists, and auricular detoxification specialists; and (2) investigating and disciplining licensees found to be engaged in misconduct as defined in the professions' respective practice acts. This includes illegal, unethical or incompetent conduct.
SD	The mission of the South Dakota Board of Medical and Osteopathic Examiners is to protect the health and welfare of the state's citizens by assuring that only qualified allopathic and osteopathic physicians, advanced life support personnel, athletic trainers, dietitians, genetic counselors, licensed nutritionists, medical assistants, occupational therapists, occupational therapy assistants, physician assistants, physical therapists, physical therapist assistants, and respiratory care practitioners are licensed to practice in South Dakota.

TN (DO)	The mission of each board is to safeguard the health, safety and welfare of Tennesseans by requiring those who practice health care professions within the state to be qualified. <i>(from Health Department webpage)</i>
TN (MD)	To protect the health, safety and welfare of people in the State of Tennessee.
TX	Our mission is to protect and enhance the public's health, safety and welfare by establishing and maintaining standards of excellence used in regulating the practice of medicine and ensuring quality health care for the citizens of Texas through licensure, discipline and education.
UT (MD)	The Division of Occupational and Professional Licensing, also known as DOPL, is one of seven agencies within the Utah Department of Commerce. DOPL's mission is twofold: protect the public and enhance commerce through licensing and regulation.
UT (DO)	The Division of Occupational and Professional Licensing, also known as DOPL, is one of seven agencies within the Utah Department of Commerce. DOPL's mission is twofold: protect the public and enhance commerce through licensing and regulation.
VA	Va Dept of Health Professions mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care professionals and the public.
VT (MD)	<i>No mission statement found on the website.</i>
VT (DO)	The Office of Professional Regulation is a division of the Office of the Secretary of State. Our mission is to protect the public from incompetent or unethical practitioners through a system of licensure. We achieve this by supporting boards and advisor groups that oversee licensure of 50 professions (such as architects and tattooists) and approximately 80,000 licensees.
WA (MD)	We promote patient safety and enhance the integrity of the profession through licensing, discipline, rule making, and education.
WA (DO)	The mandate of the Board of Osteopathic Medicine and Surgery is to protect the public's health and safety, and to promote the welfare of the state by regulating the competency and quality of professional health care providers under its jurisdiction. The board accomplishes this through a variety of activities working with the Department of Health, Health Systems Quality Assurance.
WI	The mission of the Department of Safety and Professional Services is to promote economic growth and stability while protecting the citizens of Wisconsin as designated by statute.
WV (MD)	The West Virginia Board of Medicine is the state agency charged with protecting the health and safety of the public through licensure, regulation and oversight of medical doctors (MDs), podiatric physicians (DPMs), and collaborating physician assistants (PAs).
WV (DO)	The West Virginia Board of Osteopathic Medicine handles the oversight of legal issuances of licenses to practice osteopathic medicine as physicians and physician's assistants in the state of West Virginia. The Board also investigates all complaints and acquires any disciplinary action necessary to protect the citizens of West Virginia.
WY	<i>No mission statement found on the website.</i>