

**SENATE. . . . . No. 2048**

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**The Commonwealth of Massachusetts**

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SENATE, July 22, 2003.

The committee on Health Care, to whom was referred the petition (accompanied by bill, Senate, No. 631) of Richard T. Moore, Stephen M. Brewer and Brian A. Joyce for legislation to require physicians to meet performance standards set by the Board of Registration in Medicine as a condition of licensure or renewal of licenses. Report the accompanying bill (Senate, No. 2048).

For the committee,

RICHARD T. MOORE.

## The Commonwealth of Massachusetts

In the Year Two Thousand and Three.

### AN ACT PROVIDING FOR PERFORMANCE STANDARDS FOR PHYSICIANS.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1 SECTION 1. Establishment of Commission and Purpose.

2 In order to improve the quality and safety of medical practice,  
3 there shall be established a special commission to investigate and  
4 make recommendations on the establishment of performance stan-  
5 dards for medical practice that will improve patient outcomes and  
6 the means of measuring professional performance.

1 SECTION 2. Membership of the Special Commission.

2 The commission shall be appointed by the Governor consisting  
3 of fifteen members, one of whom shall be the Secretary of the  
4 Executive Office of Health and Human Services who shall act as  
5 chair, including, but not limited to, at least one representative  
6 from each of the following organizations; the Board of Registra-  
7 tion in Medicine, the Department of Public Health, the Massachu-  
8 setts Medical Society, the Massachusetts Hospital Association, the  
9 Massachusetts Nurses Association, the Massachusetts Organiza-  
10 tion of Nurse Executives, the Massachusetts Association of Health  
11 System Pharmacists and Health Care for All. In addition to the  
12 foregoing, the Senate and House chairs of the committee on health  
13 care shall serve as members, ex-officio.

1 SECTION 3. Process for Developing Performance Standards.

2 The commission shall develop a consistent and qualitative  
3 system for measuring the performance of physicians covering the  
4 full range of professional behavior, including, but not limited to:  
5 clinical competency, ethics and demeanor, and interpersonal rela-  
6 tions with peers, other health professionals and patients. The system  
7 shall be designed to identify those who may be (1) impaired by sub-

8 stance abuse, mental illness, or physical illness; (2) who may  
9 demonstrate declining clinical competency in general medicine and  
10 the physician's specialty or specialties; or (3) who may demonstrate  
11 behavioral issues including, but not limited to, refusal to follow  
12 rules, abusive behavior toward patients, or abusive behavior toward  
13 other health professionals and health system staff. For purposes of  
14 this section, abusive behavior is defined as failure to demonstrate  
15 respect for coworkers, subordinates, and patients. Said system of  
16 measuring performance shall rely on such evidence as quality indi-  
17 cators, complications and mortality, complaints, and peer review.  
18 The system shall be designed to provide early identification of  
19 physicians with one or more of the above reasons for impairment  
20 using evidence-based performance measures and to resolve the  
21 matter in a timely fashion with appropriate monitoring and remedial  
22 programs. The commission shall also consider whether said system  
23 would be appropriate for use in evaluating applicants for medical  
24 school, evaluating medical students and residents, as well as evalu-  
25 ating practicing physicians at all levels.

#### 1 SECTION 4. Implementation Process.

2 The system recommended by the commission shall be cost  
3 effective, designed not to significantly add to the administrative  
4 burden of the health care institution and the health care profes-  
5 sional, and be evidence based to the extent possible. The commis-  
6 sion will also make recommendations concerning methods for  
7 evaluation of compliance and the appropriate organizations or  
8 agents responsible for these evaluations. Where appropriate, these  
9 efforts may be implemented in collaboration with other states or  
10 national professional organizations. The commission shall also  
11 make recommendations regarding appropriate training and infor-  
12 mation for those in medical leadership roles to enable them to  
13 assume responsibility for identification of impaired physicians  
14 and for supervising recovery. The Commission shall report its  
15 findings, together with any recommendations for legislation or  
16 regulations to the joint committee on health care not later than  
17 twelve months following the initial appointment of its members.

#### 1 SECTION 5. Authorizing Electronic Signatures for Prescrip- 2 tions.

3 Section 12H of Chapter 112 of the General Laws, as most  
4 recently appearing in the 2000 Official Edition, is hereby  
5 amended by adding the following sentences at the end thereof.

6 “A physician who enters a prescription by a computerized pre-  
7 scription order entry system shall enter an electronic signature  
8 directly below the prescription. The Board of Registration in Med-  
9 icine, in consultation with the Board of Registration of Pharmacy  
10 shall promulgate appropriate regulations to ensure that this system  
11 maintains confidentiality and security of the information so trans-  
12 mitted.”

1 SECTION 6. Expanding Treatment Opportunities for Disabled  
2 Physicians.

3 Section 5F of Chapter 112 of the General Laws, as most recently  
4 appearing in the 2000 Official Edition, is hereby amended by  
5 inserting after the words, “drug or alcohol program satisfactory to  
6 the board,” the following:— or who is in compliance with the  
7 requirements of a mental, behavioral, or physical health treatment  
8 or rehabilitation program satisfactory to the board.”

1 SECTION 7. Effective Date.

2 This act shall take effect upon its passage.