



Rhode Island Department of Health

NOTICE OF PUBLIC HEARING

The Director of the Rhode Island Department of Health has under consideration proposed amendments to the *Rules and Regulations for the Licensure and Discipline of Physicians [R5-37-MD/DO]* pursuant to the authority conferred under Chapters 5-37 and 42-35 of the Rhode Island General Laws, as amended. The purpose of the proposed amendments is to update standards and criteria for issuance of limited medical registrations, fees for medical records, closing of a medical practice, as well as general updating of regulatory requirements for consistency with accepted medical practice. These amended Regulations will also supersede *Rules and Regulations for Limited Medical Registration [R-5-37REG]*, which are being proposed for concurrent repeal.

Concurrent with these rulemaking actions, the Director of the Rhode Island Department of Health is also proposing to amend *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health [R23-1-17-Fee]* to address the revision of licensing fees for certain categories of physician licensure.

Notice is hereby given in accordance with the provisions of Chapter 42-35 of the Rhode Island General Laws, as amended, that the Director will hold a public hearing on the above mentioned matter, in the **AUDITORIUM** of the Rhode Island Department of Health (on the lower level of the Cannon Building), Three Capitol Hill, Providence, Rhode Island on **THURSDAY, 10 SEPTEMBER 2015 AT 1:00 PM.** at which time and place all persons interested therein will be heard. The seating capacity of the room will be enforced and therefore the number of persons participating in the hearing may be limited at any given time by the hearing officer, in order to comply with safety and fire codes.

In the development of the rules and regulations, consideration was given to the following: (1) alternative approaches; (2) overlap or duplication with other statutory and regulatory provisions and (3) financial impact on small business. No alternative approach, duplication, or overlap was identified based upon available information.

For the sake of accuracy, it is requested that statements to be made relative to any aspect of the regulations, including alternative approaches or overlap, be submitted in writing at the time of the hearing or in electronic format prior to the hearing date to: James V. McDonald, MD, Chief Administrative Officer, BMLD: James.McDonald@health.ri.gov or 401-222-1016.

Copies of the regulations are available for public inspection in the Cannon Building, Room #201, Rhode Island Department of Health, 3 Capitol Hill, Providence, Rhode Island, on the Secretary of State's website: <http://www.sos.ri.gov/ProposedRules/>, by calling 401-222-7767 or by e-mail to Bill.Dundulis@health.ri.gov.

The Department of Health is accessible to the handicapped. If communication assistance (readers/interpreters/captioners) is needed, or any other accommodation to ensure equal participation, please call 401-222-7767 or RI Relay 711 at least three (3) business days prior to the meeting so arrangements can be made to provide such assistance at no cost to the person requesting.

Signed this 8th day of July 2015

Original signed by Nicole Alexander-Scott, MD, MPH

Nicole Alexander-Scott, M.D., MPH

Director of Health

**RULES AND REGULATIONS
FOR THE LICENSURE AND DISCIPLINE OF PHYSICIANS**

[R5-37-MD/DO]



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH

1967

AS AMENDED:

December 1967	December 2002
February 1975	April 2004
February 1976	October 2004
March 1977	January 2007 (re-filing in accordance with the provisions of § 42-35-4.1 of the Rhode Island General Laws, as amended)
December 1978	October 2007
May 1982	August 2008
July 1986	August 2009
October 1988 (E)	January 2012 (re-filing in accordance with the provisions of § 42-35-4.1 of the Rhode Island General Laws, as amended)
September 1990(E)	January 2012
January 1991 (E)	May 2012
August 1991	September 2012
September 1991	April 2014
November 1992	September 2014
June 1997	September 2015
September 1998	(Proposed)
January 2000	
January 2002 (re-filing in accordance with the provisions of § 42-35-4.1 of the Rhode Island General Laws, as amended)	

COMPILER'S NOTES:

Additions: Double-Underlined

Proposed Deletions: ~~Strikeouts~~

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INTRODUCTION

These amended *Rules and Regulations for the Licensure and Discipline of Physicians (R5-37-MD/DO)* are promulgated pursuant to the authority conferred under Chapter 5-37 of the General Laws of Rhode Island, as amended, and are established for the purpose of updating prevailing standards governing the licensure and discipline of physicians in Rhode Island. These specific amendments ~~establish~~ update standards and criteria for ~~a Volunteer category of physician license~~ issuance of limited medical registrations¹, fees for medical records, closing of a medical practice, as well as general updating of regulatory requirements for consistency with accepted medical practice.

The healing art of medicine has changed over the years and is a collaborative endeavor involving many other health care professionals.

The Board of Medical Licensure and Discipline recognizes there are several other disciplines that participate in the healing arts. The practice of medicine is not a provincial exercise that is unique to physicians; rather there are many other licensed health care professionals who participate in these healing arts. These Regulations are intended for the physician community and to set clear boundaries for unlicensed persons or those similarly who lack qualifications.

Pursuant to the provisions of § 42-35-3(a)(3) and § 42-35.1-4 of the General Laws of Rhode Island, as amended, the following were given consideration was given in arriving at the amended regulations as to:

- (1) Alternative approaches to the regulations;
- (2) Duplication or overlap with other state regulations; and
- (3) Significant economic impact on small business.

Based on the available information, no known alternative approach, duplication or overlap was identified.

Upon promulgation of these amendments, these amended regulations shall supersede all previous *Rules and Regulations for the Licensure and Discipline of Physicians* and *Rules and Regulations for Limited Medical Registration [R-5-37REG]* promulgated by the Rhode Island Department of Health and filed with the Secretary of State.

¹ [Prior to the August 2015 edition, these requirements were contained in the *Rules and Regulations For Limited Medical Registration \[R-5-37REG\]*, which will be repealed concurrent with the promulgation of these amendments.](#)

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PART I *LICENSURE REQUIREMENTS FOR PHYSICIANS*

Section 1.0 *Definitions*²

Wherever used in these Regulations, the terms listed below shall be construed in the following manner:

- 1.1 ***“Acupuncture”*** means the insertion of needles into the human body by piercing the skin of the body, for the purpose of controlling and regulating the flow and balance of energy in the body. For the purposes of these Regulations; ***“medical acupuncture”*** means acupuncture as practiced by physicians licensed under the provisions of RIGL Chapter 5-37.
- 1.2 ***“Act”*** refers to RIGL Chapter 5-37 entitled, "Board of Medical Licensure and Discipline."
- 1.3 ***“Attending physician”*** means a physician who has an active, full medical license.
- 1.4 ***“Board”*** refers to the Rhode Island Board of Medical Licensure and Discipline or any committee or subcommittee thereof established under the provisions of § 5-37-1.1 of the Act.
- 1.5 ***“Chief Administrative Officer”*** means the administrator of the Rhode Island Board of Medical Licensure and Discipline.
- 1.6 ***“Collaborative pharmacy practice”*** is that practice of pharmacy whereby a pharmacist with advanced training and experience relevant to the scope of collaborative practice agrees to work in collaboration with one or more physicians for the purpose of drug therapy management of patients, such management to be pursuant to a protocol or protocols authorized by the physician(s) and subject to conditions and/or limitations as set forth by the Department. A health care professional who has prescribing privileges and is employed by a collaborating physician may be in such an agreement.
- 1.7 ***“Department”*** means the Rhode Island Department of Health.
- 1.8 ***“Director”*** refers to the Director, Rhode Island Department of Health.
- 1.9 ***“Doctor of Acupuncture”*** means a person who has been licensed under the provisions of RIGL Chapter 5-37.2 to practice the art of healing known as acupuncture.
- 1.10 ***“Drug therapy management”*** means the review, in accordance with a collaborative practice agreement, of drug therapy regimen(s) of patients by a pharmacist for the purpose of rendering advice to one (1) or more physicians that are party to the agreement, or their physician designees, regarding adjustment of the regimen. Decisions involving drug therapy management shall be made in the best interests of the patient. In accordance with a collaborative practice agreement, drug therapy management may include:
 - (a) Modifying and managing drug therapy;
 - (b) Collecting and reviewing patient histories;
 - (c) Obtaining and checking vital signs, including pulse, temperature, blood pressure, and

2 **Compiler’s Note:** The proposed August 2015 amendments add some additional definitions, thus renumbering many of the definitions. To minimize confusion, these changes in numbering are not annotated. Only actual text changes have been annotated. References to specific definitions in the body of the Regulations have also been updated without annotation.

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respiration; and

- (d) Under the supervision of, or in direct consultation with a physician, ordering and evaluating the results of laboratory tests directly related to drug therapy when performed in accordance with approved protocols applicable to the practice setting and providing such evaluation does not include any diagnostic component.
- 1.11 **"Foreign Medical Graduate"** means a physician (individual) whose basic medical degree or qualification was conferred by an allopathic medical school located outside the United States, Canada and Puerto Rico.
- 1.12 **"Intern, resident, or fellow"** means a physician in training in an accredited postgraduate training program.
- 1.13 **"License"** is synonymous with registration certificate.
- 1.14 **"Medical record"** means a record of a patient's medical information and treatment history maintained by physicians and other medical personnel, which includes, but is not limited to, information related to medical diagnosis, immunizations, allergies, x-rays, copies of laboratory reports, records of prescriptions, and other technical information used in assessing the patient's health condition, whether such information is maintained in a paper or electronic format.
- 1.15 **"Non-ablative treatment"** means any laser/intense pulsed light treatment or other energy source, chemical, or modality that is not expected or intended to remove, burn, or vaporize tissue. This shall include treatments related to laser hair removal.
- 1.16 **"Person"** means any individual, partnership, firm corporation, (including, but not limited to, associations, joint stock companies, limited liability companies, and insurance companies), trust or estate, state or political subdivision or instrumentality of a state.
- 1.17 **"Physician"** means any person licensed to practice allopathic or osteopathic medicine pursuant to the provisions of RIGL Chapter 5-37.
- 1.18 **"Postgraduate training"**, as used in these Regulations, means satisfactory training after earning the medical degree at an accredited program, or its equivalent as determined by the Board, including internship, residency and fellowship. Such training shall include one (1) year of internship and one (1) or two (2) years of progressive residency or comparable fellowship.
- 1.19 **"Practice of Medicine"**, pursuant to § 5-37-1(1) of the Act, shall include the practice of allopathic and osteopathic medicine. Any person shall be regarded as practicing medicine within the meaning of the Act who holds himself or herself out as being able to diagnose, treat, ~~operate,~~ perform surgery, use a laser/intense pulsed light, or prescribe for any person for disease, pain, injury, deformity or physical or mental condition or prescribe for any person ill or alleged to be ill with disease, pain, injury, deformity or abnormal physical or mental condition, or who shall either profess to heal, offer or undertake, by any means or method, to diagnose, treat, ~~operate~~ perform surgery, or prescribe for any person for disease, pain, injury, deformity or physical or mental condition. In addition, one who attaches the title M.D., physician, surgeon, D.O., osteopathic physician and surgeon, or any other similar word or words or abbreviation to his or her name indicating that he or she is engaged in the treatment or diagnosis of the diseases, injuries or conditions of persons shall

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be held to be engaged in the practice of medicine. Non-ablative treatment is part of the practice of medicine.

- 1.20 **“RIGL”** means the General Laws of Rhode Island, as amended.
- 1.21 **“These Regulations”** mean all parts of the Rhode Island *Rules and Regulations for the Licensure and Discipline of Physicians [R5-37-MD/DO]*.
- 1.22 **“Surgery”** is performed for the purpose of structurally altering the human body by the incision or destruction of tissues and is part of the practice of medicine. Surgery also is the diagnostic or therapeutic treatment of conditions or disease processes by any instruments causing localized alteration or transposition of human tissue which include lasers, ultrasound, ionizing radiation, scalpels, probes, and needles. The tissue can be cut, burned, vaporized, frozen, sutured, probed, or manipulated by closed reductions for major dislocations or fractures, or otherwise altered by mechanical, thermal, light-based, electromagnetic, or chemical means. All of these surgical procedures are invasive, including those that are performed with lasers, and the risks of any surgical procedure are not eliminated by using a light knife or laser in place of a metal knife, or scalpel.

Section 2.0 License Requirements

- 2.1 No person, unless licensed to practice medicine in Rhode Island, shall practice allopathic or osteopathic medicine or surgery or attempt to practice allopathic or osteopathic medicine or surgery, or any of the branches of allopathic or osteopathic medicine or surgery after having received therefore or with the intent of receiving therefore, either directly or indirectly, any bonus, gift or compensation or who shall open an office with intent to practice allopathic or osteopathic medicine or shall hold himself or herself out to the public as a practitioner of allopathic or osteopathic medicine, whether by appending to his or her name the title of doctor or any abbreviation thereof, or M.D., or D.O. or any other title or designation implying a practitioner of allopathic or osteopathic medicine.
 - 2.1.1 All physicians who are licensed to practice medicine in Rhode Island must obtain and sustain medical malpractice coverage prior to seeing patients. Proof of malpractice insurance shall be provided to the Board upon request. It is incumbent upon the licensee to ensure that malpractice coverage does not lapse while engaged in the practice of medicine.

Practice of Medical Acupuncture

- 2.2 Any physician licensed in Rhode Island under the provisions of the Act who seeks to practice medical acupuncture as a therapy shall comply with the following:
 - 2.2.1 Meet the requirements for licensure as a doctor of acupuncture set forth in the *Rules and Regulations for Licensing Doctors of Acupuncture and Acupuncture Assistants* promulgated by the Rhode Island Department of Health; **or**
 - 2.2.2 Successfully complete a course offered to physicians that has been approved by the American Board of Medical Acupuncture (ABMA).

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Visiting Physicians

2.3 Notwithstanding the provisions of § 2.1 of these Regulations, a physician who is licensed to practice medicine in another state or states, but not in Rhode Island, and who is in good standing in such state or states, may exercise the privilege to practice medicine for a patient located in Rhode Island under the following circumstances only:

- (a) The physician is employed by a branch of the United States military, Department of Defense, Department of Veterans' Affairs Division of Veterans' Health Administration, or similar federal entity.
- (b) The physician is present in Rhode Island on a singular occasion as a member of an air ambulance treatment team or organ harvesting team.
- (c) The physician, whether or not physically present in Rhode Island, is being consulted on a singular occasion by a physician licensed in Rhode Island, or is providing teaching assistance in a medical capacity, for a period not to exceed seven (7) days. Under no circumstance may a physician who is not present in Rhode Island provide consultation to a patient in Rhode Island who does not have a physician patient relationship with that physician unless that patient is in the physical presence of a physician licensed in Rhode Island.
- (d) The physician is present in Rhode Island for a period not to exceed seven (7) days as a volunteer physician serving in a non-compensated role for a charitable function.
- (e) The physician is present in Rhode Island while providing medical services to a sports team incorporated in the United States or another country provided that:
 - (1) The physician has a written agreement with that sports team to provide care to team members, coaching staff, and families traveling with the team for a specific sporting event or preseason training camp occurring in Rhode Island.
 - (2) The physician may not provide care or consultation to any person residing in Rhode Island other than those enumerated in § 2.3 of these Regulations or under the conditions permitted in § 2.4 of these Regulations.
 - (3) The physician shall be permitted to provide care and consultation to those in § 2.3 of these Regulations for no longer than seven (7) consecutive days per sporting event.
 - (4) The physician is not authorized to practice at a health care facility or clinic, acute care facility, or urgent care center; but nothing in these Regulations shall prevent the physician from accompanying a person enumerated in § 2.3 of these Regulations to such a facility or from providing consultation to a physician licensed in Rhode Island in regard to such person.
 - (5) If the physician is licensed in another country, he or she must obtain prior written permission from the Director to be permitted to provide care and consultation to those in § 2.3 of these Regulations.

2.4 If a physician licensed in Rhode Island obtains prior written permission from the Director, the physician who is not licensed in Rhode Island but is practicing under §§ 2.3(c), (d) or (e) of these Regulations may be permitted to extend his or her authorization to practice

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medicine for more than seven (7) consecutive days if the requesting physician shows good cause for the extension, but for no more than a total of thirty (30) days in any one year.

2.5 A physician practicing under §§ 2.3(c) or (d) of these Regulations shall inform the Director in writing of his or her intent to practice prior to, or as soon as practicable, but no later than seven (7) days, after the consultation.

2.6 Any person who is found to have violated any provisions of § 5-37-16.2 of the Act or §§ 2.3, 2.4 or 2.5 of these Regulations shall be subject to § 5-37-12 of the Act regarding the unauthorized practice of medicine.

Limited Medical Registration Requirements for Interns, Residents or Fellows

2.7 Except for physicians licensed pursuant to RIGL Chapter 5-37, no person shall perform the duties of an intern, resident or fellow in Rhode Island without holding a limited medical registration certificate pursuant to § 5-37-16 of the Act.

2.7.1 Limited medical registration shall only be granted to individuals appointed as intern, resident or, fellow in a hospital licensed in Rhode Island, or other institution or clinic pursuant to § 5-37-16 of the Act for the purpose of obtaining training in a medical program accredited by the Accreditation Council for Graduate Medical Education, (ACGME), or other accrediting body approved by the Board, or to a fellow for the purpose of teaching, research and/or training in conjunction with a medical education program in a medical school accredited by the Liaison Committee for Medical Education (LCME).

2.8 A limited medical registration certificate (for postgraduate training) shall entitle the holder thereof to practice medicine in the hospital or other institution designated on the certificate of limited registration, or outside such hospital or other institution for the treatment under the supervision of one of its medical staff who is a duly licensed physician [i.e. full licensure], of persons accepted by it as patients, or in any hospital, institution, clinic or program affiliated for training purposes with the hospital, institution or clinic designated on such certificate, which affiliation is approved by the Department. In all cases the practice of medicine under a limited medical registration shall be in accordance with policies and procedures established by the hospital, institution or other clinic designated on the certificate.

2.8.1 It shall be the responsibility of each hospital, clinic or other institution to submit, on or before 1 April of each year to the Department for its approval, a list of affiliated hospitals, institutions, clinics or programs providing training programs for interns, residents or, fellows.

2.8.2 Any hospital, clinic or institution providing training programs for interns, residents, or fellows, that are subject to statutory licensure in Rhode Island, shall hold a current license.

2.9 Once a full license to practice medicine in the state of Rhode Island has been granted, all concurrent limited medical registration privileges shall cease.

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2.10 (a) Physicians who are fully licensed in Rhode Island or in an alternate jurisdiction, and who are entering or re-entering an accredited graduate medical education program (training program) are eligible for limited medical registration (training license). The limited medical registration shall be granted annually for the duration of training.

(b) If the physician chooses to practice outside of the accredited graduate medical education program at any time during the period of training, a full medical license is required.

2.11 A physician in training greater than five (5) years shall obtain a full, unrestricted license to practice medicine in Rhode Island, unless the physician remains in an accredited training program and has successfully passed all three (3) parts of the United States Medical Licensing Examination (USMLE).

Section 3.0 *Qualifications*

3.1 *Allopathic Physicians:*

3.1.1 **Graduates of Schools Located in the U.S.A. and Puerto Rico:** An applicant seeking licensure to practice medicine in Rhode Island must:

- (a) be of good moral character;
- (b) have graduated from a medical school accredited by the Liaison Committee for Medical Education (LCME);
- (c) have satisfactorily completed two (2) years of progressive post graduate training, internship and residency, in a program accredited by the Accreditation Council for Graduate Medical Education;
- (d) have satisfactorily passed an examination approved by the Board; and
- (e) meet such other requirements as set forth by regulation or as may be established by the Board.

3.1.2 **Graduates of Schools Located in Canada:** An applicant seeking licensure to practice medicine in Rhode Island must:

- (a) be of good moral character;
- (b) have graduated from a medical school accredited by the Liaison Committee for Medical Education (LCME);
- (c) have satisfactorily completed two (2) years of progressive post graduate training in a program accredited by the Accreditation Committee of the Federation of the Medical Licensing Authority of Canada or the Royal College of Physicians and Surgeons of Canada;
- (d) have satisfactorily passed an examination approved by the Board; and
- (e) meet such other requirements as set forth by regulation or as may be established by the Board.

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3.1.3 **Foreign Medical Graduates:** An applicant seeking licensure to practice medicine in Rhode Island who is a Foreign Medical Graduate must:

- (a) be of good moral character;
- (b) have graduated from a medical school located outside the United States which is recognized by the World Health Organization and the Board;
- (c) have received certification by the Education Commission for Foreign Medical Graduates (ECFMG);
- (d) applicants must have satisfactorily completed two (2) years of progressive postgraduate training, internship and residency or a comparable fellowship in a training program accredited by the Accreditation Council for Graduate Medical Education (ACGME). The Board may grant up to twelve (12) months of credit at the internship level to an applicant with a minimum of three (3) years of progressive international postgraduate training when advanced standing is also granted by the American Board of Medical Specialties. ~~All or some of this postgraduate training requirement may be waived, at the discretion of the Board, for international graduates with advanced international postgraduate training; full and unrestricted medical licensure in another state/jurisdiction; and five (5) years of clinical practice experience in good standing in the alternate jurisdiction.~~
- (e) have satisfactorily passed an examination approved by the Board; and
- (f) meet such other requirements as set forth by regulation or as may be established by the Board.

3.1.4 **Foreign Medical Graduates/United States Citizens (Fifth [5th] Pathway):** An applicant seeking licensure to practice medicine in Rhode Island and who is a Foreign Medical Graduate and a United States citizen at the time of attendance at said foreign school and who has completed all of the formal requirements of said medical school except internship and/or social services must:

- (a) be of good moral character;
- (b) have successfully completed a course of study from a medical school located outside the United States which is recognized by the World Health Organization and the Board;
- (c) have satisfactorily passed the Educational Commission for Foreign Medical Graduates Examinations;
- (d) have attained a score satisfactory to a medical school approved by the Liaison Committee on Medical Education on a qualifying examination acceptable to the State Board for Medicine;
- (e) applicants shall have satisfactorily completed two (2) years of progressive postgraduate training, internship and residency or fellowship in a training program accredited by the Accreditation Council for Graduate Medical Education.
- (f) have satisfactorily passed an examination approved by the Board; and

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- (g) meet such other requirements as set forth by regulation or as may be established by the Board.

3.1.5 Waiver of Training Requirements - Allopathic Physicians.

- (a) Notwithstanding the requirements of § 3.1.1(c) of these Regulations, all or some of the postgraduate training requirement for graduates of schools located in the U.S.A. and Puerto Rico may be waived, at the discretion of the Board, for graduates who hold a full and unrestricted medical license in another state/jurisdiction for at least five (5) years and are certified by an American Board of Medical Specialty (ABMS) Board.
- (b) Notwithstanding the requirements of § 3.1.2(c) of these Regulations, all or some of the postgraduate training requirement for graduates of schools located in Canada may be waived, at the discretion of the Board, for graduates who hold a full and unrestricted medical license in another state/jurisdiction for at least five (5) years and are certified by an ABMS Board.
- (c) Notwithstanding the requirements of § 3.1.3(d) of these Regulations, all or some of the postgraduate training requirement for foreign medical graduates may be waived, at the discretion of the Board, for international graduates with advanced international postgraduate training, who hold full and unrestricted medical licensure in another state/jurisdiction, and five (5) years of clinical practice experience in good standing in the alternate jurisdiction.

3.2 Osteopathic Physicians:

3.2.1 Graduates of Schools of Osteopathic Medicine, An applicant seeking licensure to practice Osteopathic Medicine in Rhode Island must:

- (a) be of good moral character;
- (b) have graduated from an osteopathic medical school located in the United States that is accredited by the American Osteopathic Association;
- (c) have satisfactorily completed two (2) years of progressive post graduate training, internship and residency in a program approved by the American Osteopathic Association or the Accreditation Council for Graduate Medical Education;
- (d) have satisfactorily passed an examination approved by the Board; and
- (e) meet such other requirements as set forth by regulations or as may be established by the Board.

3.2.2 Waiver of Training Requirements - Osteopathic Physicians. Notwithstanding the requirements of § 3.2.1 of these Regulations, all or some of the postgraduate training requirement for graduates of schools of osteopathic medicine may be waived, at the discretion of the Board, for graduates who hold a full and unrestricted license to practice osteopathic medicine in another state/jurisdiction for at least five (5) years and are certified by an ABMS Board.

Licensure By Endorsement

3.3 The Board may grant expedited full and unrestricted licensure to applicants with a verified full and unrestricted licensure in another state with administrative approval from the Chief Administrative Officer provided that the candidate shall: (1) have no formal disciplinary actions or active or pending investigations; past, pending, public or confidential restrictions or sanctions, by the board of medicine, licensing authority, medical society, professional society, hospital, medical school or institution staff sanctions in any state, country or jurisdiction. A disciplinary action includes, but is not limited to, the refusal to issue or renew a license to practice medicine by any aforementioned entity. (2) hold unrestricted licenses in every jurisdiction that the candidate holds a license, (3) meet minimum requirements for a license in the state of Rhode Island, (4) have submitted a completed application, in the English language or accompanied by a certified translation thereof into English for reciprocal licensure. Such licenses shall be considered provisional until ratified at a meeting of the full Board. Willful violation of the provisions of this section by a licensing candidate shall be grounds for immediate license suspension.

3.4 ***Volunteer Physicians***

3.4.1 ***Licensure.*** The Board may grant a license to practice medicine in Rhode Island as a volunteer physician to an individual who meets all of the following requirements:

- (a) Be otherwise qualified for licensure as a physician pursuant to these Regulations.
- (b) Be retired from the active practice of medicine and whose only clinical activities will be volunteering in clinics and other facilities that provide medical care to underinsured or uninsured patients.
- (c) Receive no monetary or in-kind compensation for any clinical services provided as a physician.
- (d) Submit documentation to the Board from an IRS-approved 501(c)(3) organization, or other similar entity, providing care for underinsured or uninsured patients, attesting to the physician's status as a volunteer physician and the absence of compensation (monetary or in-kind).
 - (1) Separate documentation shall be provided for each organization where the applicant intends to provide services as a volunteer physician.
- (e) Submit documentation to the Board that malpractice insurance will be provided, either by the organization or by the applicant.

3.4.2 ***Issuance and Renewal.***

- (a) ***Fees.*** There shall be no licensure fee for a volunteer physician license.
- (b) Upon completion of the requirements contained in § 3.4.1 of these Regulations, the Director may issue a volunteer physician license in accordance § 7.0 of these Regulations.
- (c) A volunteer physician license may be renewed in accordance § 7.2 of these Regulations.

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- 3.4.3 *Continuing Education.* A volunteer physician shall be required to complete continuing medical education in accordance with § 6.0 of these Regulations.
- 3.4.4 *Restrictions and Limitations.* Physicians who have academic and/or administrative jobs, and who wish to volunteer, are not eligible for a volunteer physician license.
- 3.4.5 *Conversion to Full/Unrestricted License.* A physician with a volunteer license who wishes to resume active practice may convert the license to full/unrestricted license by paying the initial licensure fee as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health.*

Academic Faculty

3.5 Pursuant to § 5-37-16.1 of the Act, notwithstanding any other provisions of the Act, a physician of noteworthy and recognized professional attainment who is clearly an outstanding physician and who has been offered by the dean of an accredited medical school in Rhode Island a full-time academic appointment at senior rank, may, at the Board's sole discretion, be granted limited registration while serving on the academic staff of the medical school.

3.5.1 Such limited registration shall enable said physician(s) to engage in the practice of medicine to the extent that such practice is incidental to a necessary part of his or her academic appointment and then only in the hospital or hospitals and out-patient clinics connected with the medical school through formal academic affiliation. Except to the extent authorized by the Act and these Regulations, the academic physician with limited registration shall not engage in the practice of medicine or receive compensation therefor, unless he or she is issued a license to practice medicine in accordance with the provisions of § 5-37-2 of the Act.

Section 4.0 *Application for License & Fees*

- 4.1 Application for licensure shall be made on forms provided by the Board which shall be completed, including the physician's signature, notarized and a recent identification photograph of the applicant, head and shoulder front view, approximately 2 x 3 inches in size submitted to the Board.
- 4.2 Such application shall be accompanied by the following documents and fee (non-refundable and non-returnable):
- (a) **[DELETED]**.
 - (b) the applicant must submit a self-query of the National Practitioner Data Bank.
 - (c) each license application, except from an applicant who qualifies for a license by endorsement pursuant to § 3.3 of these Regulations, must also include a completed Federation Credentials Verification Form (FCVS) from the Federation of State Medical Boards of the United States, Inc.

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- (d) a statement from the Board of Examiners in Allopathic or Osteopathic Medicine in each state in which the applicant has held or holds licensure to be submitted to the Board of this state attesting the licensure status of the applicant during the time period applicant held licensure in said state;
 - (e) the application examination fee, as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health*;
 - (f) such other information as may be deemed necessary and appropriate by the Board.
- 4.3 The Board, at its discretion, reserves the right to require any or all applicants to appear before the Board for an interview.
- 4.4 An applicant shall not be eligible for licensure by endorsement if the Board finds that the applicant has engaged in any conduct prohibited by these Regulations.

Interns, Residents or, Fellows

- 4.5 An application for limited medical registration as an intern, resident or fellow be made on forms provided by the Board, shall be submitted through the hospital, institution, clinical facility, or medical practice, and shall be accompanied by the following documents and fee (non-refundable and non-returnable):
- (a) Being eighteen (18) years of age or older;
 - (b) Good moral character;
 - (c) Successful graduation and completion of no less than two (2) years of study in a legally chartered medical school having power to grant degrees in medicine;
 - (d) Appointment as an intern, resident or fellow in an accredited training program pursuant to § 2.7 of these Regulations; and
 - (e) The application fee, as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health*;
 - (f) Such other information as may be deemed necessary by the Board.
- 4.6 Furthermore, each applicant from an accredited training program or its equivalent shall have the application for limited medical registration signed by:
- (a) The administrator/chief executive officer of the hospital, clinic, or other institution that has granted the appointment as an intern, resident or fellow; and
 - (b) The program director attesting to the provisions of § 4.5(c) of these Regulations.
- 4.7 Applicants from foreign medical schools shall present evidence of valid certification by the Educational Commission for Foreign Medical Graduates (ECFMG) including the provisions of § 4.6(a) of these Regulations.

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(a) This requirement may be waived at the discretion of the Board for candidates approved by the Board who are participating in a short-term [less than six (6) month duration] postgraduate experience as part of a formal program administered by the director of an ACGME accredited residency or fellowship.

Academic Faculty

4.8 Application for limited registration for "academic faculty" shall be made on forms provided by the Department which shall be completed, notarized and submitted to the Board at least thirty (30) days prior to the scheduled date of Board meeting.

4.9 Such application shall be accompanied by the following documents and fee (non-refundable and non-returnable):

(a) (i) **For U.S. citizens:** a certified copy of birth certificate;

(ii) **For foreign medical physicians:** if a certified copy of birth certificate cannot be obtained, immigration papers or resident alien card or such other birth verifying papers acceptable to the Board;

(b) One (1) recent photograph of the applicant, head and shoulder front view approximately 2 x 3 inches in size;

(c) A statement from the board of examiners in medicine in each state in which the applicant holds or has held a license confirming the applicant to be or have been in good standing. Such statement shall be submitted to the Board;

(d) A certified copy of medical diploma;

(e) A complete curriculum vitae;

(f) A written statement from the dean of the medical school attesting that an offer has been made to the individual for a full-time senior level academic appointment, including the recommendation that the applicant is a person of professional rank (i.e., associate or full professor) whose knowledge and special training will benefit the medical school; and

(g) The application fee, as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health*;

4.10 All documents not written in the English language shall be accompanied by certified translations.

Section 5.0 ***Examination***

5.1 ***By Examination for Allopathic & Osteopathic Physicians:***

Applicants shall be required to pass such examination as the Board deems necessary to test the applicant's knowledge and skills to practice medicine in Rhode Island pursuant to the Act and these Regulations.

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- 5.1.1 For written examinations, the Board requires applicants to successfully pass the following:
- (1) The National Board of Allopathic or Osteopathic Medical Examination (NBME) or (NBOME); or
 - (2) The United States Medical Licensing Examination (USMLE);
 - (3) The Licentiate Medical Council of Canada (LMCC);
 - (4) Or any combination of examinations acceptable to the Board and as recommended by the United States Medical Licensing Examination;
 - (5) The passing score for each section of the above examinations must be 75 or more (The Board does not accept averaging of the separate components.)
 - (6) Applicants for licensure in Rhode Island must pass each section of the required examination by the third (3rd) attempt. In the event of a third (3rd) failure, opportunity for re-examination(s) shall be subject to the applicant's completion of additional requirements as recommended by the Board on a case by case basis.

Section 6.0 *Continuing Education*

- 6.1 Every physician licensed to practice allopathic or osteopathic medicine in Rhode Island under the provisions of the Act and these Regulations, shall on or before the first (1st) day of June of every even-numbered year, on a biennial basis, earn a minimum of forty (40) hours of AMA PRA Category 1 Credit™/AOA Category 1a continuing medical education credits and shall document this to the Board.
- 6.1.1 A physician's participation in an American Board of Medical Specialty's (ABMS) Maintenance of Certification program will be considered equivalent to meeting CME requirement.
- 6.1.2 A physician's participation in an Osteopathic Continuous Certification (OCC) program will be considered equivalent to meeting CME requirement.
- 6.2 The application shall include evidence satisfactory to the Board of completion of a prescribed program of continuing medical education established by the appropriate medical or osteopathic society. Participation by duly appointed members of the Board in regular Board meetings and investigating committee meetings shall be considered acceptable on an hours served basis in lieu of AMA PRA Category 1 Credit™/AOA Category 1a continuing medical education hours.
- 6.2.1 Said continuing medical education shall include a minimum of two (2) hours from a list of topics related to current public health needs, which list shall be developed by the Director in consultation with and as approved by the appropriate medical or osteopathic society. The list shall be available to physicians as of 1 July of each even-numbered year.
- 6.3 The Board, may extend for only one (1) six (6) month period such educational requirements pursuant to the provisions of § 5-37-2.1 of the Act.

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- 6.4 It shall be the sole responsibility of the individual physician to obtain documentation from the approved sponsoring or co-sponsoring organizations, agencies or other, of his or her participation in a learning experience and the number of dated credits earned.
- 6.4.1 Those documents must be safeguarded, for a period of three (3) years, by the physician for review by the Board if required. Only a summary list of those documents, not the documents themselves, shall be submitted with the application for renewal of the certification.
- 6.5 Licensure renewal shall be denied to any applicant who fails to provide satisfactory evidence of continuing medical education as required by these Regulations.

Section 7.0 *Issuance and Renewal of License and Fee*

- 7.1 Upon completion of the aforementioned requirements and upon submission of the initial licensure fee as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health*, the Director may issue a license to those applicants found to have satisfactorily met all the requirements of these Regulations. Said license unless sooner suspended or revoked shall expire biennially on the first (1st) day of July of the next even-numbered year.
- 7.2 (a) Every physician licensed during the current year who intends to practice allopathic or osteopathic medicine during the ensuing two (2) years shall file with the Board, before the first (1st) day of July of each even-numbered year, a renewal application, on such forms as the Chief Administrative Officer deems appropriate, and duly executed together with the renewal fee as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health* on or before the first (1st) day of July in each even-numbered year. Payment shall be postmarked on or before July 1.
- (b) Notwithstanding the provisions of § 7.2(a) of these Regulations, a physician shall be eligible for a reduced renewal fee, as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health*, if the physician complies with the following requirements:
- (1) Successful completion of the *Physician Professional Education Program* for the current renewal cycle, as established by the Director; and
 - (2) (i) For the renewal period ending 30 June 2014, documentation of successful completion of the *Physician Professional Education Program* for the current renewal cycle is filed with the Board before 1 May 2014;
 - (ii) For renewal periods ending 30 June 2016 and later, documentation of successful completion of the *Physician Professional Education Program* for the current renewal cycle is filed with the Board before the first (1st) day of April of each even-numbered year; and

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- (3) Payment is received on or before the first (1st) day of July of each even-numbered year.
- 7.3 Upon receipt of a renewal application and payment of fee, a license renewal, subject to the terms of the Act and these Regulations, shall be issued, effective for two (2) years, unless sooner suspended or revoked.
- 7.4 The licenses (registration certificates) of all allopathic or osteopathic physicians whose renewals, accompanied by the prescribed fee, are not filed on or before the first (1st) day of July shall be automatically lapsed. The Board may in its discretion and upon the payment by the physician of the current licensure (registration) fee, plus an additional fee, as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health* reinstate any license (certificate) lapsed under the provisions of § 5-37-10 of the Act and § 7.4 of these Regulations.
- 7.5 Every person to whom a license to practice medicine in Rhode Island has been granted by the duly constituted licensing authority in Rhode Island and who intends to engage in the practice of medicine during the ensuing two years, shall register his or her license by filing with the Board such application duly executed together with such registration form and fee as established by the Director.
- 7.6 **[DELETED]**
- 7.7 Each physician licensed in Rhode Island shall be required to provide pertinent information to be included in an individual physician profile that shall be compiled by the Board and made available to the public, as described in § 5-37-9.2 of the Act. This information will be collected through a questionnaire provided by the Board and completed by each licensed physician.
- 7.7.1 Through this questionnaire, each Rhode Island licensed physician shall provide the following information to the Board for inclusion in the profile:
- (a) Name(s) of medical school(s) and date(s) of graduation;
 - (b) Graduate medical education;
 - (c) A description of any final disciplinary actions by licensing boards in other states within the most recent ten (10) years;
 - (d) A description of any criminal convictions for felonies within the most recent ten (10) years. For the purpose of this subsection, a person shall be deemed to be convicted of a crime if he or she pleaded guilty or if he or she was found or adjudged guilty by a court of competent jurisdiction; or has been convicted of a felony by the entry of a plea of *nolo contendere*;
 - (e) A description of revocation or restriction of hospital privileges for reasons related to competence or quality of patient care that have been taken by the hospital's governing body or any other official of the hospital after procedural due process has been afforded, or the resignation from or non-renewal of

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medical staff membership or the restriction of privileges at a hospital during the course of an investigation. Only cases which have occurred within the most recent ten (10) years shall be disclosed to the public; and,

- (f) All medical malpractice court judgments and all medical malpractice arbitration awards in which payment was awarded to a complaining party since September 1, 1988 in any state in which the physician was licensed since September 1, 1988 or during the most recent ten (10) years, and all settlements of malpractice claims in which payment was made to a complaining party since September 1, 1988 or within the most recent ten (10) years in any state in which the physician was licensed since September 1, 1988 or within the most recent ten (10) years.

7.7.2 In order to update for the profile the information initially supplied to the Board by the physician at initial application for licensure, each physician shall provide the following information through the questionnaire:

- (a) Specialty board certification;
- (b) Number of years in practice in any state;
- (c) Name(s) of the hospital(s) where the physician has privileges in any state;
- (d) The location of the physician's primary practice setting; and,
- (e) [DELETED].

7.7.3 [DELETED].

7.8 A limited medical registration certificate as an intern, resident or fellow shall be valid for a period of not more than one (1) year from the date of issuance and may be renewed annually for not more than four (4) consecutive years by the Department, except as provided in § 2.11 of these Regulations.

7.9 A limited registration certificate for academic faculty shall be valid for a period of not more than one (1) year, expiring on the 30th day of June following its initial effective date and may be renewed for not more than five (5) consecutive years by the Board, provided however, such registration shall automatically expire when the holder's relationship with the medical school is terminated or substantially changes. The holder shall reapply for limited registration in accordance with the requirements of §§ 4.8, 4.9 and 4.10 of these Regulations if the relationship with the medical school substantially changes. After the fifth consecutive renewal, a physician may reapply for limited registration in accordance with the provisions of §§ 4.8, 4.9 and 4.10 of these Regulations.

Section 8.0 *Refusal of License*

8.1 The director at the direction of the Board, after due notice and hearing, in accordance with the procedures set forth in §§ 5-37-5.2 to 5-37-6.2 of the Act, may refuse to grant the original license to any physician and/or applicant who:

- (a) is not of good moral character;

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- (b) does not meet the requirements for licensure set forth in the Act, regulations established by the Board, and/or regulations promulgated by the director who has violated any laws involving moral turpitude or affecting the ability of any physician and/or applicant to practice medicine; or
- (c) has been found guilty in another state of conduct which if committed in Rhode Island would constitute unprofessional conduct, as defined in § 5-37-5.1 of the Act and these Regulations.
- (d) has been denied medical licensure in another state.

Said Director shall serve a copy of his or her decision or ruling upon any person whose original certificate has been refused.

Section 9.0 *Inactive List*

9.1 A physician licensed to practice allopathic or osteopathic medicine who does not intend to engage in the practice of medicine during any year, may upon written request to the Board have his or her name transferred to an inactive list and shall not be required to register biennially or pay any fee as long as he or she remains inactive. During said period of inactive status, the physician may not practice medicine, as defined in § 1.19 of these Regulations.

9.1.1 Any physician whose name has been included in the inactive list pursuant to § 9.1 of these Regulations shall be restored to active status by the Director upon the filing of a written request accompanied by the registration form and fee as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health.* Furthermore, at the discretion of the Board, the applicant may be required to appear before the Board for an interview. ~~Any licensed physician whose name has been transferred to an inactive list pursuant to § 9.1 of these Regulations, may apply to the Board for restoration of his or her license to active status to practice medicine. He or she must submit to the Board an application including a chronology of professional activities during his or her inactive status, a report of Continuing Medical Education for the preceding three (3) years, accompanied by the licensure fee as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health.*~~

Section 10.0 *Unprofessional Conduct*

10.1 The Director is authorized to deny or revoke any license to practice allopathic or osteopathic medicine or otherwise discipline a licensee upon finding by the Board that the person is guilty of unprofessional conduct which shall include, but not be limited to those items, or combination thereof, listed in § 5-37-5.1 of the Act.

10.2 Licenses that have been revoked by the Director shall not be eligible for consideration for re-instatement for a period of five (5) years. Re-instatement of revoked licenses shall be at the discretion of the Board.

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10.3 Pursuant to § 5-37-16 and § 5-37-16.1 of the Act, the Director is authorized to revoke the limited registration certificate of any intern, resident or fellow, or academic faculty physician, who violates any of the provisions of § 5-37-16 and § 5-37-16.1 of the Act and/or these Regulations.

10.4 **Physician Self-treatment or Treatment of Immediate Family Members.** A physician is not authorized to prescribe a controlled substance to one self or an immediate family member under any circumstances.

10.5 Discharging a **Patient from a Practice.** Periodically, a physician/practice may need to terminate the physician-patient relationship. This shall be done via written notice, which shall be documented in the medical record. The physician/practice must be available to the patient for thirty (30) days for medication refills, urgent or emergent conditions. A physician does not have to refill controlled substances if there is a suspicion of diversion.

10.6 **Closing a Medical Practice.**

(a) In the event of a planned voluntary closure of a medical practice, the physician shall, at least ninety (90) days before closing his or her practice, give public notice as to the disposition of patients' medical records in a media venue with, at a minimum, statewide influence, and shall notify the Rhode Island Medical Society and the Board of the location of the records. The public notice shall include the date of the physician's retirement, and where and how patients may obtain their records both prior to and after closure of the physician's practice.

(b) The heirs or estate of a deceased physician who had been practicing at the time of his or her death shall, within ninety (90) days of the physician's death, give public notice as to the disposition of patients' medical records in a media venue with a statewide circulation, and shall notify the Rhode Island Medical Society and the Board of the location of the records.

(c) Any physician closing his or her practice, or the heirs or estate of a deceased physician who had been practicing at the time of his or her death, shall store the physician's patient records in a location and manner so that the records are maintained and accessible to patients.

(d) Any person or corporation or other legal entity receiving medical records of any retired physician or deceased physician who had been practicing at the time of his or her death, shall comply with and be subject to the provisions of RIGL Chapter 37.3, the *Confidentiality of Health Care Information Act*, and shall be subject to the rules and regulations promulgated in accordance with RIGL § 23-1-48 and with the provisions of RIGL § 5-37-22(c) and (d), even though this person, corporation, or other legal entity is not a physician.

Section 11.0 *Services* ***Mammography and Medical Records***

Mammography

11.1 (a) All aspects of mammography services shall be performed in accordance with the Mammography Quality Standards Reauthorization Act of 1998, Public Law 105-248,

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and 21 C.F.R. Part 900, managed in accordance with the provisions of the *Rules and Regulations Related to Quality Assurance Standards for Mammography (R23-1 MAM)* of the Rhode Island Department of Health.

- (b) Pursuant to RIGL §23-4.9-1, each facility that takes a mammography x-ray of any individual within Rhode Island shall keep and maintain that mammography x-ray for the life of the individual. However, any mammography x-ray may be destroyed if the individual has had no contact with the mammographic imaging facility for a period exceeding fifteen (15) years.

Medical Records

11.2 Medical records and medical bills may be requested by the patient or ~~an authorized~~ the patient's personal representative. All medical record requests to physicians shall be made in writing through ~~or upon receipt of~~ a properly executed Authorization for Release of Health Care Information.

- (a) (1) Reimbursement to the physician for ~~giving~~ providing a patient a copy of ~~an electronic health record~~ their medical record, regardless of format, shall not exceed ~~ten cents (\$0.10)~~ seventy-five cents (\$0.75) per page for the first fifty (50) pages. After fifty (50) pages, the fee shall not exceed fifty cents (\$0.50) per page. If a medical record is greater than two hundred and twenty-five (225) pages, the total charge will not exceed one hundred and twenty dollars (\$125). ~~Alternatively,~~ If a health record is transferred electronically (e.g., USB, CD or other electronic means), the fee shall be consistent with the number of pages transferred and, if there are greater than two hundred and twenty-five (225) pages, the total fee shall not exceed twenty five dollars (\$25.00) one hundred twenty-five dollars (\$125.00). An additional charge to reflect actual cost of postage or electronic transfer is permissible.
- (2) ~~[DELETED] Reimbursement to the physician for giving a patient a copy of their medical records in paper format shall not exceed seventy five cents (\$0.75) per page for the first fifty (50) pages. After fifty (50) pages, the fee shall not exceed fifty cents (\$0.50) per page.~~
- (3) A special handling fee of an additional twenty dollars (\$20.00) may be charged if the records must be delivered to the patient or authorized representative within forty-eight (48) hours of the request.
- (4) Fees ~~can~~ shall be adjusted for inflation on an annual basis by the Board using United States Bureau of Labor Statistics calculator, adjusting rates to the most recent completed year. The increase will be effective on 1 October 2016, and on the 1st day of October in each succeeding year.
- (5) **Family Discount.** Reimbursement to the physician for providing a family a copy of their respective medical records shall not exceed seventy-five cents (\$0.75) per page for the first fifty (50) pages. After fifty (50) pages, the fee shall not exceed fifty cents (\$0.50) per page. At no time can the cost per record exceed twenty-five dollars (\$ 25) each, if properly executed Authorization for Release of Health Care Information requests are presented at the same time. An additional charge to reflect actual cost of postage or electronic transfer is permissible.

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- (b) The physician may not require prior payment of charges for medical services as a condition for obtaining a copy of the medical record. The physician may not require prepayment of charges for duplicating or retrieving records as a condition prior to fulfilling the patient's request for the medical record if the request is for the purpose of continuity of care. Copying of X-rays or other documents not reproducible by photocopy shall be at the physician's actual cost plus reasonable fees for clerical service not to exceed twenty-five dollars (\$25.00). Charges shall not be made if the record is requested for immunization records required for school admission or by the applicant or beneficiary or individual representing an applicant or beneficiary for the purposes of supporting a claim or appeal under the provision of the Social Security Act or any federal or state needs-based benefit program such as Medical Assistance, RItE Care, Temporary Disability Insurance and Unemployment compensation.
 - (c) No fees shall be charged to an applicant for benefits in connection with a Civil Court Certification Proceeding or a claim under the Worker's Compensation Act RIGL § 28-29-38 as reflected in RIGL § 23-17-19.1(16).
 - (d) Requested records must be provided within thirty (30) days of the receipt of the written request or signed authorization for records. Requests for medical records made by authorized third parties (e.g., attorneys representing the patient, attorneys not representing the patient, or a patient's estate on behalf of the patient, or insurance companies) submitting a properly executed Authorization for Release of Information shall be billed at two dollars and fifty cents (\$2.50) per page for the first ten (10) pages, then seventy-five cents (\$0.75) per page for the next fifty (50) pages, then fifty cents (\$0.50) per page. An additional charge to reflect actual cost of postage is permissible. in the same restricted manner as described in these Regulations. Electronic medical record downloading and copying shall be billed in the same manner and terms as described above.
 - (e) Should instances arise relating to the retrieval and copying of medical records which are not specifically covered by these Regulations, a fee structure consistent with that described above shall apply.
 - (f) No fees shall be charged when a medical record is being sent from one provider to the next in the context of a consultation.
- 11.3 Medical Records shall be stored by physicians or their authorized agents for a period of at least seven (7) years unless otherwise required by law or regulation.
- 11.4 Medical Records shall be legible and contain the identity of the physician or physician extender and supervising physician by name and professional title who is responsible for rendering, ordering, supervising or billing each diagnostic or treatment procedure. The records must contain sufficient information to justify the course of treatment, including, but not limited to: active problem and medication lists; patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations and hospitalizations.

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Section 12.0 *Patient Disclosure*

12.1 In accordance with § 5-37-22 of the Act, physicians shall comply with the following provisions:

12.1.1 Any physician who is not a participant in a medical insurance plan shall post a notice, in a conspicuous place in his or her medical offices where it can be read by his or her patients, which shall read, in substance, as follows: "To my patients: I do not participate in a medical insurance plan. You should know that you will be responsible for the payment of my medical fees."

Any physician who fails to post such a notice shall not be entitled to charge his or her patients any amount, for medical fees, in excess of that allowed had the physician participated in such a medical insurance plan.

12.1.2 Every physician shall disclose to patients eligible for Medicare, in advance of treatment, whether such physician accepts assignment under Medicare reimbursement as payment in full for medical services and/or treatment in the physician's office. Such disclosure shall be given by posting in each physician's office in a conspicuous place a summary of the physician's Medicare reimbursement policy. Any physician who fails to make the disclosure as required by these Regulations herein shall not be allowed to charge the patient in excess of the Medicare assignment amount for the medical procedure performed.

12.1.3 When a patient requests in writing that his or her medical records be transferred to another physician, the original physician shall promptly honor such request. The physician shall be reimbursed for reasonable expenses (as defined in § 11.2 of these Regulations) incurred in connection with copying such medical records.

12.1.4 Every physician shall, upon written request of any patient (or his or her authorized representative as defined in RIGL § 5-37.3-3(1)) who has received health care services from such provider, at the option of the physician either permit such patient (or his or her authorized representative) to examine and copy the patient's confidential health care information or provide such patient (or his or her authorized representative) a summary of such information. If the physician decides to provide a summary and the patient is not satisfied with a summary, then the patient may request and the physician shall provide a copy of the entire record. At the time of such examination, copying or provision of summary information, the physician shall be reimbursed for reasonable expenses (as defined above) in connection with copying such information. If in the professional judgment of the physician, it would be injurious to the mental or physical health of the patient to disclose certain confidential health care information to the patient, the physician is not required to disclose or provide a summary of such information to the patient, but shall upon written request of the patient (or his or her authorized representative) disclose such information to another physician designated by the patients.

12.1.5 Every physician who has ownership interest in health facilities, or laboratories, including any health care facility licensed pursuant to RIGL Chapter 23-17, any residential care/assisted living facility licensed pursuant to RIGL Chapter 23-17.4,

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and any adult day care program licensed pursuant to RIGL Chapter 23-1-52, or any equipment not on the physician's premises shall, in writing, make full patient disclosure of his or her ownership interest in the facility or therapy prior to utilization. The written notice shall state that the patient has free choice either to use the physician's proprietary facility or therapy or may seek the needed medical services elsewhere.

- 12.1.6 A physician who practices medical acupuncture as a therapy shall provide full written disclosure to his/her patient receiving medical acupuncture that the physician's qualifications to practice medical acupuncture are not equivalent to those of doctors of acupuncture licensed in accordance with RIGL Chapter 5-37.2. Further, a physician integrating medical acupuncture into his/her medical practice shall disclose to the patient the type of pathway (i.e., pain management, primary care) in which the physician was trained.

Section 13.0 *Collaborative Pharmacy Practice*

- 13.1 A physician may engage in a collaborative pharmacy practice with a Rhode Island licensed pharmacist pursuant to a collaborative practice agreement, provided that the physician has completed a residency training program, is eligible for certification, or is certified by a member board of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists in the area(s) of medicine included in the practice agreement, and provided that the pharmacist is qualified pursuant to rules and regulations of the Rhode Island Board of Pharmacy.
- 13.2 Any physician engaging in a collaborative pharmacy practice shall execute a written agreement with a pharmacist which shall include, but is not limited to, the following:
- 13.2.1 Identification, qualifications, and signatures of the parties to the agreement, the date of signing of the agreement and the term of the agreement. An initial agreement shall be valid for a period not to exceed two (2) years.
- 13.2.2 A termination clause specifying the responsibilities of each party for records confidentiality and continuity of care, a requirement for written notice and a minimum termination notice period.
- 13.2.3 The procedures for obtaining informed consent from each patient involved in services pursuant to the agreement.
- 13.2.4 The role(s) of any health care professional with prescriptive privileges employed by or collaborating with the physician.
- 13.2.5 The quality assurance procedures of the collaboration.
- 13.2.6 Proof of liability insurance for all parties to the agreement.
- 13.2.7 The scope of conditions or diseases to be managed and the practice protocols for management shall be specified as set forth in § 13.6 of these Regulations.

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- 13.3 All services provided pursuant to a collaborative practice agreement shall be consistent with said agreement and shall be performed in a setting that ensures patient privacy and confidentiality.
- 13.4 A patient shall be fully informed of the collaborative nature of drug therapy management for his/her medical conditions.
- 13.5 A patient may decline to participate in a collaborative pharmacy practice and may withdraw at any time without terminating the physician-patient relationship.
- 13.6 A separate practice protocol shall be written for each disease or condition to be managed in the collaborative pharmacy practice. The protocol(s) shall be appended to the collaborative practice agreement, and may be revised from time to time by mutual agreement of the parties without affecting the term of the agreement. Practice protocols shall provide, at a minimum:
 - 13.6.1 A description of the type of disease or condition, the drugs or drug categories involved, and the drug therapy management decisions the pharmacist is authorized to engage in.
 - 13.6.2 The procedures, decision criteria and/or plan the physician and pharmacist will follow in providing drug therapy management.
 - 13.6.3 The documentation requirements for the physician and pharmacist.
 - 13.6.4 The reporting and consultation requirements for the physician and pharmacist.
 - 13.6.5 The communication required when a pharmacist decision is over-ridden by the physician.
 - 13.6.6 A provision for review of the outcomes of treatment for patients managed pursuant to the protocol.
 - 13.6.7 The date(s) adopted and/or amended.
- 13.7 Collaborative pharmacy practice protocols shall only be used for conditions or diseases with generally accepted standards of care. The scope of the collaborative practice shall not include research, clinical or investigational trials.
- 13.8 Each signatory of a collaborative pharmacy practice agreement shall keep a copy of the agreement with appendices on file at his/her primary place of practice.
- 13.9 Each patient receiving care pursuant to a collaborative pharmacy practice agreement shall have an authorized prescriber's order in the primary medical record and on file with the pharmacist authorizing the implementation of drug therapy management.
- 13.10 A file of completed, signed patient consent forms authorizing release of medical information among the health professionals in the collaborative pharmacy practice shall be maintained at the physician practice site and on file with the pharmacist.

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- 13.11 The physician establishing a collaborative practice shall notify the board in writing within thirty (30) days of the effective date of the collaborative practice. The notice shall be submitted on a prescribed form and shall include, at a minimum the principals in the collaborative and the drug therapies to be managed. The Department may request additional information as required to determine compliance with these Regulations.

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PART II *PRACTICES AND PROCEDURES/SEVERABILITY*

Section 14.0 *Rules Governing Practices and Procedures*

14.1 All hearings and reviews required under the provisions of the Act and these Regulations shall be held in accordance with the provisions of the *Rules and Regulations Pertaining to Practices and Procedures Before the Rhode Island Department of Health [R42-35-PP]*.

Section 15.0 *Severability*

15.1 If any provision of these Regulations or the application to any facility or circumstances shall not effect the provisions or application of these regulations which can be given effect, and to this end the provisions of these Regulations are declared to be severable.

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Friday, July 03, 2015