GEORGIA COMPOSITE MEDICAL BOARD

EXECUTIVE DIRECTOR
LaSharn Hughes, MBA

BOARD CHAIRPERSON
Richard Weil, MD

2 Peachtree Street, N.W., 36th Floor • Atlanta, Georgia 30303 • Tel: 404.656.3923 • http://www.medicalboard.georgia.gov
E-Mail: medbd@dch.ga.gov

GEORGIA COMPOSITE MEDICAL BOARD
NOTICE OF INTENT TO AMEND AND ADOPT RULES

TO ALL INTERESTED PARTIES:

Notice is hereby given by the Georgia Composite Medical Board that it intends to amend **Rule Chapter 360-10."** An exact copy of the proposed rule is attached to this Notice.

This notice, together with an exact copy of the proposed rules and a synopsis of the proposed rules are being emailed copy to all persons who have requested, in writing, that they be placed on the mailing list. A copy of this notice, an exact copy of the proposed rules and a synopsis of the proposed rules may be reviewed during normal business hours of 8:00a.m. to 5:00 p.m., Monday through Friday, except official State holidays, at the office of the Georgia Composite Medical Board, 2 Peachtree Street, N.W., 36th Floor, Atlanta, Georgia 30303.

Any interested person who will be affected by these rules may present his or her comments to the Board no later than **June 2, 2014** or make comments at the public hearing. Comments may be directed to Diane Atkinson, Georgia Composite Medical Board, 2 Peachtree Street, N.W., 36th Floor, Atlanta, Georgia 30303-3465 or may be received by the Board by e-mail at mdatkinson@dch.ga.gov.

A public hearing is scheduled to begin at **9:00 a.m.** on **June 6, 2014** at the 36th Floor Board Room, 2 Peachtree Street, N.W., Atlanta, Georgia 30303, to provide the public an opportunity to comment upon and provide input into the proposed rules.

The Board voted to adopt this Notice of Intent on **May 1, 2014** meeting. The Board will consider at its meeting on **June 6, 2014 at 9:00 a.m.** the comments from the public hearing whether the formulation and adoption of these proposed rule amendments imposes excessive regulatory costs on any license or entity and whether any cost to comply with the proposed rule amendments could be reduced by a less expensive alternative that accomplishes the objectives of the statutes which are the basis of the proposed rule. Additionally at its meeting on **June 6, 2014** the Board will consider whether it is legal or feasible in meeting the objectives of the applicable laws to adopt or implement differing actions for businesses as listed in O.C.G.A. § 50-13-4(3)(A)(B)(C)(D).

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The authority for promulgation of these rules is O.C.G.A. Secs. 43-1-2, 43-1-4, 43-1-7, 43-34-5, 43-34-24, 43-34-26, 43-34-27, 43-34-28, and 43-34-33 and the specific statutes cited in the proposed rules.

This Notice is adopted and posted in compliance with O.C.G.A. § 50-13-4 of the Georgia Administrative Procedures Act. A synopsis of the proposed rules and an economic impact statement are attached to this Notice.

Date: 5/5/14

Signed: _____
LaSharn Hughes, MBA
Executive Director
Georgia Composite Medical Board

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ECONOMIC IMPACT AND SYNOPSIS FOR AMENDMENTS TO CHAPTER 360-10
Institutional Licenses

ECONOMIC IMPACT:

The attached rules are promulgated under the authority of the Medical Practice Act, Title 43, Chapter 34. The Georgia Composite Medical Board licenses and regulates nine professions. The formulation and adoption of this rule does not impose excessive regulatory cost on any licensee and any cost to comply with the proposed rule cannot be reduced by a less expensive alternative that fully accomplishes the objectives of Article 2 of Chapter 34 of Title 43 of the Official Code of Georgia Annotated. Additionally, it is not legal or feasible to meet the objectives of the Article 2 of Chapter 34 of Title 43 of the Official Code of Georgia Annotated to adopt or implement differing actions for businesses listed at O.C.G.A. § 50-13-4(a)(3)(A), (B), (C) and (D).

RULE SYNOPSIS

Rule Chapter 360-10 Institutional Licenses

Purpose/Main Feature: The purpose of the proposed rule is to change requirements for institutional licenses.

Authority O.C.G.A. Secs 43-1-2, 43-1-4, 43-1-7, 43-34-5, 43-34-24, 43-34-26, 43-34-27, 43-34-28, 43-34-33.

360-10-.01 Institutional Licenses.

(1) Definitions:

(a) "Applicant" means a physician who is invited to treat patients at a hospital licensed by the Department of Community Health or to serve as a clinical faculty member of a board approved medical school or teaching hospital within this State.

(b) "Institution" means a hospital licensed by the Department of Community Health, a board approved medical school, or a teaching hospital within this State.

~~(1)~~ (2) The Georgia Composite Medical Board may issue institutional licenses in its discretion under exceptional circumstances to graduates of international medical schools who an institution wishes to employ but who do not have an independent license to practice medicine in the State of Georgia. The license is jointly awarded to the applicant and the institution and the practice is limited as provided in Rule 360-10-.07.

(3) If the institution is a hospital licensed by the Department of Community Health but is not a teaching hospital, to qualify for Exceptional Circumstances consideration the institution must be in a medically underserved area with deficient physician staff to service the health care needs of the population. The applicant must be a graduate of an international medical school, and the applicant must be unable to qualify for licensure under the provisions of O.C.G.A. Section 43-34-26. The institution must also demonstrate failed attempts over not less than a six-month period to recruit licensed physicians to satisfy the deficiency. The institution and the applicant must submit evidence acceptable to the Board to demonstrate exceptional circumstances. Such evidence should include, but not be limited to:

(a) Applicant is from a war-torn country; or
(b) Applicant has applied for political asylum in the United States.

~~(2) To qualify for Exceptional Circumstances consideration, institutions must be in a medically underserved area and must submit evidence acceptable to the Board to demonstrate exceptional circumstances. Such evidence should include but not be limited to:~~

~~(a) Deficient physician staff to service the health care needs of the population.;~~

~~(b) Institution can demonstrate failed attempts to recruit licensed physicians to satisfy the deficiency. ;~~

~~(3) To qualify for Exceptional Circumstances consideration, the physician applicant must be a graduate of an international medical school and cannot qualify for licensure under other provisions of Chapter 43-34-26 and must submit evidence acceptable to the Board to demonstrate exceptional circumstances. Such evidence may include but not be limited to:~~

~~(a) Applicant is from a war torn country.~~;

~~(b) Applicant has applied for political asylum in the United States.~~;

(4) If the institution is a board-approved medical school or teaching hospital within this state, to qualify for Exceptional Circumstances consideration, the institution and the applicant must submit evidence acceptable to the Board to demonstrate exceptional circumstances. Such evidence shall include but not be limited to:
(a) Applicant has exceptional or unusual expertise not otherwise available to the institution;

(b) The institution can demonstrate failed attempts to recruit licensed physicians to satisfy the deficiency;

(c) Applicant is a graduate of an international medical school; and

(d) Applicant cannot qualify for licensure under the provisions of O.C.G.A. Section 43-34-26.

Authority O.C.G.A. Secs. 43-1-2, 43-1-4, 43-1-7, 43-34-5, 43-34-24, 43-34-26, 43-34-27, 43-34-28, 43-34-33.

360-10-.02 Applications.

(1) The application form shall be completed according to the instructions provided in the application.

(2) Applications must be complete, including all required documentation, signatures and seals. Application files are not considered completed until all required information, documentation and fees have been received by the Board.

(3) No application will be considered by the Board until the application is complete.

(4) Applicants shall inform the Board in writing within 10 days of a change of address while an application is pending.

(5) Application fees are nonrefundable.

(6) Deposit of an application fee by the Board does not indicate acceptance of the application or that any other licensing requirements have been fulfilled.

(7) Incomplete applications that have been on file with the Board for more than one year shall be deemed invalid. No further action will take place on applications that have been incomplete for more than a year until a new application is received in accordance with the provisions of this chapter with the appropriate application fee.

Authority O.C.G.A. Secs. 43-34-5, 43-34-26, 43-34-27, 43-34-28, 43-34-33.

360-10-.03 Requirements for Licensure.

~~(1) Definitions:~~

~~(a) "Institution" means a hospital licensed by the Department of Community Health.~~

~~(b) "Supervisor" means a physician who has an unrestricted license to practice medicine in this state and whose medical specialty is the same as that of the applicant physician.~~

~~(c) "Supervisory Oversight" means the onsite direction of the supervisor with immediate availability.~~

~~(2)~~ (1) The standards for receiving such a license may be different from those for receiving an unrestricted license to practice medicine in this state. In granting these institutional licenses the Board shall consider the following qualifications:

(a) Education: Any international medical school graduate applying for an institutional license shall possess basic qualifications and background as any other physician applying for a license in the state. This shall include good moral character, and any other basic background qualifications required by O.C.G.A. 43-34.

1. All other foreign medical schools must have a program of education in the science and art of medicine leading to a medical doctor degree or the medical doctor equivalent that requires a minimum of two (2) years of pre-medical training which includes at least 130 weeks of instruction. Applicants must have official transcripts that include at least 130 weeks of instruction.

2. Applicants must have official transcripts of all medical and premedical education mailed directly to the Board from the school where such education was taken. If the transcripts are in a foreign language, applicants must furnish a certified English translation. Transcripts must include the dates the applicant attended the school and the grades received in all courses taken to fulfill the requirements of the degree granted. In the Board's discretion, the transcript requirement may be waived and the results of the Federation of State Medical Boards (FSMB) verification service may be accepted if the applicant adequately demonstrates that all diligent efforts have been made to secure transcripts from the school.

(3) English language proficiency: Any applicant the institution considers for employment must demonstrate satisfactory competence in the English language by such reasonable means as the Board may prescribe.

(4) Experience: In determining competence the Board may consider the following criteria as may be necessary to determine if the applicant is in fact a competent physician: Professional attainments indicative of competence, such as specialty board certification; Licensure in foreign jurisdiction or in another State; and Reference letters from duly licensed physicians who have direct and first hand knowledge of the applicant's ability~~;~~.

(5) Training: Proof of AMA or AOA approved post graduate residency training or such other training as approved by the Board.

(6) Examination: Successful completion of physician licensure examination or such examination as the Board may deem necessary. In the event that the Board determines the examination of an applicant to be necessary to determine competence, such examination may be of any type as listed, or any combination thereof~~;~~:

(a) oral;

(b) written; and/or

(c) practical~~, including, whenever the Board deems necessary, a trial period under the supervision of a duly licensed physician approved by the Board~~.

(7) The institution should submit information concerning the supervisory oversight of the institutional physician applicant such as the name of the supervisor, the type of supervision being provided, and the place of supervision.

(8) Board may require the physician applicant and a representative of the institution to appear for a personal interview before the Board or the committee.

(9) Nothing in this rule shall be construed to prevent the Board from denying or conditionally granting an application for licensure.

Authority O.C.G.A. Secs. 43-34-5, 43-34-26, 43-34-27, 43-34-28, 43-34-33.

360-10-.04 Renewal.

(1) Each licensee shall notify the Board within thirty (30) days, in writing, of all changes of address. Any mailing or notice from the Board shall be considered to be served on the licensee when sent to the licensee's last address on file with the Board.

(2) All active licenses must be renewed every two years. This may be done via the internet or through mail. A medical licensee may not practice medicine after the expiration date of the license. Institutional licenses expire biennially on June 30th and the licensee must establish satisfaction of Board-approved continuing education requirements to be eligible for renewal.

(3) To be eligible for renewal, the license holder must furnish certification that he or she continues to be an employee of the Institution where he or she is employed as indicated on the renewal form, complete Board approved continuing education of not less than 40 hours of Category I AMA approved credits annually and submit the appropriate fee.

(4) Licensees have the right to obtain a late renewal of their licenses during the three (3) month period immediately following the expiration date. During this period, the penalty fee for late renewal applies.

(5) The Board shall administratively revoke any license not renewed prior to the expiration of the late renewal period. Such revocation removes all rights and privileges to practice medicine and

surgery in this State. A ~~practitioner~~ licensee who is so revoked must re-apply for licensure to be considered for reinstatement. Revocation for failure to renew may be reported to the public and to other state licensing boards, and will be reported as a revocation for failure to renew. Revocation for failure to renew is not considered a disciplinary revocation. However, the license may only be reinstated through application.

(6) The fee for renewals and late renewals shall be designated in the fee schedule. Deposit of the renewal fee by the Board does not indicate acceptance of the renewal application or that any permit requirements have been fulfilled.

Authority O.C.G.A. Secs. 43-34-5, 43-34-6, 43-34-11.

360-10-.05 Termination of Institutional License.

(1) An institutional license shall be considered void and shall terminate whenever the holder ceases to be employed by the institution.

~~(1)~~ (2) The Board has authority to refuse to renew or to suspend or revoke an institutional license based on any of the grounds ~~or violations~~ enumerated in O.C.G.A. Section 43-34-8.

~~(2)~~ (3) Should any institutionally licensed physician wish to ~~terminate~~ surrender the license ~~ure~~, he/she shall notify the Georgia Composite Medical Board of this intention in writing by certified mail or by hand delivery and shall immediately return his/her license to the Board. Should a disciplinary proceeding by the Board be pending at the time of such surrender, such surrender shall have the same effect as a revocation of a license and be reportable as a disciplinary action.

Authority O.C.G.A. Secs. 43-34-5, 43-34-8, 43-34-33.

360-10-.06 Reporting Requirements for Institutional License Holders.

~~(1)~~ The Institution must report to the Board the following within 15 days of the event:

(a) the institutional license holder's withdrawal or termination and the reasons for such termination or withdrawal;

(b) the occurrence of any of the events identified as grounds for disciplinary action or as violations enumerated in O.C.G.A. § 43-34-8 or a practice restriction taken against license holder.

Authority O.C.G.A. Secs. 43-34-5, 43-34-8, 43-34-33.

360-10-.07 Limitations Upon Institutional Licenses.

(1) Definitions:

(a) "Applicant" means a physician who is invited to treat patients at a hospital licensed by the Department of Community Health or to serve as a clinical faculty member of a board approved medical school or teaching hospital within this State.

(b) "Institution" means a hospital licensed by the Department of Community Health, a board approved medical school, or a teaching hospital within this State.

(c) "Supervisor" means a physician who has an unrestricted license to practice medicine in this state and whose medical specialty is the same as that of the applicant physician.

(d) "Supervisory Oversight" means the onsite direction of the supervisor with immediate physical availability.

~~(1)~~ (2) In the event in institutional license is granted to an applicant, it shall be restricted in scope and shall authorize ~~a practitioner~~ the applicant to practice medicine under the supervision of a Georgia licensed physician and practice within the scope of the supervisor's practice, except for documented emergency situations in which no other fully licensed physician is available. The physician licensee must remain an employee of the institution and be paid on a salary ~~bases~~ basis.

~~(2)~~ (3) Applicant is not eligible for a DEA permit and must use the institutional DEA.

~~(3)~~ (4) A ~~S~~supervisor may only supervise one institutionally licensed physician at a time, but an institutionally licensed physician may have more than one approved supervisor.

~~(4)~~ (5) An ~~I~~institutionally licensed physician may not practice in a remote site where the supervising physician is not on site.

~~(5)~~ (6) All institutions holding an institutional license shall post in a prominent place that institutionally licensed physicians practice in this facility. These physicians must wear a name tag as follows:

Name of physician
Degree
Institutional Licensee

~~(6)~~ (7) All charges for services rendered by the institutionally licensed physician must be by and through the institution named in the application on file with the Board.

(8) A person issued an institutional license shall not engage in the private practice of medicine.

~~(7)~~ (9) Any other provisions of the Medical Practice Act (O.C.G.A. 43-34) not inconsistent with the intent and purpose of the institutional license statute shall be fully applicable to all institutionally licensed physicians.

Authority O.C.G.A. Secs. 43-34-5, 43-34-33.
Updated 5/5/14