Rhode Island’s Physician Rules and Regulations: New, Improved, and Simplified

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The recent changes to the rules and regulations (“RRs”) resulted from the collaboration of many stakeholders from a variety of healthcare disciplines who worked diligently to simplify and to streamline these rules and regulations. Several changes will impact many providers.

HIGHLIGHTS

1. The RRs no longer have a “moonlighting” or “Medical Officer” license category. Physicians are eligible for a full license after two years of graduate medical education, regardless of where they have received training. RRs for the “training license” category remain unchanged.

2. Section 2.7-11: RRs for limited medical licenses are included in this version, replacing Rhode Island’s Rules and Regulations for Limited Medical Registration [R-5-37REG].

3. Section 1.19: The “Practice of Medicine” now incorporates “use of laser/intense pulsed light.”

4. Section 1.22: “Surgery” is now defined.

5. Section 2.1.1: All physicians must have malpractice insurance, and must be prepared to produce policy cover sheets, upon request, to prove that they are properly insured.

6. Section 2.3: The concept of “visiting physician” is clarified. Circumstances in which physicians properly licensed in another jurisdiction may practice medicine in Rhode Island without a Rhode Island medical license are clearly described.

7. Sections 3.1.5 and 3.2.2: The Board of Medical Licensure and Discipline is now enabled to waive some of the requirements for graduate medical education training, if an applicant for licensure in Rhode Island has been licensed in other jurisdictions for at least five years.

8. Sections 6.1.1 and 6.1.2: Participation in the Maintenance of Certification Program or the Continuous Certification Program of either the American Board of Medical Specialties or the American Osteopathic Association is now equivalent to meeting continuing medical education requirements otherwise specified in the RRs.

9. Section 9.1.1: Requirements to reactivate an “inactive” medical license are clarified.

10. Section 10.4: That “a physician is not authorized to prescribe a controlled substance to one self or an immediate family member under any circumstances” is now unequivocal.

11. Section 10.5: The revised RRs explain how to document the discharge of a patient from a practice and define other professional obligations included in the process.

12. Section 10.6: Requirements for closing a medical practice are clearly specified.

13. Section 11.2: Allowable fees for copying a patient’s medical records have been updated. As well, the new RRs explain when charging such a fee is not allowable.

These are highlights, only. All physicians should review the entire 25-page document, including the introduction. We recommend having a printed copy available in the office for the occasional quick reference. Reading and understanding the rules and regulations is an essential step in avoiding costly compliance issues.

Author

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