Rules of
Department of Insurance, Financial Institutions and Professional Registration
Division 2150—State Board of Registration for the Healing Arts
Chapter 1—Organization

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PURPOSE: This rule describes the organization and general courses and methods of operation of the State Board of Registration for the Healing Arts to comply with the requirements of section 536.023, RSMo.

(1) Based on the authority granted by the legislature, the mission of the State Board of Registration for the Healing Arts is to protect the citizens of the state through the licensing of physicians and other health designated professionals, assessing their competence to practice and their moral character. It is also the board’s duty to investigate all complaints against its licensees in a fair and equitable manner.

(2) The public may obtain information, make submissions or direct requests to the board by communications in writing with the executive secretary, Missouri State Board of Registration for the Healing Arts, P.O. Box 4, Jefferson City, MO 65102.

(3) The amount of compensation to be paid to each member of the State Board of Registration for the Healing Arts shall be determined as follows:

(A) Each member of the board whose term of office begins on or after September 28, 1981 shall receive as compensation the sum of fifty dollars ($50) for each day that member devotes to the affairs of the board;

(B) In addition to the compensation fixed in this rule, each member is entitled to reimbursement of his/her expenses necessarily incurred in the discharge of his/her official duties; and

(C) No request for the compensation provided in this rule shall be processed for payment unless sufficient funds are available for that purpose within the appropriations for this board.


20 CSR 2150-1.011 Public Complaint Handling and Disposition Procedure

PURPOSE: The Missouri State Board of Registration for the Healing Arts receives public complaints concerning alleged violations of Chapter 334, RSMo. The board also receives from the director of the Department of Insurance reports of claims for medical malpractice. Beginning January 1, 1987, the board will receive from the executive officers of hospitals and ambulatory surgical centers reports regarding disciplinary actions and voluntary resignations relative to licensed health care professionals. This rule establishes a procedure for the handling of public complaints, reports of claims for medical malpractice and reports for disciplinary actions and voluntary resignations.

(1) Consumer complaints concerning alleged violations of Chapter 334, RSMo shall be handled as follows:

(A) Any member of the public or the profession, or any federal, state or local official, may make and file a complaint with the board based upon personal knowledge or upon information received from other sources. The complaint may be against any licensee, permit holder, registrant of the board or unlicensed individual or entity and may allege acts or practices which may constitute a violation of any provision of Chapter 334, RSMo. No member or the board shall file a complaint with this board while holding that office unless that member is excused from further board deliberations or activity concerning the matters alleged within that complaint. The executive secretary or any administrative staff member of the board may file a complaint in the same matter as any member of the public;

(B) Each complaint must be typed or handwritten and signed by the complainant. Oral, telephone or written, but unsigned, communications will not be considered or processed as complaints. Complaints shall fully identify the nature of the complaint; show the name, address and telephone number of the complainant; and be mailed or delivered to the following address: Missouri State Board of Registration for the Healing Arts, P.O. Box 4, Jefferson City, MO 65102;

(C) Each signed, written complaint received under this section shall be logged in and maintained by the board. Complaints shall be logged in consecutive order as received. The log shall contain, if known by the board, a record of each complainant’s name and address; the name and address of the subject of the complaint; the date each complaint is received by the board; a brief statement of the acts complained of, including the name of any person injured, aggrieved or victimized by the alleged acts or practices; a notation indicating whether the complaint resulted in its dismissal by the board, or whether formal charges have been or will be filed with the Administrative Hearing Commission, or what the ultimate disposition of the complaint was; and further information as the board may direct;

(D) Each complaint made in accordance with this rule shall be acknowledged in writing and may be investigated by the board. If a complaint is investigated, the complainant shall be informed in writing after the investigation is completed as to whether the complaint resulted in its dismissal by the board, or whether formal charges have been or will be filed with the Administrative Hearing Commission, or what the ultimate disposition of the complaint was. The provisions of this subsection shall not apply to complaints filed by staff members of the board based on information and belief, acting in reliance on third-party information received by the board; and

(E) Each complaint investigated shall be reviewed and pursued as provided in section (4) of this rule.

(2) Reports of claims for medical malpractice received from the director of the Department of Insurance shall be handled as follows:

(A) The date received shall be placed on each medical malpractice report received from the Department of Insurance;

(B) Each medical malpractice report received from the Department of Insurance shall be interfiled alphabetically (by last name of licentiate) in a binder which shall be maintained by calendar year. Those reports shall be maintained as permanent records;

(C) Each claim for medical malpractice received from the director of the Department of Insurance shall be reviewed by a medical staff officer of the board. The medical staff officer shall review the report and either refer the matter to the investigative coordinator for investigation or make a recommendation to the disciplinary committee;

(D) A chronological record (by date) shall be maintained on the reverse side of each
medical malpractice report received as to the progress of the review or the investigatory process, or both, as well as final disposition; and

(E) Supporting files or records, or both, shall be established and maintained as deemed necessary.

(3) Reports of disciplinary actions and voluntary resignations received from executive officers of hospitals and ambulatory surgical centers shall be handled as follows:

(A) The date received shall be placed on each report of disciplinary action or voluntary resignation received from a hospital or ambulatory surgical center;

(B) Each hospital or ambulatory surgical center report received shall be interfiled alphabetically (by last name of licentiate) in a binder which shall be maintained by calendar year. The reports shall be maintained as permanent records;

(C) Each report received from a hospital or ambulatory surgical center shall be reviewed by a medical staff officer of the board. The medical staff officer shall review the report and either refer the matter to the investigative coordinator for investigation or make a recommendation to the disciplinary committee;

(D) A chronological record (by date) shall be maintained on the reverse side of each hospital or ambulatory surgical center report as to the progress of the review, the investigatory process, or both, as well as final disposition; and

(E) Supporting files or records, or both, shall be established and maintained as deemed necessary.

(4) Public complaints, reports of claims for medical malpractice from the director of the Department of Insurance and disciplinary actions or voluntary resignations received from chief executive officers of any hospital or ambulatory surgical center shall be processed and pursued as follows:

(A) After logging in each complaint or report, each complaint or report shall be delivered to a medical staff officer. The medical staff officer shall review the complaint or report and either issue a request to the investigative coordinator for investigation and records or forward the complaint or report to the disciplinary committee along with his/her recommendations;

(B) If the complaint or report is forwarded to the investigative coordinator, s/he shall establish an investigation file and assign it to an investigator with such direction as s/he deems appropriate. Upon receipt of an investigation assignment, the investigator shall conduct the investigation as s/he deems appropriate and such further investigation as may be required;

(C) Upon completion of the investigation, the investigator shall submit a written report to the investigative coordinator for a report review. The investigative coordinator shall review the report and either direct further investigation or deliver the report to the medical staff officer for review;

(D) Upon receipt of a report from the investigative coordinator, the medical consultant shall review the report and either return the report to the investigative coordinator for further investigation or deliver the report along with his/her recommendation to the disciplinary committee;

(E) Upon receipt of a report from the medical staff officer, the disciplinary committee shall review the report and either return the report to the medical staff officer or investigative coordinator for further review or investigation or forward the report along with its recommendation to the board;

(F) Upon receipt of a report from the disciplinary committee, the board shall review the report and either return the report to the medical staff officer or investigative coordinator for further review or investigation, return the report to the investigative coordinator for closing, forward the report to the board’s attorney for legal proceedings, or take or direct such further actions as the board deems appropriate;

(G) The medical staff officer, investigative coordinator, investigator, disciplinary committee or board may contact the board’s attorney for assistance in obtaining records or subpoenas, or for assistance or direction during the course of the review or investigation; and

(H) The executive secretary of the board may alter the procedure set forth in this section for investigating and reviewing any complaint or report as s/he deems appropriate.

(5) The board’s investigation and subsequent litigation is not limited to or by the scope of the public complaints, reports of claims for medical malpractice received from the director of the Department of Insurance or reports or disciplinary action and voluntary resignation received from executive officers of hospitals and ambulatory surgical centers.


*Original authority: 334.125, RSMo 1959.
*Original authority: 334.125, RSMo 1959, amended
1993, 1995 and Chapter 680, please see Missouri Revised