

## **RATIONALE AND CRITERIA FOR PUBLIC MEMBERS ON STATE HEALTH PROFESSIONAL BOARDS**

Many of the public policy issues related to health professional regulatory boards: licensing criteria, discipline, transparency, and others arise from decisions made by state legislatures or regulatory boards exercising their rulemaking and enforcement authority. The role of public members is to contribute a consumer-oriented perspective on issues and policies, uninfluenced by professional interests and biases. A well-functioning board operates as a team; but its output is enriched when its membership is diverse and reflects the perspectives of all stakeholders, including, most importantly, patients and their families.

To effectively contribute to the work of a health professional regulatory board, public members must attain a minimum level of understanding of technical and clinical topics without feeling they must attempt to match the licensee members' professional expertise. They have been appointed to their board precisely because they are *neither* members of the profession *nor* influenced by personal or financial connections to it.

Most professional practice acts specify criteria that disqualify candidates from consideration for public membership because of connections to the regulated profession. Few if any specify positive criteria that public members should possess if they are to effectively perform their role. The accompanying document entitled: "Criteria for Public Members On State Health Professional Licensing Boards" sets forth model positive criteria for appointment authorities to use when evaluating candidates for public member positions. The criteria have been evaluated by sitting and former public members and others who support the concept of public membership. They would be appropriate for inclusion in professional practice acts.

States vary on how they locate, vet, and appoint public members, but it usually involves a political process. Without written criteria to guide those empowered to appoint public members, it is little wonder that too often public members possess few if any of the qualifications identified in the accompanying criteria document.

The document is designed to assist Governors, their appointment secretaries, and state legislative leaders in managing the public member appointment processes thereby ensuring that public members represent the public interest.

### **CRITERIA: Introduction**

Notwithstanding any requirements to the contrary in existing practice acts or other laws and regulations that mandate the appointment of public members (sometimes referred to as citizen or consumer members) to health professional regulatory boards that license, discipline, and otherwise enforce practice acts, all public members appointed to such boards shall have the following qualifications:

#### Section 1. CRITERIA

- (a) A track record of consumer and/or public interest advocacy;
- (b) Demonstrated communication and negotiating skills;
- (c) A willingness to commit the time necessary to fully participate in all board activities;
- (d) A demonstrated interest in health care safety and quality improvement;
- (e) An awareness of the health care concerns of diverse demographic groups;
- (f) Connections to, or a willingness to cultivate connections to grass-root organizations representing diverse population groups;

- (g) “Boardsmanship” skills gained from experience serving on civic, educational, benevolent organizations;

## Section 2. DISQUALIFIERS

A public member shall not:

- (a) Be a current or retired health care provider as defined in Section 3(a) below in the same profession as the board to which he/she is being considered for appointment; nor shall he or she have an “immediate family relationship” as defined in Section 3.(b) below.
- (b) Have a substantial personal or financial interest in a health care service or profession (i.e. employed by, or have a contractual relationship with, a health care organization)
- (c) Be a registered lobbyist for a health care provider or any organization representing the interests of health care providers.

## Section 3. Definitions

- (a) “Health care provider” shall mean any national or international licensed health care professional, agent, or employee of a health care institution, health care insurer, health care professional school, or a member of any allied health profession; or any person enrolled in a program that prepares enrollees to be a licensed or assistive health care professional.
- (b) “Immediate family relationship” shall mean a current or former spouse, partner, parent, child, grandparent, brother or sister.
- (c) “Health professional regulatory board” shall mean an entity in this state with statutory powers to license, discipline, or otherwise oversee the activities of health care providers and assistive health care providers

These criteria were developed by the non-profit Citizen Advocacy Center (CAC) <http://www.cacenter.org> and endorsed in April 2017 by the Medical Board Roundtable, a national coalition of patient and consumer advocates interested in increasing public awareness about state medical boards and making them more responsive to patients and the public. For more information, contact Carol Cronin, Informed Patient Institute, Annapolis, MD [c.cronin@comcast.net](mailto:c.cronin@comcast.net), 410-268-0189.