Using an analysis of data recently released by the Federation of State Medical Boards (FSMB) on all disciplinary actions taken against doctors in 2010, Public Citizen has calculated the national rate of serious disciplinary actions (revocations, surrenders, suspensions and probation/restictions) taken by state medical boards in 2010. This rate of serious actions per 1,000 physicians is slightly lower than the rate in 2009 and continues to be significantly lower than the peak for the past 10 years (see the “Annual Rate” chart at right).

The rate in 2010 — 2.97 serious actions per 1,000 physicians — is still 20 percent lower than the peak rate in 2004 of 3.72 serious actions per 1,000 physicians. If the national rate of doctor discipline per 1,000 doctors had remained as high in the year 2010 as it was in 2004, there would have been a total of 745 additional serious disciplinary actions in 2010 taken against U.S. physicians than there actually were. With a typical doctor having between 500 and 1,000 or more patients in their practice, the positive impact of this on the large number of patients going to these doctors would be enormous.

The most recent three-year average state disciplinary rates (2008-10) ranged from 1.29 serious actions per 1,000 physicians (Minnesota) to 5.98 actions per 1,000 physicians (Louisiana), a 4.6-fold difference between the best and worst state doctor disciplinary boards (see “Methods” on page 6 for the details of our calculations).

Table 5 on page 4 shows the 2008-10 ranking for all states. See Table 6 on page 5 for state rankings across the last eight three-year periods reviewed.

10 worst states (lowest three-year rate of serious disciplinary actions)

As can be seen in Table 1, the list of the bottom 10 states, those with the lowest serious disciplinary action rates for 2008-10, includes not only small states such as New Hampshire and Vermont, but also large states such as Florida, Massachusetts and Minnesota.

Table 1 also shows that three of these 10 states (Minnesota, South Carolina and Wisconsin) have been consistently among the bottom 10 states for each of the last eight three-year periods. In addition, Connecticut has been in the bottom 10 states for each of the last five three-year cycles. Florida has now been in the bottom 10 boards for the last three three-year periods. For the first time since we have been reporting on state boards, Utah is among the bottom 10 boards.

This year we have again done further analyses to determine which states have had the largest decreases or increases in
their rankings compared to other states between the year of their highest rate and the 2008-10 period. All of the states with the greatest decrease or increase in rankings had considerable changes in the actual rates between their highest year and 2008-10.

As can be seen in Table 2, five states had decreases of at least 24 in their ranking of state disciplinary actions from the year of their highest rate until the latest (2008-10) rate.

Table 2 shows that Massachusetts fell 24 places in ranking from 2002-04 until 2008-10. If the rate of serious disciplinary actions in 2008-10 had been as high as in 2002-04 (1.58 more serious actions per 1,000 doctors per year), there would have been 56 more serious disciplinary actions taken against Massachusetts physicians in 2008-10 than actually occurred.

Table 2. States with Largest Decreases in Rank for the Rate of Serious Disciplinary Actions from Year of Highest Average Rank to 2008-10

<table>
<thead>
<tr>
<th>State</th>
<th>Highest Rate and Rank (year)*</th>
<th>2008-10 Rank</th>
<th>Decrease in Rank</th>
<th>Decrease in Rate/1,000 Docs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vermont</td>
<td>8 (2007)</td>
<td>42</td>
<td>34</td>
<td>2.65</td>
</tr>
<tr>
<td>Utah</td>
<td>10 (2003)</td>
<td>43</td>
<td>33</td>
<td>3.28</td>
</tr>
<tr>
<td>Georgia</td>
<td>15 (2003)</td>
<td>40</td>
<td>25</td>
<td>1.83</td>
</tr>
<tr>
<td>Montana</td>
<td>8 (2004)</td>
<td>32</td>
<td>24</td>
<td>3.60</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>23 (2004)</td>
<td>47</td>
<td>24</td>
<td>1.58</td>
</tr>
</tbody>
</table>

*Year of highest rank also represents year of highest rate.

10 best states (highest three-year rates of serious disciplinary actions)

Table 3 shows the 10 states with the highest three-year rate of serious disciplinary actions and also shows that five of these 10 states (Alaska, Arizona, Colorado, Ohio and Oklahoma) have been in the top 10 for all eight of the three-year average periods covered in this report.

For North Carolina, the most populous of the states with largest increases in rank (see Table 4), the increase of 1.62 serious actions per 1,000 licensed physicians translates into an increase of 46 more physicians seriously disciplined than if the rate had stayed as it was in 2001-03 (1.62 multiplied by 28.3, the number of thousands of current physicians).

For the state of Washington, the second most populous of those states with large increases in rank, the increase in 1.70 serious actions per 1,000 licensed physicians translates into 1.70 multiplied by 21.4 (the number of thousands of physicians) for an increase in 36 more physicians seriously disciplined than if the rate had stayed as it was in 2002-04.

Overall, between the 2001-03 and the 2008-10 periods, a total of 25 states had changes in the rate of serious disciplinary actions of more than one physician disciplined per 1,000 licensed in the state. However, partly reflecting how much tighter state budgets are now than they were then, those states decreasing their rates of serious disciplinary actions by at least one per 1,000 doctors outnumbered...
RANKING from page 2

those increasing the rates 17-8. Other important issues in addition to budget considerations are discussed below in the “What makes the better boards ‘better’?” section.

Discussion

These data demonstrate a remarkable variability in the rates of serious disciplinary actions taken by the state boards. Once again, only one of the nation’s 15 most populous states, Ohio, is represented among those 10 states with the highest disciplinary rates. For the third year in a row, one of the largest states in the country, Florida, is among the 10 states with the lowest rates of serious disciplinary actions. Absent any evidence that the prevalence of physicians deserving of discipline varies substantially from state to state, this variability must be considered the result of the boards’ practices. Indeed, the “ability” of certain states to rapidly increase or rapidly decrease their rankings (even when these are calculated on the basis of three-year averages) can only be due to changes in practices at the board level; the prevalence of physicians eligible for discipline cannot change so rapidly.

Moreover, there is considerable evidence that most boards are underdisciplining physicians. For example, in a report on doctors disciplined for criminal activity that we published in 2006, 67 percent of insurance fraud convictions and 36 percent of convictions related to controlled substances were associated with only nonsevere discipline by the board.1

In this report, we have concentrated on the most serious disciplinary actions. Although the FSMB does report less severe actions, such as fines and reprimands, it is not appropriate to provide such actions with the same weight as license revocations, for example. A state that embarks on a strategy of switching over time from revocations or probations to fines or reprimands for similar offenses should have a rate and a ranking that reflects this decision to discipline less severely.

A relatively recent trend has been for state boards to post on the Internet the particulars of disciplinary actions they have taken. In October 2006, we published a report that ranked the states according to the quality of those postings.2 The report showed variability in the quality of those websites akin to that reported for disciplinary rates in this report. There was no correlation between state ranking in the website report and state ranking in that year’s disciplinary rate report. A good website is no substitute for a poor disciplinary rate (or vice versa); states should both appropriately discipline their physicians and convey that information to the public. However, no state ranked in the top 10 in both reports.

This report ranks the performance of medical boards by their disciplinary rates; it does not purport to assess the overall quality of medical care in a state or to assess the function of the boards in other respects. It cannot determine whether a board with, for example, a low disciplinary rate has been starved for resources by the state or whether the board itself has a tendency to mete out lower (or no) forms of discipline. From the patient’s perspective, of course, this distinction is irrelevant.

What makes the better boards ‘better’?

Boards are likely to be able to do a better job in disciplining physicians if the following conditions are met:

- Adequate funding (all money from license fees going to fund board activities instead of going into the state treasury for general purposes)
- Adequate staffing
- Proactive investigations rather than only reacting to complaints
- The use of all available/reliable data from other sources, such as Medicare and Medicaid sanctions, hospital sanctions, malpractice payouts and the criminal justice system
- Excellent leadership
- Independence from state medical societies
- Independence from other parts of the state government so that the board has the ability to develop its own budgets and regulations
- A reasonable legal standard for disciplining doctors (“ponderance of the evidence” rather than “beyond a reasonable doubt” or “clear and convincing evidence”)

Most states are not living up to their obligations to protect patients from
Table 5. Ranking of Serious Doctor Disciplinary Action Rates by State Medical Licensing Boards, 2008-10 *(See endnotes on page 6)*

<table>
<thead>
<tr>
<th>Rank 2008-10¹</th>
<th>State/District</th>
<th>Number of Serious Actions, 2010</th>
<th>Number of Physicians, 2010¹²</th>
<th>Serious Actions per 1,000 Physicians, 2008-10⁰</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Louisiana</td>
<td>98</td>
<td>13484</td>
<td>5.98</td>
</tr>
<tr>
<td>2</td>
<td>Alaska</td>
<td>6</td>
<td>1928</td>
<td>5.47</td>
</tr>
<tr>
<td>3</td>
<td>Ohio</td>
<td>210</td>
<td>39911</td>
<td>5.36</td>
</tr>
<tr>
<td>4</td>
<td>Oklahoma</td>
<td>28</td>
<td>7476</td>
<td>5.23</td>
</tr>
<tr>
<td>5</td>
<td>Wyoming</td>
<td>11</td>
<td>1321</td>
<td>5.14</td>
</tr>
<tr>
<td>6</td>
<td>North Dakota</td>
<td>5</td>
<td>1893</td>
<td>5.05</td>
</tr>
<tr>
<td>7</td>
<td>New Mexico</td>
<td>23</td>
<td>5688</td>
<td>4.99</td>
</tr>
<tr>
<td>8</td>
<td>Arizona</td>
<td>70</td>
<td>16608</td>
<td>4.82</td>
</tr>
<tr>
<td>9</td>
<td>Nebraska</td>
<td>32</td>
<td>5352</td>
<td>4.57</td>
</tr>
<tr>
<td>10</td>
<td>Colorado</td>
<td>58</td>
<td>16379</td>
<td>4.51</td>
</tr>
<tr>
<td>11</td>
<td>Hawaii</td>
<td>20</td>
<td>5029</td>
<td>4.38</td>
</tr>
<tr>
<td>12</td>
<td>Kentucky</td>
<td>29</td>
<td>11823</td>
<td>4.03</td>
</tr>
<tr>
<td>13</td>
<td>Delaware</td>
<td>22</td>
<td>2794</td>
<td>3.96</td>
</tr>
<tr>
<td>14</td>
<td>Iowa</td>
<td>30</td>
<td>7832</td>
<td>3.89</td>
</tr>
<tr>
<td>15</td>
<td>West Virginia</td>
<td>16</td>
<td>4894</td>
<td>3.88</td>
</tr>
<tr>
<td>16</td>
<td>North Carolina</td>
<td>103</td>
<td>28311</td>
<td>3.80</td>
</tr>
<tr>
<td>17</td>
<td>Oregon</td>
<td>52</td>
<td>13486</td>
<td>3.78</td>
</tr>
<tr>
<td>18</td>
<td>Washington</td>
<td>98</td>
<td>21337</td>
<td>3.76</td>
</tr>
<tr>
<td>19</td>
<td>Maine</td>
<td>11</td>
<td>4380</td>
<td>3.70</td>
</tr>
<tr>
<td>20</td>
<td>Illinois</td>
<td>140</td>
<td>43485</td>
<td>3.51</td>
</tr>
<tr>
<td>21</td>
<td>Virginia</td>
<td>71</td>
<td>26259</td>
<td>3.45</td>
</tr>
<tr>
<td>22</td>
<td>Kansas</td>
<td>20</td>
<td>8216</td>
<td>3.11</td>
</tr>
<tr>
<td>23</td>
<td>Arkansas</td>
<td>27</td>
<td>7035</td>
<td>3.08</td>
</tr>
<tr>
<td>24</td>
<td>New York</td>
<td>271</td>
<td>90014</td>
<td>3.03</td>
</tr>
<tr>
<td>25</td>
<td>Missouri</td>
<td>60</td>
<td>18601</td>
<td>2.91</td>
</tr>
<tr>
<td>26</td>
<td>Indiana</td>
<td>35</td>
<td>16727</td>
<td>2.78</td>
</tr>
<tr>
<td>27</td>
<td>Tennessee</td>
<td>55</td>
<td>18839</td>
<td>2.78</td>
</tr>
<tr>
<td>28</td>
<td>Pennsylvania</td>
<td>130</td>
<td>44336</td>
<td>2.76</td>
</tr>
<tr>
<td>29</td>
<td>Idaho</td>
<td>7</td>
<td>3434</td>
<td>2.72</td>
</tr>
<tr>
<td>30</td>
<td>Nevada</td>
<td>13</td>
<td>5829</td>
<td>2.70</td>
</tr>
<tr>
<td>31</td>
<td>Alabama</td>
<td>33</td>
<td>11928</td>
<td>2.69</td>
</tr>
<tr>
<td>32</td>
<td>Montana</td>
<td>8</td>
<td>2794</td>
<td>2.66</td>
</tr>
<tr>
<td>33</td>
<td>Mississippi</td>
<td>18</td>
<td>6422</td>
<td>2.62</td>
</tr>
<tr>
<td>34</td>
<td>Texas</td>
<td>181</td>
<td>63495</td>
<td>2.61</td>
</tr>
<tr>
<td>35</td>
<td>California</td>
<td>317</td>
<td>116489</td>
<td>2.61</td>
</tr>
<tr>
<td>36</td>
<td>South Dakota</td>
<td>5</td>
<td>2241</td>
<td>2.60</td>
</tr>
<tr>
<td>37</td>
<td>District of Columbia</td>
<td>6</td>
<td>5481</td>
<td>2.57</td>
</tr>
<tr>
<td>38</td>
<td>Michigan</td>
<td>85</td>
<td>29133</td>
<td>2.57</td>
</tr>
<tr>
<td>39</td>
<td>Maryland</td>
<td>79</td>
<td>27895</td>
<td>2.55</td>
</tr>
<tr>
<td>40</td>
<td>Georgia</td>
<td>60</td>
<td>25018</td>
<td>2.52</td>
</tr>
<tr>
<td>41</td>
<td>New Jersey</td>
<td>68</td>
<td>34111</td>
<td>2.28</td>
</tr>
<tr>
<td>42</td>
<td>Vermont</td>
<td>9</td>
<td>2750</td>
<td>2.18</td>
</tr>
<tr>
<td>43</td>
<td>Utah</td>
<td>18</td>
<td>6701</td>
<td>2.15</td>
</tr>
<tr>
<td>44</td>
<td>New Hampshire</td>
<td>18</td>
<td>4783</td>
<td>2.13</td>
</tr>
<tr>
<td>45</td>
<td>Florida</td>
<td>115</td>
<td>57066</td>
<td>1.94</td>
</tr>
<tr>
<td>46</td>
<td>Rhode Island</td>
<td>6</td>
<td>4768</td>
<td>1.92</td>
</tr>
<tr>
<td>47</td>
<td>Massachusetts</td>
<td>71</td>
<td>35359</td>
<td>1.83</td>
</tr>
<tr>
<td>48</td>
<td>Connecticut</td>
<td>23</td>
<td>15634</td>
<td>1.69</td>
</tr>
<tr>
<td>49</td>
<td>Wisconsin</td>
<td>30</td>
<td>17938</td>
<td>1.59</td>
</tr>
<tr>
<td>50</td>
<td>South Carolina</td>
<td>18</td>
<td>12423</td>
<td>1.31</td>
</tr>
<tr>
<td>51</td>
<td>Minnesota</td>
<td>28</td>
<td>18310</td>
<td>1.29</td>
</tr>
</tbody>
</table>
### Table 6. Ranks Based Upon Average Doctor Disciplinary Rates Over the Preceding Three Years\(^5,6\) *(See endnotes on page 6)*

<table>
<thead>
<tr>
<th>State/District</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama(^1)</td>
<td>13</td>
<td>17</td>
<td>22</td>
<td>26</td>
<td>34</td>
<td>36</td>
<td>37</td>
<td>31</td>
</tr>
<tr>
<td>Alaska(^3)</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Arizona(^2)</td>
<td>2</td>
<td>7</td>
<td>6</td>
<td>9</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Arkansas(^2)</td>
<td>29</td>
<td>45</td>
<td>39</td>
<td>23</td>
<td>16</td>
<td>18</td>
<td>32</td>
<td>23</td>
</tr>
<tr>
<td>California(^2)</td>
<td>22</td>
<td>22</td>
<td>23</td>
<td>27</td>
<td>36</td>
<td>43</td>
<td>41</td>
<td>35</td>
</tr>
<tr>
<td>Colorado(^7)</td>
<td>8</td>
<td>9</td>
<td>8</td>
<td>8</td>
<td>6</td>
<td>9</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Connecticut(^8)</td>
<td>38</td>
<td>38</td>
<td>38</td>
<td>42</td>
<td>45</td>
<td>47</td>
<td>47</td>
<td>48</td>
</tr>
<tr>
<td>Delaware(^5)</td>
<td>50</td>
<td>50</td>
<td>50</td>
<td>44</td>
<td>29</td>
<td>23</td>
<td>35</td>
<td>13</td>
</tr>
<tr>
<td>District of Columbia(^7)</td>
<td>42</td>
<td>31</td>
<td>36</td>
<td>37</td>
<td>22</td>
<td>17</td>
<td>16</td>
<td>37</td>
</tr>
<tr>
<td>Florida(^3)</td>
<td>36</td>
<td>37</td>
<td>32</td>
<td>35</td>
<td>31</td>
<td>44</td>
<td>44</td>
<td>45</td>
</tr>
<tr>
<td>Georgia(^3)</td>
<td>15</td>
<td>18</td>
<td>20</td>
<td>25</td>
<td>33</td>
<td>42</td>
<td>36</td>
<td>40</td>
</tr>
<tr>
<td>Hawaii(^2)</td>
<td>51</td>
<td>51</td>
<td>42</td>
<td>33</td>
<td>21</td>
<td>13</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Idaho(^7)</td>
<td>14</td>
<td>21</td>
<td>25</td>
<td>24</td>
<td>25</td>
<td>26</td>
<td>28</td>
<td>29</td>
</tr>
<tr>
<td>Illinois(^7)</td>
<td>35</td>
<td>25</td>
<td>18</td>
<td>12</td>
<td>12</td>
<td>15</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>Indiana(^7)</td>
<td>27</td>
<td>27</td>
<td>24</td>
<td>28</td>
<td>27</td>
<td>30</td>
<td>24</td>
<td>26</td>
</tr>
<tr>
<td>Iowa(^7)</td>
<td>12</td>
<td>12</td>
<td>15</td>
<td>7</td>
<td>11</td>
<td>8</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>Kansas(^7)</td>
<td>32</td>
<td>30</td>
<td>31</td>
<td>36</td>
<td>41</td>
<td>34</td>
<td>27</td>
<td>22</td>
</tr>
<tr>
<td>Kentucky(^7)</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Louisiana(^7)</td>
<td>17</td>
<td>14</td>
<td>13</td>
<td>11</td>
<td>14</td>
<td>7</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Maine(^7)</td>
<td>34</td>
<td>35</td>
<td>46</td>
<td>34</td>
<td>24</td>
<td>10</td>
<td>14</td>
<td>19</td>
</tr>
<tr>
<td>Maryland(^8)</td>
<td>48</td>
<td>47</td>
<td>44</td>
<td>43</td>
<td>43</td>
<td>45</td>
<td>43</td>
<td>39</td>
</tr>
<tr>
<td>Massachusetts(^7)</td>
<td>23</td>
<td>23</td>
<td>28</td>
<td>30</td>
<td>35</td>
<td>39</td>
<td>46</td>
<td>47</td>
</tr>
<tr>
<td>Michigan(^7)</td>
<td>40</td>
<td>39</td>
<td>40</td>
<td>39</td>
<td>40</td>
<td>37</td>
<td>39</td>
<td>38</td>
</tr>
<tr>
<td>Minnesota(^7)</td>
<td>47</td>
<td>48</td>
<td>49</td>
<td>49</td>
<td>50</td>
<td>51</td>
<td>51</td>
<td>51</td>
</tr>
<tr>
<td>Mississippi(^7)</td>
<td>20</td>
<td>41</td>
<td>51</td>
<td>51</td>
<td>49</td>
<td>48</td>
<td>45</td>
<td>33</td>
</tr>
<tr>
<td>Missouri(^7)</td>
<td>31</td>
<td>11</td>
<td>10</td>
<td>6</td>
<td>30</td>
<td>27</td>
<td>34</td>
<td>25</td>
</tr>
<tr>
<td>Montana(^7)</td>
<td>9</td>
<td>8</td>
<td>12</td>
<td>18</td>
<td>20</td>
<td>20</td>
<td>22</td>
<td>32</td>
</tr>
<tr>
<td>Nebraska(^7)</td>
<td>28</td>
<td>24</td>
<td>16</td>
<td>10</td>
<td>5</td>
<td>11</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>Nevada(^7)</td>
<td>33</td>
<td>46</td>
<td>47</td>
<td>47</td>
<td>46</td>
<td>32</td>
<td>29</td>
<td>30</td>
</tr>
<tr>
<td>New Hampshire(^7)</td>
<td>25</td>
<td>26</td>
<td>21</td>
<td>21</td>
<td>26</td>
<td>46</td>
<td>48</td>
<td>44</td>
</tr>
<tr>
<td>New Jersey(^7)</td>
<td>24</td>
<td>29</td>
<td>35</td>
<td>40</td>
<td>42</td>
<td>41</td>
<td>40</td>
<td>41</td>
</tr>
<tr>
<td>New Mexico(^7)</td>
<td>21</td>
<td>19</td>
<td>29</td>
<td>22</td>
<td>37</td>
<td>24</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>New York(^7)</td>
<td>18</td>
<td>16</td>
<td>17</td>
<td>17</td>
<td>19</td>
<td>19</td>
<td>21</td>
<td>24</td>
</tr>
<tr>
<td>North Carolina(^7)</td>
<td>41</td>
<td>34</td>
<td>26</td>
<td>16</td>
<td>15</td>
<td>14</td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td>North Dakota(^7)</td>
<td>3</td>
<td>3</td>
<td>7</td>
<td>19</td>
<td>13</td>
<td>6</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Ohio(^7)</td>
<td>7</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Oklahoma(^5)</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>9</td>
<td>5</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Oregon(^7)</td>
<td>16</td>
<td>20</td>
<td>19</td>
<td>20</td>
<td>17</td>
<td>16</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>Pennsylvania(^7)</td>
<td>45</td>
<td>36</td>
<td>33</td>
<td>32</td>
<td>38</td>
<td>31</td>
<td>31</td>
<td>28</td>
</tr>
<tr>
<td>Rhode Island(^7)</td>
<td>46</td>
<td>44</td>
<td>37</td>
<td>38</td>
<td>23</td>
<td>29</td>
<td>30</td>
<td>46</td>
</tr>
<tr>
<td>South Carolina(^7)</td>
<td>43</td>
<td>43</td>
<td>45</td>
<td>50</td>
<td>51</td>
<td>50</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>South Dakota(^7)</td>
<td>37</td>
<td>33</td>
<td>43</td>
<td>48</td>
<td>47</td>
<td>35</td>
<td>26</td>
<td>36</td>
</tr>
<tr>
<td>Tennessee(^7)</td>
<td>44</td>
<td>40</td>
<td>30</td>
<td>29</td>
<td>28</td>
<td>40</td>
<td>33</td>
<td>27</td>
</tr>
<tr>
<td>Texas(^7)</td>
<td>26</td>
<td>28</td>
<td>27</td>
<td>31</td>
<td>32</td>
<td>33</td>
<td>38</td>
<td>34</td>
</tr>
<tr>
<td>Utah(^7)</td>
<td>10</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>10</td>
<td>21</td>
<td>25</td>
<td>43</td>
</tr>
<tr>
<td>Vermont(^7)</td>
<td>19</td>
<td>15</td>
<td>11</td>
<td>13</td>
<td>8</td>
<td>22</td>
<td>42</td>
<td>42</td>
</tr>
<tr>
<td>Virginia(^7)</td>
<td>30</td>
<td>32</td>
<td>34</td>
<td>41</td>
<td>39</td>
<td>28</td>
<td>19</td>
<td>21</td>
</tr>
<tr>
<td>Washington(^7)</td>
<td>39</td>
<td>42</td>
<td>41</td>
<td>45</td>
<td>44</td>
<td>38</td>
<td>23</td>
<td>18</td>
</tr>
<tr>
<td>West Virginia(^7)</td>
<td>11</td>
<td>10</td>
<td>9</td>
<td>14</td>
<td>18</td>
<td>25</td>
<td>18</td>
<td>15</td>
</tr>
<tr>
<td>Wisconsin(^7)</td>
<td>49</td>
<td>49</td>
<td>48</td>
<td>46</td>
<td>48</td>
<td>49</td>
<td>49</td>
<td>49</td>
</tr>
<tr>
<td>Wyoming(^7)</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>7</td>
<td>12</td>
<td>20</td>
<td>5</td>
</tr>
</tbody>
</table>
doctors who are practicing medicine in a substandard manner. Serious attention must be given to finding out which of the bulleted variables on page 3 are deficient in each state. Action must then be taken, legislatively and through pressure on the medical boards themselves, to increase the amount of discipline and, thus, the amount of patient protection. Without adequate legislative oversight, many medical boards will continue to perform poorly.

Methods

We have calculated the rate of serious disciplinary actions per 1,000 doctors in each state. Using state-by-state data just released by the FSMB on the number of disciplinary actions taken against doctors in 2010, combined with data from earlier FSMB reports covering 2008 and 2009, we have compiled a national report ranking state boards by the rate of serious disciplinary actions per 1,000 doctors for the years 2008-10 (see Table 5) and for earlier three-year intervals (see Table 6).

Because some small states do not have many physicians, an increase or decrease of one or two serious actions in a year can have a much greater effect on the rate of discipline (and the rank) in such states than it would in larger states. To minimize such fluctuations, we therefore calculate the average rate of discipline over a three-year period: the year of interest and the preceding two years. Thus, the newest ranking is based on rates from 2008, 2009 and 2010.

Our calculation of rates of serious disciplinary actions per 1,000 doctors by state is created by taking the number of such actions for each state (revocations, surrenders, suspensions and probation/restrictions — the first two categories in the FSMB data) and dividing that by the American Medical Association (AMA) data on total M.D.s as of December 2010 in that state. We add to this denominator the number of osteopathic physicians for the 37 boards that are combined medical/osteopathic boards. We then multiply the result by 1,000 to get board disciplinary rates per 1,000 physicians. This rate calculation is done for each year, and the average rate for the last three years is used as the basis for this year’s state board rankings (see Table 5). We then repeated these calculations for each of the seven previous three-year intervals (2001-03, 2002-04, 2003-05, 2004-06, 2005-07, 2006-08 and 2007-09 — see Table 6).

This report is available online at http://www.citizen.org/hrg1949.


1 Rank is calculated based upon an average of the disciplinary rates for 2008, 2009 and 2010.
2 Includes osteopathic physicians for boards with jurisdiction over both physicians and osteopaths.
3 In previous reports we used nonfederal physicians, but in this report we used data for total physicians because the American Medical Association no longer provides physician data broken down by federal/nonfederal status.
4 Disciplinary rate for the period is calculated by averaging the disciplinary rates over the 2008-10 three-year period.
5 Rank for each year is calculated based on an average of the disciplinary rates from that year and the preceding two years.
6 Whereas in previous reports we used data on nonfederal physicians, in this report we used data for total physicians because the American Medical Association no longer provides physician data broken down by federal/nonfederal status. The data in this table are based on total physician data for all years, including those in previous reports. Differences in rank from previous reports are minor (see text).
7 These states have a combined state medical and osteopathy board.
How Does the Medical Industry Influence Patient Care?

From the time they arrived to the moment they laid their heads on hotel pillows, the thousands of cardiologists attending this week’s Heart Rhythm Society conference have been bombarded with pitches for drugs and medical devices.

St. Jude Medical adorns every hotel key card. Medtronic ads are splashed on buses, banners and the stairs underfoot. Logos splay across shuttle bus headrests, carpets and cellphone-charging stations.

At night, a drug firm gets the last word: A promo for the heart drug Multaq stood on each doctor’s nightstand Wednesday.

Who arranged this commercial barrage? The society itself, which sold access to its members and their purchasing power.

Last year’s four-day event brought in more than $5 million, including money for exhibit booths the size of mansions and company-sponsored events. This year, there are even more “promotional opportunities,” as the society describes them.

Concerns about the influence of industry money have prompted universities such as Stanford and the University of Colorado-Denver to ban drug sales representatives from the halls of their hospitals and bar doctors from paid promotional speaking.

Professional groups such as the Heart Rhythm Society are a logical target for the makers of drugs and medical devices. They set national guidelines for patient treatments, lobby Congress about Medicare reimbursement issues, research funding and disease awareness, and are important sources of treatment information for the public.

Dozens of such groups nationwide encompass every medical specialty from orthopedics to hypertension.

“What you’re exploring here is the subtle ways in which the companies and professional societies become partners and — wittingly or unwittingly — physicians become agents on behalf of the interests of the sponsoring company,” said Dr. Steven Nissen, chair of cardiovascular medicine at the Cleveland Clinic.

“It has a not very subtle effect on medicine,” said Nissen, an expert on the impact of industry money.

‘This is our business’

Nearly half the $16 million the heart society collected in 2010 came from makers of drugs, catheters and defibrillators used to control abnormal heart rhythms, the group’s website disclosed.

Officials of the Heart Rhythm Society say industry money does not buy influence and is essential to developing new treatments. Still, on Thursday the group unveiled a formal policy that, among other things, requires more detailed disclosure of board members’ industry ties.

“This is our business,” said Dr. Bruce Wilkoff, the incoming society president. “We either get out of the business or we manage these relationships. That’s what we’ve chosen to do.”

The society is one of a handful of groups that make public details about their finances. Most don’t. As non-profits, they must disclose their tax returns but not their specific sources of funding.

Sen. Charles Grassley, R-Iowa, requested the information from the Heart Rhythm Society and 32 other professional associations and groups that promote disease awareness and research.

Their responses and reporting by ProPublica showed wide disparities in money the groups accept from medical companies, what they disclose and how they manage potential conflicts of interest.

With billions of dollars at stake, companies can court entire specialties by helping to bankroll doctors’ groups. The Heart Rhythm Society’s 5,100 members represent a particularly lucrative market.

One implantable cardioverter defibrillator — a device that jolts the heart back to a normal beat — can cost more than $30,000. A single electrophysiologist, a physician specializing in heart-rhythm disorders, can implant dozens a year. World sales of the devices totaled $6.7 billion last year, according to JPMorgan.

All the defibrillator manufacturers are at this week’s conference, including...
市场领导者Medtronic、Boston Scientific和St. Jude Medical，共计支付给协会400万美元的费用。这些公司和其他人不仅提供了对心脏节律学会的财务支持，而且还支付了董事会成员的演讲费或咨询费。这些公司，其中一家持有股票，在2010年支付了1600万美元，去年支付了150万美元。公司去年销售了价值10亿美元的除颤器。该产业的主导地位使Boston Scientific的市场份额下降，因为竞争对手Boston Scientific的市场份额下降。

In January, a study in the Journal of the American Medical Association found that more than one in five patients who received cardiac defibrillators did not meet science-based criteria for getting them.

披露给股东的文件显示，司法部正在调查他们如何给医疗保险和除颤器支付的费用，这使得购买设备的买家对这些产品表示关注。Boston Scientific拒绝对此事发表评论。

在声明中，Medtronic指出，这些公司认为这些安排在教育医生时具有重要作用，并允许医生使用他们的产品。Boston Scientific拒绝对此事发表评论，而St. Jude Medical则表示他们没有对此事发表评论。

在本周的会议上，Medtronic设有一个12,000平方英尺的展位，以展示其产品并允许医生对其进行检查。Medtronic在去年的会议上的类似展位，以及其在2010年支付的160万美元表明其扩大了赞助商的范围。这些公司和协会也扩大了对心脏节律学会的资助。

"Tag and release"

通过多年，如心脏节律学会等团体将赞助的范围扩展到与药物和设备制造商的合作。这将他们能够通过Wii游戏室或佩戴他们公司名称的按摩师的衬衫获得病人的名字，而不仅仅是姓名曝光。上个月，美国心脏协会心脏病学教授Michael Alderman，心脏病学教授，称这种做法“Tag and release。”学院官员表示，他们将做更好的工作，以通知医生下一年。

出席心脏节律学会会议的也将有跟踪标签。学会官员表示，展览商没有使医生获得个人信息。

两年以前，美国心脏协会高血压协会（ASH）与最大的捐助者Daiichi Sankyo合作，创建了一个专门为药物公司销售代表的培训项目。该协会据说大约1200名Daiichi销售代表已经毕业—在每名销售代表支付1990美元的成本下。允许他们使用“ASH认证标志”在名片上。

在2009年，Daiichi给了学会更多的钱—超过3亿美元—超过70%的其行业资金—根据金融记录，它提供了Grassley。Daiichi制造了4种高血压药物。

“我认为这是一种亵渎，”前ASH主席Michael Alderman，教授埃伦伯格医学和迈克尔·艾尔伯曼，教授医学教授，在阿尔伯特·爱因斯坦医学院。""可以看出来，如果他试图在医生的办公室：‘我是Daiichi销售代表，’“他说道。
INFLUENCE from page 8

But let me tell you something: The American Society of Hypertension is backing me.”

Alderman and some other prominent members of the group quit after a dispute in 2006 about industry influence.

Current ASH President George Bakris said the training program is science-based and doesn’t focus on specific drugs. The reps “ought to know what they are talking about,” he said.

The 1,900-member group has revised its policies since 2006, he said. Financial conflicts disclosed by board members, however, are available only to members, who must request them in writing and explain why they want them, according to the group’s conflict of interest policy.

A question of influence

Bakris and leaders of several other professional groups say industry funding is essential for much of what they do. It reduces conference registration fees, subsidizes the cost of continuing medical education courses and provides money for disease awareness.

Dr. Jack Lewin, chief executive of the American College of Cardiology, said

the money is helping build registries of cardiac procedures that track side effects and flag whether physicians are using devices in the right patients.

The “circus element” of the exhibit booths doesn’t unduly influence attendees, Lewin said. “I don’t buy a soft drink just because of the advertising…I buy it because I like it.”

Researchers say companies are not spending millions solely for altruistic reasons. “If it weren’t influencing the doctors, they wouldn’t be doing it,” said Dr. Gordon Guyatt, a health policy expert at McMaster University in Ontario.

There are fledgling efforts to push medical societies toward stricter limits on industry funding: 34 groups have signed a voluntary code of conduct calling for public disclosure of funding and limits on how many people on guideline-writing panels have industry ties.

“The general feeling is that the societies need to be independent of the influence of companies,” said Dr. Norman B. Kahn Jr., chief executive of the Council of Medical Specialty Societies, which helped draft the code.

Grassley, too, is continuing his efforts to make the groups publicly accountable. In initial responses to his December 2009 request for information, some said they planned to post financial information on their websites. This week, the senator followed up with letters to some groups, asking why they hadn’t done so.

He hopes the political pressure succeeds: “You might conclude that maybe they don’t want to give the information out because it might be embarrassing.”

OUTRAGE from page 12

and 23-mg doses. In the fourth test, the improvement over the 10-mg dose was only two points on a 100-point scale, which is not clinically important.

Increased adverse effects of the 23-mg dose of donepezil compared to the 10-mg dose include a slowed pulse rate, nausea, vomiting, diarrhea, urinary incontinence, fatigue, dizziness, agitation, confusion and loss of appetite. Vomiting — which occurred more than 3.5 times as often in patients taking the 23-mg dose than in those taking the 10-mg dose — is a particularly dangerous side effect for patients with Alzheimer’s disease because it can lead to pneumonia, massive gastrointestinal bleeding, esophageal rupture and even death. Overall, patients taking the 23-mg dose stopped taking the drug because of adverse effects more than twice as often as those taking the 10-mg dose. Additionally, because of the drug’s very long half-life, it can stay in patients’ systems for about two weeks after they stop taking the drug. So those who suffer adverse effects may not have immediate relief after they stop treatment.

With no evidence of an added advantage in benefit to patients, the clear increase in risk should have been more than adequate grounds for denying approval, a conclusion reached by both the FDA medical officer and statistician. It is inexcusable that the FDA approved this higher dose. Its prompt removal would belatedly fulfill the agency’s mission to allow the marketing of only those drugs whose benefits outweigh their risks.

Vomiting is a particularly dangerous side effect for patients with Alzheimer’s disease because it can lead to pneumonia, massive gastrointestinal bleeding, esophageal rupture and even death.
Emails Show Drug Company Used Third-Party Medical Groups to Influence Regulators, Undercut Rivals

The following article, by Marian Wang, originally appeared on the website of ProPublica. It has been reprinted with permission from propublica.org.

Brand-name drug manufacturers have long used controversial tactics to keep their generic competitors off the market, but a new report by the U.S. Senate Finance Committee sheds light on how one firm leveraged hidden financial ties with reputable medical groups to undermine its generic rivals.

Facing what it called “an imminent threat” to its brand-name blood thinner Lovenox, pharmaceutical company Sanofi-Aventis launched an advocacy campaign to influence the U.S. Food and Drug Administration (FDA) to delay generic competitors, according to the report. It did so by contacting medical societies and researchers, urging them to write in to the FDA — or in one case, to write an advertorial for The Wall Street Journal — to raise safety concerns about generics.

The medical groups — the Society of Hospital Medicine and the North American Thrombosis Forum — each received more than $2.3 million from Sanofi between 2007 and 2010. A Duke University researcher who wrote the FDA letter received more than $2.3 million from Sanofi. (The Journal, first reported on the two groups’ letters to the FDA last year, sparking the Senate investigation.)

ProPublica has reported on the ways that drug and device makers have sought to influence professional medical societies and health advocacy groups through millions in donations and advertising revenue at conferences. And while we’ve repeatedly raised questions about how the corporate cash influences these groups, there are limits to what reporters can expose about all that happens behind the scenes.

But Senate investigators have subpoena power, and they’ve produced a report drawing on Sanofi documents and emails between the drugmaker and these supposedly independent medical groups. It’s worth reading in full. Here’s some of the email correspondence between Sanofi and the CEO of the Society of Hospital Medicine after the drug company encouraged the group to contact the FDA. From the report (emphasis ours):

SHM has no history of making similar comments to the FDA or any government agency of this kind. While the Ec [Executive Committee] might be supportive they may feel this is not something that SHM has the expertise or knowledge to say much about. ... That being said when something is important to any of our partners (like Sanofi) that we have a long term relationship with we want to give any issue that is important to our partner careful consideration.

The Society of Hospital Medicine did end up sending a letter to the FDA. The group’s CEO sent Sanofi a draft of the letter, and he even asked for the name and address of the intended recipient at the FDA.

A senior manager at Sanofi, in an internal email, later listed the letter as a “key accomplishment” for Sanofi’s public relations team.

Emails also show Sanofi representatives worrying about keeping the appearance of these groups’ independence for fear that Sanofi’s involvement — if reported — could tarnish the groups’ credibility.

After the North American Thrombosis Forum wrote an advertorial for Lovenox that ran in the Journal, a public relations firm hired by Sanofi emailed the piece to some reporters. That set off some alarm bells for one Sanofi spokeswoman, who worried that Sanofi’s involvement might be too obvious: “I’m a little concerned about how this activity by an agency of ours can be perceived by the media, in terms of any s-a [Sanofi-Aventis] involvement in this activity,” she wrote. (A reporter inquiring about the ad asked about the financial ties between Sanofi and the NATF. She was told to ask the NATF.)

The Society of Hospital Medicine told the Journal that the group has new transparency policies, and “if we were writing the FDA now, we would be very clear about our relationship with any partner, including financial support.”

The North American Thrombosis Forum told the Journal that Sanofi’s funding was not intended “to shape public policy.”

As for the Duke University doctor, Dr. Victor Tapson, the Project on Government Oversight (POGO) posted one of his letters to the FDA. Worth noting, as POGO did, that it’s on Duke University letterhead. Tapson told the Journal that parts of the Senate report were “very incorrect,” but didn’t explain further.

As for Sanofi, it maintains that the comments from the experts “brought legitimate and important patient safety facts and considerations to the attention of the FDA,” the Journal reported.

The FDA approved the first generic version of Lovenox in July of last year.

Keeping generics off the market costs consumers and the government billions in potential savings every year, according to the Federal Trade Commission. The agency has strongly opposed the industry practice known as “pay for delay,” whereby drug companies intent on protecting their monopoly on a particular drug pay off generics companies to get them to drop their patent challenges.

Drug companies have argued that the practice of reaching these settlements doesn’t prevent competition once the patents expire — something happening for several major brand-name drugs over the next few years. The FTC, however, has said the practice costs consumers and the government more than $3 billion annually.
Product Recalls
May 12, 2011 – May 25, 2011

This chart includes recalls from the Food and Drug Administration (FDA) Enforcement Report for drugs and dietary supplements, and Consumer Product Safety Commission (CPSC) recalls of consumer products.

DRUGS AND DIETARY SUPPLEMENTS

Recalls and Field Corrections: Drugs – Class I

Indicates a problem that may cause serious injury or death

Celerite Slimming Capsules, 30-count boxes. Volume of product in commerce: approximately 5,040 boxes of 30. Product was collected and sampled by FDA and found to contain undeclared sibutramine. It was marketed without an approved NDA/ANDA. Lot #s: all codes/lots distributed up to and including product distributed through Jan. 24, 2011. Shaping Beauty Inc.

Fruta Planta/Reduce Weight Fruta Planta (all weight loss formulas) Dietary Supplement Capsules, 100% Pure Nature. Volume of product in commerce: 5,300 boxes – estimate. Marketed without an approved NDA/ANDA. Product was found to contain undeclared sibutramine based on FDA’s sampling and analysis. Lot #s: all lots and all codes. Prock Marketing LLC.

CONSUMER PRODUCTS

Contact the Consumer Product Safety Commission (CPSC) for specific instructions or return the item to the place of purchase for a refund. For additional information from the CPSC, call its hotline at (800) 638-2772. The CPSC website is www.cpsc.gov. Visit www.recalls.gov for information about FDA recalls and recalls issued by other government agencies.

Name of Product; Problem; Recall Information

Full-Size Cribs. The drop-side rail hardware can break or fail, allowing the drop side to detach from the crib. When the drop-side rail partially detaches, it creates a space between the drop side and the crib mattress. An infant or toddler’s body can become entrapped in the space, which can lead to strangulation and/or suffocation. A child can also fall out of the crib. Dream on Me Inc., at (877) 201-4317 or www.dreamonme.com.

MDX Pool and Spa Drain Covers. The recalled drain covers were incorrectly rated to handle the flow of water through the cover, which could pose a possible entrapment hazard to swimmers and bathers. Paramount Pool & Spa Systems, at (800) 621-5886.

Gas-Powered STIHL Trimmers, Brushcutters, KombiMotors, Hedge Trimmers, Edgers, Clearing Saws, Pole Pruners, and Backpack Blowers That Utilize a Toolless Fuel Cap. The level of ethanol and other fuel additives can distort the toolless fuel cap, allowing fuel to spill, posing a fire and burn hazard. STIHL Inc., at (800) 233-4729 or www.stihlusa.com.

Pool and Spa Drain Covers. The recalled drain covers were incorrectly rated to handle the flow of water through the cover, which could pose a possible entrapment hazard to swimmers and bathers. A&A Manufacturing, AquaStar Pool Products Inc., Color Match Pool Fittings, Custom Molded Products, Hayward Pool Products, Pentair Water Pool and Spa, Rising Dragon USA, and Waterway Plastics, at (866) 478-3521 or www.apsp.org/draincoverrecall.

General Electric Food Processors. The safety interlock system on the recalled food processor can fail, allowing operation without the lid secured, which poses a laceration hazard. In addition, the product can emit smoke or catch fire, posing a fire hazard. Walmart Stores Inc., at (877) 207-0923 or www.walmartstores.com/recalls.

Katie Brown 12-Piece Tea Light Candle Sets. The clear plastic candleholder can ignite, posing a serious burn and fire hazard to consumers. Meijer Inc., at (800) 927-8699 or www.meijer.com.

Lawson Aquatics, at (800) 897-6160.

Pool Drain Covers. The recalled drain covers were incorrectly rated to handle the flow of water through the cover, which could pose a possible entrapment hazard to swimmers and bathers. Waterway Plastics, at (866) 719-6044 or www.waterwayplastics.com.

Portable Drop-Side Cribs. The drop-side rail hardware can break or fail, allowing the drop side to detach from the crib or fall unexpectedly. In addition, the portable crib mattress support hardware and the drop-side release latch can break easily, and the slats can loosen or break and detach from the crib. Children can also cut themselves on exposed hardware inside the cribs. Dream on Me Inc., at (877) 201-4317 or www.dreamonme.com.
A drug used to treat moderate or severe cases of Alzheimer’s disease should be removed from the market immediately because of its risk of serious adverse effects and its lack of effectiveness, Public Citizen and an eminent geriatrician from Johns Hopkins said in a recent petition filed with the Food and Drug Administration (FDA).

Donepezil, also known as Aricept, has been approved by the FDA in a dose of 5 to 10 milligrams (mg) for patients with mild to moderate cases of Alzheimer’s disease and in a dose of 10 or 23 mg for patients with moderate to severe Alzheimer’s.

Data show that the 23-mg dose of donepezil, known as Aricept 23 and approved last July, is significantly more toxic than the 10-mg dose. Combined with its lack of improved clinical benefits, this leads to only one conclusion: that the 23-mg dose should be immediately withdrawn from the market.

We are also asking the FDA to warn doctors and patients against taking 20 mg of the drug (two 10-mg pills) a day, even if Aricept 23 is removed from pharmacy shelves.

Dr. Thomas Finucane, professor of medicine in the Division of Gerontology and Geriatric Medicine at the Johns Hopkins University School of Medicine and staff physician at the Johns Hopkins Bayview Medical Center, stated that “Cholinesterase inhibitors such as Aricept have gained multibillion-dollar success due primarily to two factors: the understandable desperation of those who care for patients with Alzheimer’s disease, and a relentless promotional campaign by drug companies.” Finucane is a co-petitioner with Public Citizen to ban Aricept 23.

“When clinicians consider whether to initiate a therapeutic trial of a largely ineffective drug, the risk of harm should be a prominent consideration,” Finucane said. “The clearly increased risk of harm from Aricept 23-mg compared to Aricept 10-mg is so great, coupled with the lack of any evidence of improved benefit, that I believe it should not have been approved for sale to the families and caregivers of Alzheimer patients.”

The only clinical trial of donepezil submitted to the FDA for approval of the 23-mg dose compared it to the 10-mg dose and failed to prove that the higher dose was more effective. In three of four tests, on either a cognitive or functional level, there was no significant difference between the 10-