HOW DOES YOUR BOARD RESOLVE MINOR COMPLAINTS?

Findings of a Survey conducted by the Citizen Advocacy Center in July 2012

by:

David Swankin Esq., Rebecca Arnold LeBuhn & Max Kruse
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INTRODUCTION

This survey was undertaken at the request of attendees at the Citizen Advocacy Center’s (CAC) 2011 annual meeting, which focused on various aspects of board discipline programs. The purpose of the survey was to ascertain how health professional licensing boards treat minor complaints.

The survey asked 14 questions. The first question was basic information about the respondent, and the remaining 13 questions addressed the definition of a minor complaint, policies governing the handling of minor complaints, and the reporting of this information to the public.

Three hundred and eight surveys were distributed to licensing boards in 24 different professions: Acupuncture, Athletic Training, Behavioral Health, Chiropractic, Cosmetology, Counseling, Dental Hygiene, Dentistry, Dietetics and Nutrition, Massage Therapy, Medicine, Mental Health, Naturopathy, Nursing, Nursing Home Administration, Occupational Therapy, Optometry, Pharmacy, Physical Therapy, Podiatry, Psychology, Respiratory Care, Social Work, Speech-Language Pathology and Audiology, and Veterinary Medicine.

FINDINGS

QUESTION 1: Basic information (Name, Title Organization, Email address, and Telephone number).
Ninety-three boards responded to the survey prior to our deadline.

QUESTION 2: Does your board have a special policy regarding the handling of minor complaints?
Ninety-one boards responded to this question. Of them, 65 boards (71.4% of respondents) handle minor complaints in the same manner they handle all other complaints. Twenty-six boards (28.6% of respondents) have a special policy regarding the handling of minor complaints. The responses of these 26 boards are the subject of this report.

QUESTION 3: What is the written policy of handling “minor” complaints based on?
Twenty-two boards responded to this question. Of them, 5 boards (22.7% of respondents) specified “Legislation,” 2 boards (9.1% of respondents) chose “Board Rule,” and 5 boards (22.7% of respondents) chose “Both.” Ten boards (45.5% of respondents) indicated “Other,” which included internal complaint processing protocols, alternative dispute resolution, and historical practice.
QUESTION 4: What is your board’s definition of a minor complaint?
The definition of “minor complaint” is important because it determines the priority that is assigned and the process by which a complaint is handled by those boards that distinguish between minor and other complaints. If the definition – and its interpretation – is too loose, more serious infractions could find their way into the minor complaint track and escape the attention and sanctions they deserve. Some boards have no formal definition, implying that they operate on a “know it when you see it” standard. Other boards enumerate specific infractions that are considered to be minor, such as financial disputes, discourteous behavior, scheduling issues, and the like. Other board’s definitions cite such things as misconduct not directly involving the health, safety or welfare of the member of the public, infractions that can be appropriately treated through education and training, incidents that don’t rise to the level of a statutory infraction, and so on.

QUESTION 5: Does your board delegate to staff the authority to interpret which complaints qualify as minor?
A clear majority of boards delegate responsibility for determining whether a complaint is minor. Of the 21 boards that responded, 14 boards (66.7% of respondents) answered “Yes” to this question, while 7 boards (33.3% of respondents) answered “No.”

QUESTION 6: Does your board give staff authority to resolve minor complaints?
Authority to resolve minor complaints varies greatly. Asked if the board allows its staff to resolve minor complaints, 4 boards (19% of respondents) chose “Yes, but only with board approval,” 6 boards, (28.6% of respondents) chose “Yes, but only with Executive director approval,” 2 boards (9.5% of respondents) do not delegate to staff the authority to resolve minor complaints, and 9 boards (42.9% of respondents) chose “Other.”

Respondents who answered “Other” were prompted to explain their answers. For example, the Ohio Medical Board designates two members to oversee enforcement activities according to approved protocols, some of which allow for delegation.

QUESTION 7: Has your board or Executive Director ever refused a staff-recommended resolution of a minor complaint?
Authorizing board staff to resolve minor complaints may increase efficiency, but it allows non board members to make, or recommend important decisions regarding licensees. It appears that Executives are taking their oversight responsibilities seriously. When asked if the board Executive has ever refused a staff recommendation for resolution to a minor complaint, 12 boards (63.2% of respondents) answered “Yes,” and 7 boards (36.8% of respondents) answered “No”.

QUESTION 8: How often in the past two years has your Executive Director refused a staff-recommended resolution of a minor complaint?
Asked how many times, within the past two years, the Executive has refused a staff-proposed minor complaint resolution, 2 boards (28.6% of respondents) answered “One time,” 1 board (14.3% of respondents) answered “Two times,” and 4 boards (57.1% of respondents) answered
“Four or more times.” Several respondents cautioned that these numbers are “estimates” or “guesses” because records of this sort are not kept.

QUESTION 9: What sanctions are available to resolve minor complaints?
Asked to specify sanctions available to resolve minor complaints, 5 boards (23.8% of respondents) use “Private letters of concern”, 1 board (4.8% of respondents) uses “Public letters of concern,” 2 boards (9.5% of respondents) impose “Fines,” and 1 board (4.8% of respondents) impose “License restrictions.” Twelve boards (57.1% of respondents) use a variety of other sanctions, including referral to other agencies, citations, mediation, and notices of non-compliance, and remedial education.

QUESTION 10: Does your board take into account prior minor complaints when determining whether to categorize a new complaint as minor?
Only 2 boards (9.5% of respondents) do not take prior minor complaints into account when determining whether the current complaint can be considered minor. Nineteen boards (90.5% of respondents) do take prior minor complaints into account.

QUESTION 11: Does staff report to the board periodically about the resolution of minor complaints?
For the vast majority of respondents, staff periodically reports minor complaint resolution statistics to the board. Seventeen boards (81% of respondents) make such reports, and 4 boards (19% of respondents) do not.

QUESTION 12: If staff reports to the board periodically about the resolution of minor complaints, do they report case-by-case details or aggregate statistics only?
The amount of detail in reports to the board is evenly distributed. 9 boards (52.9% of respondents) report “Case by case details” and 8 boards (47.1% of respondents) report “Aggregate statistics only.”

QUESTION 13: Are resolutions of minor complaints posted on your Web site?
Only 2 boards (9.5% of respondents) post data about minor complaint resolution on their Web sites. Nineteen boards (90.5% of respondents) do not post this information.

QUESTION 14: Do resolutions that are posted on your Web site show case by case details or aggregate statistics?
Both of the 2 boards that post data about minor complaint resolution on their Web sites post case by case details.
CONCLUSIONS

Protocols for differentiating according to the seriousness of complaint allegations and prioritizing investigations are especially important for boards that receive large quantities of complaints annually. Most importantly, this enables boards to devote resources in a timely way to those infractions most likely to put the public at risk. It also promotes efficient operations.

Minor complaints by definition warrant a lower priority, but they are not insignificant and the way a board defines them and processes them has an impact on public safety. Proper documentation enables boards to recognize patterns of minor complaints against one or more practitioners that may, collectively, constitute a more serious matter deserving higher priority status.

Our survey findings show that the majority of respondents do not treat minor complaints differently than any other complaints. This could be a beneficial policy for the public in the sense that all complaints should be treated seriously; it could also mean that some complaints may seem trivial in comparison with other issues that the board runs into. Our results show that minor complaint policy varies by state and type of board and is derived from a variety of sources.

A majority of respondents allow staff to differentiate between minor and other complaints; most allow staff to resolve minor complaints (typically with oversight), and a majority have had the Executive Director over-rule those minor complaint resolution decisions or recommendations. This latter finding indicates that board executives are paying attention to the staff resolutions that pass across their desks.

Our results showed that boards typically have a variety of sanctions from which to choose. This is concerning only to the extent that some sanctions are non-public, which raises issues for transparency and accountability.

The fact that respondents overwhelmingly reported that their boards take into account prior minor complaints when categorizing current complaints shows that these boards are in a position to detect patterns of behavior.

A more troubling finding is that 90.5% of respondents do not post information about the resolution to minor complaints on their Web sites. Minimal standards of transparency would seem to require at least the disclosure of aggregate data about minor complaints and their resolution.

Overall our findings suggest that respondents that treat minor complaints in a special way are attempting to serve the public well, even though improvements that can be made in the area of transparency.
How Does Your Board Resolve Minor Complaints?

1. Please enter your Name, Title, Organization, Email address, and Telephone number. (We need all of this information in order to create a meaningful report).

2. Does your board have a special policy regarding the handling of minor complaints?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>26</td>
</tr>
<tr>
<td>No, we handle minor complaints in the same manner we handle all complaints</td>
<td>65</td>
</tr>
</tbody>
</table>

| Answered question | 91             |
| Skipped question  | 2              |
3. What is the written policy for handling "minor" complaints based on?

<table>
<thead>
<tr>
<th></th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislation</td>
<td>22.7%</td>
<td>5</td>
</tr>
<tr>
<td>Board rule</td>
<td>9.1%</td>
<td>2</td>
</tr>
<tr>
<td>Both</td>
<td>22.7%</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>45.5%</td>
<td>10</td>
</tr>
</tbody>
</table>

Please provide links to the authorities or an explanation

answered question 22
skipped question 71

4. What is your board's definition of a minor complaint?

Response Count

answered question 21
skipped question 72

5. Does your board delegate to staff the authority to interpret which complaints qualify as minor?

<table>
<thead>
<tr>
<th></th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>66.7%</td>
<td>14</td>
</tr>
<tr>
<td>No</td>
<td>33.3%</td>
<td>7</td>
</tr>
</tbody>
</table>

answered question 21
skipped question 72
6. Does your board give staff authority to resolve minor complaints?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, but only with board approval</td>
<td>19.0%</td>
<td>4</td>
</tr>
<tr>
<td>Yes, but only with Executive Director approval</td>
<td>28.6%</td>
<td>6</td>
</tr>
<tr>
<td>No</td>
<td>9.5%</td>
<td>2</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>42.9%</td>
<td>9</td>
</tr>
</tbody>
</table>

answered question 21
skipped question 72

7. Has your board or Executive Director ever refused a staff-recommended resolution of a minor complaint?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>63.2%</td>
<td>12</td>
</tr>
<tr>
<td>No</td>
<td>36.8%</td>
<td>7</td>
</tr>
</tbody>
</table>

answered question 19
skipped question 74
8. How often in the past two years has your Executive Director refused a staff-recommended resolution of a minor complaint?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>One time</td>
<td>28.6%</td>
<td>2</td>
</tr>
<tr>
<td>Two times</td>
<td>14.3%</td>
<td>1</td>
</tr>
<tr>
<td>Three times</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Four or more times</td>
<td>57.1%</td>
<td>4</td>
</tr>
</tbody>
</table>

Please explain 11

answered question 7

skipped question 86

9. What sanctions are available to resolve minor complaints?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private letter of concern</td>
<td>23.8%</td>
<td>5</td>
</tr>
<tr>
<td>Public letter of concern</td>
<td>4.8%</td>
<td>1</td>
</tr>
<tr>
<td>Fine</td>
<td>9.5%</td>
<td>2</td>
</tr>
<tr>
<td>License restriction</td>
<td>4.8%</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>57.1%</td>
<td>12</td>
</tr>
</tbody>
</table>

If "license restriction" or "other," please explain 16

answered question 21

skipped question 72
10. Does your board take into account prior minor complaints when determining whether to categorize a new complaint as minor?

<table>
<thead>
<tr>
<th></th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>90.5%</td>
<td>19</td>
</tr>
<tr>
<td>No</td>
<td>9.5%</td>
<td>2</td>
</tr>
</tbody>
</table>

answered question 21
skipped question 72

11. Does staff report to the board periodically about the resolution of minor complaints?

<table>
<thead>
<tr>
<th></th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>81.0%</td>
<td>17</td>
</tr>
<tr>
<td>No</td>
<td>19.0%</td>
<td>4</td>
</tr>
</tbody>
</table>

answered question 21
skipped question 72

12. If staff reports to the board periodically about the resolution of minor complaints, do they report case by case details or aggregate statistics only?

<table>
<thead>
<tr>
<th></th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case by case details</td>
<td>52.9%</td>
<td>9</td>
</tr>
<tr>
<td>Aggregate statistics only</td>
<td>47.1%</td>
<td>8</td>
</tr>
</tbody>
</table>

answered question 17
skipped question 76
13. Are resolutions of minor complaints posted on your Web site?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>9.5%</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>90.5%</td>
<td>19</td>
</tr>
</tbody>
</table>

answered question 21
skipped question 72

14. Do resolutions that are posted on your Web site show case by case details or aggregate statistics?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case by case details</td>
<td>100.0%</td>
<td>2</td>
</tr>
<tr>
<td>Aggregate statistics</td>
<td>0.0%</td>
<td>0</td>
</tr>
</tbody>
</table>

answered question 2
skipped question 91
Notes on Responses to Question 3: What is the written policy of handling “minor” complaints based on?

**Alabama State Board of Pharmacy:** “Unless the Chief Inspector, Board Attorney, and Secretary all agree that a formal Hearing is needed, the complaint (redacted) is heard in executive session by the Board. The Board can vote to have a Hearing, issue a letter of concern, reprimand, and warning, or issue a finding of No Violations.”

**Arizona Medical Board:** “Prioritization in policy: CM-001 Amended Intake Process CM-003 Investigative Process Policy.”

**Arizona State Board of Nursing:** “§32-1605.01.”

**District of Columbia Board of Nursing:** “Link to Board website.”

**Florida Department of Health Division of Medical Quality Assurance:** “Alternative Dispute Resolution (Citations, Mediation, and Notices of Non-compliance) are authorized by Florida Statute and articulated in Board Rules (Florida Administrative Code) by each licensing board.”

**Idaho Board of Nursing:** “Board Philosophy statement and related policies/procedures implement the Board’s authority to investigate complaints and take appropriate action, including alternatives to discipline. (See www.ibn.idaho.gov)”

**Kansas State Board of Healing Arts:** “No written policy, by practice, if a complaint is minor we try to resolve it without opening a full investigation.”

**New Mexico Board of Nursing:** “The Board has made an informal grid for the ED to handle some minor violations in a progressive manner.”

**North Carolina Board of Nursing:** “G.S. 90-171.23(b) (18a).”

**North Dakota Board of Pharmacy:** “Policy and History.”

**North Dakota State Board of Optometry:** “Minor complaints are usually handled by a phone call and/or letter to the individual who offered the concern. Most “minor” complaints are those where a consumer has a financial dispute with a licensee. More serious complaints are handled through a formal process.”

**Ohio State Chiropractic Board:** “Link to Board website.”
Oregon Board of Dentistry: “Board protocols.”

Oregon Medical Board: “Practice.”

State Medical Board of Ohio: “Internal complaint processing protocol.”

Texas Board of Nursing: “Link to Board website.”

Texas Medical Board: “Occ. Code 164.0015 and board rule 187.”

Texas State Board of Social Worker Examiners: “Board rule allows the board to use informal methods of resolving minor complaints without use of formal disciplinary action. Also, minor complaints, as detailed in department policy, receive a different type of investigation, usually only involving requesting a respondent response and follow-up phone calls, if necessary. The Executive Director may close cases that are not jurisdictional to the board (in board rule).”

Virginia Board of Medicine: “Link to board website.”

Washington State Nursing Care Quality Assurance Commission: “Link to Board website.”
Notes on Responses to Question 4: What is your board's definition of a minor complaint?

**Alabama State Board of Pharmacy:** “Generally administrative rather than patient care issues are considered minor.”

**Arizona Medical Board:** “Professional conduct cases that do not present imminent danger to the public; including, but not limited to failure to provide medical records or failure to properly represent the name of the entity granting Board certification.”

**District of Columbia Board of Nursing:** “Priority I- Disciplinary actions decided by Board staff, cases where there is no harm to patient or flagrant HORA (D.C. Health Occupations Revision Act) violation, consent order issued without review by Board.”

**Florida Department of Health Division of Medical Quality Assurance:** “Per statute: Citation offenses are those violations for which there is no substantial threat to the public health, safety, and welfare or no violation of standard of care involving injury to a patient. Mediation offenses are where harm caused by the licensee: (a) Is economic in nature except any act or omission involving intentional misconduct; (b) Can be remedied by the licensee; (c) Is not a standard of care violation involving any type of injury to a patient; or (d) Does not result in an adverse incident.”

**Idaho Board of Nursing:** “Formal definition not available.”

**Kansas State Board of Healing Arts:** “No formal definition. But an example would be a patient that calls to say they are having trouble getting a copy of their medical record from their physician. Another example is when a patient calls to say their physician fired them.”

**Medical Licensing Board of Indiana:** “There are 5 specific violations.”

**New Mexico Board of Nursing:** “Failure to comply with CE requirements completely, failing to report disciplinary action in New Mexico on a renewal form, renewing license late, and practicing without a license for a brief time.”

**North Carolina Board of Nursing:** “We do not have a formal definition. The working definition is a complaint related to an isolated or minor incident that poses no danger to public safety.”

**North Dakota Board of Nursing:** “Minor incident” means an act or commission in violation of North Dakota Century Code chapter 43-12.1 or this title which indicates an applicant licensee’s or registrant’s continuing to practice poses a low risk of harm to the client or another person.”
North Dakota Board of Pharmacy: “None are really minor, but if they do not involve professional practice we consider them minor.”

North Dakota State Board of Optometry: “Examples would be a financial dispute between a consumer and a licensee, or an advertising complaint.”

Ohio State Chiropractic Board: “We do not have a formal definition.”

Oregon Board of Dentistry: “No apparent Jurisdiction, bedside manner complaints, scheduling complaints, insurance complaints, billing issues that are not fraud.”

Oregon Medical Board: “A minor complaint is one which ultimately does not rise to the level of a statutory violation; however, that status may change over time with the receipt of additional information. By statute we investigate every complaint.”

State Medical Board of Ohio: “A written concern provided to the Medical Board involving a practitioner not regulated by the Board, a fee dispute between the patient and provider, or an issue not within the Medical Board’s jurisdiction.”

Texas Board of Nursing: “A ‘minor incident’ as defined under Nursing Practice Act §301.401(2) means conduct by a nurse that may be a violation of the Nursing Practice Act or a Board rule but does not indicate the Nurse’s continued practice poses a risk of harm to a patient or another person.”

Texas Medical Board: “Anything that can be appropriately resolved through education and training. Specifically does not include boundary violations, felonies, and patient death cases.”

Texas State Board of Social Worker Examiners: “Minor misconduct not directly involving the health, safety, or welfare of the member of the public at issue.”

Virginia Board of Medicine: “We don’t have a minor complaint; we call it minor misconduct. We do not have a document that specifically defines minor misconduct, but included are violations of advertising, continuing medical education hours, and some standard of care issues.”

Washington State Nursing Care Quality Assurance Commission: “Practice deficiencies of a less serious nature.”
Notes on Responses to Question 6: Does your board give staff authority to resolve minor complaints?

**Alabama State Board of Pharmacy:** “In a very limited circumstance this can happen; for example, late receipt of renewal documents- once the Board decides the penalty – it is applied to all subsequent offenders.”

**Arizona State Board of Nursing:** “Legislation stated Executive Director or Designee.”

**District of Columbia Board of Nursing:** “Yes.”

**Florida Department of Health Division of Medical Quality Assurance:** “MQA Enforcement is authorized to apply the statutes and rules to complaints received. Some boards require legal review of citations before issuance. Where rules authorize mediation for an offense, investigative staff handle the mediation and the board is not made aware of the complaint.”

**Kansas State Board of Healing Arts:** “Yes. If staff can resolve a minor complaint they have the authority. Board will randomly review a percentage of those cases, and if they are concerned with the discretion applied by staff it is addressed.”

**North Carolina Board of Nursing:** “Staff has protocols that guide their resolution of minor complaints.”

**North Dakota Board of Nursing:** “All reviewed by the Disciplinary Review Panel.”

**North Dakota Board of Pharmacy:** “Executive and Assistant have authority.”

**State Medical Board of Ohio:** “By statute, two members of the Ohio Medical Board serve as the Board’s Secretary and Supervising Member. These two members oversee the enforcement activities of the Medical Board. The Secretary and Supervising Member have approved complaint processing protocols. Some of the protocols may delegate resolution of some minor complaints to Board staff.”

**Virginia Board of Medicine:** “In 2007 the Board delegated to staff considerable authority that staff did not ask for. Staff is careful not to exceed its authority and seeks to have the Board decide in any cases about which staff has reservations in settling.”
Notes on Responses to Question 8: How often in the past two years has your Executive Director refused a staff-recommended resolution of a minor complaint?

Alabama State Board of Pharmacy: “N/A.”

District of Columbia Board of Nursing: “Unknown.”

Florida Department of Health Division of Medical Quality Assurance: “N/A.”

Idaho Board of Nursing: “Less than 5 times.”

Ohio State Chiropractic Board: “We do not track this statistic, but it happens infrequently.”

Arizona Medical Board: “Estimate; no way to query or recall specific instances.”

Oregon Medical Board: “Executive Director does not have final say.”

State Medical Board of Ohio: “1) In Ohio, the Executive Director does not have authority to determine the resolution of a complaint. 2) By statute, two members of the Medical Board, the Secretary and Supervising Member, are responsible for overseeing the Board’s enforcement activities. The Secretary and Supervising Member determine the resolution of a complaint. On occasion, they have not agreed with a staff recommendation for resolution of a minor complaint. The Ohio Medical Board receives over 4300 new complaints per calendar year.”

Texas Board of Nursing: “This is a guess. Very infrequent because staff has a lot of guidance in rule and precedent on this issue.”

Texas Medical Board: “The board reviews every resolution, and we resolve thousands of cases a year. There is no doubt that at least a handful has been changed by the board.”

Washington State Nursing Care Quality Assurance Commission: “N/A.”
Notes on Responses to Question 9: What sanctions are available to resolve minor complaints?

Alabama State Board of Pharmacy: “Non-disciplinary administrative penalty.”

Arizona Medical Board: “Dismissal.”

District of Columbia Board of Nursing: “Private letter of concern, fine, license restriction, confidential settlement agreement.”

Florida Department of Health Division of Medical Quality Assurance: “Citations (public), Mediation (confidential), Notice of Non-Compliance (confidential).”

Kansas State Board of Healing Arts: “Close complaint without investigation.”

New Mexico Board of Nursing: “All of the above can be used with Board approved decision tree for certain minor violations.”

North Carolina Board of Nursing: “Private letter of concern, public letter of reprimand, non-disciplinary consent agreement, PREP program.”

North Dakota Board of Nursing: “Possibly receive a private letter of concern.”

North Dakota Board of Pharmacy: “Sometimes we just talk to them on the phone and may write a letter, or ask the pharmacy to resolve it with the customer.”

Oregon Board of Dentistry: “None only the Board can decide sanctions.”

Ohio State Chiropractic Board: “Confidential letter of warning or public letter of admonition.”

State Medical Board of Ohio: “Minor complaints may result in the complaint being referred to another agency – particularly if it involves a provider not regulated by the Medical Board. The minor complaint may also be closed as no action warranted by the Medical Board. Ohio considers a private letter of concern as a caution letter or advisory letter. Such a letter would be part of Ohio’s confidential investigatory process. Ohio does not issue public letters of concern. Fining authority in Ohio is limited to violations of CME requirements and these are considered public, formal disciplinary actions. A license restriction is also considered a public, formal disciplinary action by the State Medical Board of Ohio.”
Texas Board of Nursing: “We remind the nurse of their duties under the law and regulations.”

Texas Medical Board: “Remedial Plan. Public, non-disciplinary action.”

Texas State Board of Social Workers Examiners: “Also issuance of a cease and desist letter to those who are not currently licensed by the board but whose conduct is within the jurisdiction of the board.”