

STATE OF NEW YORK

6678

2025-2026 Regular Sessions

IN ASSEMBLY

March 7, 2025

Introduced by M. of A. LEE -- read once and referred to the Committee on Health

AN ACT to amend the education law and the public health law, in relation to requiring notification of misconduct by medical professionals

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Subdivisions 20, 28 and 31 of section 6530 of the education law, as added by chapter 606 of the laws of 1991, are amended and two new subdivisions 51 and 52 are added to read as follows:

20. Conduct [~~in the practice of medicine~~] which evidences moral unfitness to practice medicine;

28. Failing to respond within [~~thirty~~] ten days to written communications from the department of health and to make available any relevant records with respect to an inquiry or complaint about the licensee's professional misconduct. The period of [~~thirty~~] ten days shall commence on the date when such communication was delivered personally to the licensee. If the communication is sent from the department of health by registered or certified mail, with return receipt requested, to the address appearing in the last registration, the period of [~~thirty~~] ten days shall commence on the date of delivery to the licensee, as indicated by the return receipt;

31. Willfully harassing, abusing, or intimidating a patient [~~either~~] or a patient's caregiver or surrogate physically or verbally;

51. Except for good cause shown, failing to notify the department of health within ten calendar days of having been charged with a crime in any jurisdiction or of any event meeting the definitions of professional misconduct set forth in subdivision nine of this section.

52. Verbal, written, or physical behavior of a sexual nature in the practice of medicine that has no legitimate medical purpose and/or that exploits the current or former practitioner-patient relationship in a sexual way. This behavior may occur in person or virtually and may

EXPLANATION--Matter in italics (underscored) is new; matter in brackets [~~-~~] is old law to be omitted.

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1 include expressions of thoughts and feelings or gestures and actions
2 that are of a sexual nature or that a patient or surrogate may reason-
3 ably construe as sexual.

4 § 2. Clause (C) of subparagraph (iii) of paragraph (a) of subdivision
5 10 of section 230 of the public health law, as amended by chapter 477 of
6 the laws of 2008, is amended to read as follows:

7 (C) If the director determines that the matter shall be submitted to
8 an investigation committee, an investigation committee shall be convened
9 within [~~ninety days~~] one year of any interview of the licensee. The
10 director shall present the investigation committee with relevant
11 documentation including, but not limited to: (1) a copy of the original
12 complaint; (2) the report of the interviewer and the stenographic record
13 if one was taken; (3) the report of any medical or scientific expert;
14 (4) copies of reports of any patient record reviews; and (5) the
15 licensee's submissions.

16 § 3. Subparagraphs (i) and (ii) of paragraph (d) of subdivision 10 of
17 section 230 of the public health law, as amended by chapter 477 of the
18 laws of 2008, are amended to read as follows:

19 (i) A copy of the charges and the notice of the hearing shall be
20 served on the licensee either: (A) personally [by the board] at least
21 thirty days before the hearing[~~, If personal service cannot be made~~
22 ~~after due diligence and such fact is certified under oath, a copy of the~~
23 ~~charges and the notice of hearing shall be served~~]; (B) by registered or
24 certified mail to the licensee's [last known] current residential or
25 practice address [by the board] mailed at least fifteen days before the
26 hearing; (C) by registered or certified mail to the licensee's most
27 recent mailing address pursuant to section sixty-five hundred two of the
28 education law or the licensee's most recent mailing address on file with
29 the department of education pursuant to the notification requirement set
30 forth in subdivision five of such section, mailed at least thirty days
31 before the hearing; or (D) by first class mail to an attorney, licensed
32 to practice in the state, who has appeared on behalf of the licensee and
33 who has been provided with written authorization of the licensee to
34 accept service, mailed at least thirty days before the hearing.

35 (ii) The charges shall be made public, consistent with subparagraph
36 (iv) of paragraph (a) of this subdivision, [~~no earlier than five busi-~~
37 ~~ness days~~] immediately after they are served, and the charges shall be
38 accompanied by a statement advising the licensee that such publication
39 will occur; [~~provided, however, that~~] charges may be made public imme-
40 diately upon issuance of the commissioner's order in the case of summary
41 action taken pursuant to subdivision twelve of this section and no prior
42 notification of such publication need be made to the licensee.

43 § 4. Paragraph (p) of subdivision 10 of section 230 of the public
44 health law, as amended by chapter 599 of the laws of 1996, is amended to
45 read as follows:

46 (p) Convictions of crimes or administrative violations. Except for
47 good cause shown, a licensee shall notify the department within ten
48 calendar days of having been charged with a crime in any jurisdiction or
49 of any event meeting the definitions of professional misconduct set
50 forth in subdivision nine of section sixty-five hundred thirty of the
51 education law. In cases of professional misconduct based solely upon a
52 violation of subdivision nine of section sixty-five hundred thirty of
53 the education law, the director may direct that charges be prepared and
54 served and may refer the matter to a committee on professional conduct
55 for its review and report of findings, conclusions as to guilt, and
56 determination. In such cases, the notice of hearing shall state that the

1 licensee shall file a written answer to each of the charges and allega-
2 tions in the statement of charges no later than ten days prior to the
3 hearing, and that any charge or allegation not so answered shall be
4 deemed admitted, that the licensee may wish to seek the advice of coun-
5 sel prior to filing such answer that the licensee may file a brief and
6 affidavits with the committee on professional conduct, that the licensee
7 may appear personally before the committee on professional conduct, may
8 be represented by counsel and may present evidence or sworn testimony in
9 ~~[his or her]~~ such licensee's behalf, and the notice may contain such
10 other information as may be considered appropriate by the director. The
11 department may also present evidence or sworn testimony and file a brief
12 at the hearing. A stenographic record of the hearing shall be made. Such
13 evidence or sworn testimony offered to the committee on professional
14 conduct shall be strictly limited to evidence and testimony relating to
15 the nature and severity of the penalty to be imposed upon the licensee.
16 Where the charges are based on the conviction of state law crimes in
17 other jurisdictions, evidence may be offered to the committee which
18 would show that the conviction would not be a crime in New York state.
19 The committee on professional conduct may reasonably limit the number of
20 witnesses whose testimony will be received and the length of time any
21 witness will be permitted to testify. The determination of the committee
22 shall be served upon the licensee and the department in accordance with
23 the provisions of paragraph (h) of this subdivision. A determination
24 pursuant to this subdivision may be reviewed by the administrative
25 review board for professional medical conduct.

26 § 5. Subdivision 12 of section 230 of the public health law, as
27 amended by chapter 627 of the laws of 1996, paragraph (a) as amended by
28 chapter 477 of the laws of 2008 and paragraph (b) as amended by section
29 3 of part CC of chapter 57 of the laws of 2018, is amended to read as
30 follows:

31 12. Summary action. (a) Whenever the commissioner, (i) after being
32 presented with information indicating that a licensee is causing, engag-
33 ing in or maintaining a condition or activity which has resulted in the
34 transmission or suspected transmission, or is likely to lead to the
35 transmission, of communicable disease as defined in the state sanitary
36 code or HIV/AIDS, by the state and/or a local health department and if
37 in the commissioner's opinion it would be prejudicial to the interests
38 of the people to delay action until an opportunity for a hearing can be
39 provided in accordance with the prehearing and hearing provisions of
40 this section; or (ii) after an investigation and a recommendation by a
41 committee on professional conduct of the state board for professional
42 medical conduct, based upon a determination that a licensee is causing,
43 engaging in or maintaining a condition or activity which in the commis-
44 sioner's opinion constitutes an imminent danger to the health of the
45 people, and that it therefore appears to be prejudicial to the interests
46 of the people to delay action until an opportunity for a hearing can be
47 provided in accordance with the prehearing and hearing provisions of
48 this section; the commissioner may order the licensee, by written
49 notice, to discontinue such dangerous condition or activity or take
50 certain action immediately and for a period of ~~[ninety]~~ one hundred
51 twenty days from the date of service of the order. Within ~~[ten]~~ thirty
52 days from the date of service of the said order, the state board for
53 professional medical conduct shall commence and regularly schedule such
54 hearing proceedings as required by this section, provided, however, that
55 the hearing shall be completed within ~~[ninety]~~ one hundred twenty days
56 of the date of service of the order. To the extent that the issue of

1 imminent danger can be proven without the attorney representing the
2 office of professional medical conduct putting in its entire case, the
3 committee of the board shall first determine whether by a preponderance
4 of the evidence the licensee is causing, engaging in or maintaining a
5 condition or activity which constitutes an imminent danger to the health
6 of the people. The attorney representing the office of professional
7 medical conduct shall have the burden of going forward and proving by a
8 preponderance of the evidence that the licensee's condition, activity or
9 practice constitutes an imminent danger to the health of the people. The
10 licensee shall have an opportunity to be heard and to present proof.
11 When both the office and the licensee have completed their cases with
12 respect to the question of imminent danger, the committee shall promptly
13 make a recommendation to the commissioner on the issue of imminent
14 danger and determine whether the summary order should be left in effect,
15 modified or vacated, and continue the hearing on all the remaining
16 charges, if any, in accordance with paragraph (f) of subdivision ten of
17 this section. Within ten days of the committee's recommendation, the
18 commissioner shall determine whether or not to adopt the committee's
19 recommendations, in whole or in part, and shall leave in effect, modify
20 or vacate ~~his~~ such commissioner's summary order. The state board for
21 professional medical conduct shall make every reasonable effort to avoid
22 any delay in completing and determining such proceedings. If, at the
23 conclusion of the hearing, (i) the hearing committee of the board finds
24 the licensee guilty of one or more of the charges which are the basis
25 for the summary order, (ii) the hearing committee determines that the
26 summary order continue, and (iii) the ~~ninety~~ one hundred twenty day
27 term of the order has not expired, the summary order shall remain in
28 full force and effect until a final decision has been rendered by the
29 committee or, if review is sought, by the administrative review board. A
30 summary order shall be public upon issuance.

31 (b) When a licensee has pleaded or been found guilty or convicted of
32 committing an act constituting a felony under New York state law or
33 federal law, or the law of another jurisdiction which, if committed
34 within this state, would have constituted a felony under New York state
35 law, or when a licensee has been charged with committing an act consti-
36 tuting a felony under New York state or federal law or the law of anoth-
37 er jurisdiction, where the licensee's alleged conduct, which, if commit-
38 ted within this state, would have constituted a felony under New York
39 state law, and in the commissioner's opinion the licensee's alleged
40 conduct constitutes an imminent danger to the health of the people, or
41 when the duly authorized professional disciplinary agency of another
42 jurisdiction has made a finding substantially equivalent to a finding
43 that the practice of medicine by the licensee in that jurisdiction
44 constitutes an imminent danger to the health of its people, or when a
45 licensee has been disciplined by a duly authorized professional disci-
46 plinary agency of another jurisdiction for acts which if committed in
47 this state would have constituted the basis for summary action by the
48 commissioner pursuant to paragraph (a) of this subdivision, the commis-
49 sioner, after a recommendation by a committee of professional conduct of
50 the state board for professional medical conduct, may order the licen-
51 see, by written notice, to discontinue or refrain from practicing medi-
52 cine in whole or in part or to take certain actions authorized pursuant
53 to this title immediately. The order of the commissioner shall consti-
54 tute summary action against the licensee and become public upon issu-
55 ance. The summary suspension shall remain in effect until the final
56 conclusion of a hearing which shall commence within ninety days of the

1 date of service of the commissioner's order, end within [~~ninety~~] one
2 hundred eighty days thereafter and otherwise be held in accordance with
3 paragraph (a) of this subdivision, provided, however, that when the
4 commissioner's order is based upon a finding substantially equivalent to
5 a finding that the practice of medicine by the licensee in another
6 jurisdiction constitutes an imminent danger to the health of its people,
7 the hearing shall commence within thirty days after the disciplinary
8 proceedings in that jurisdiction are finally concluded. If, at any time,
9 the felony charge is dismissed, withdrawn or reduced to a non-felony
10 charge, the commissioner's summary order shall terminate.

11 § 6. Paragraph (a) of subdivision 1 of section 2803-e of the public
12 health law, as amended by chapter 294 of the laws of 1985, is amended to
13 read as follows:

14 (a) Hospitals and other facilities approved pursuant to this article
15 shall make a report or cause a report to be made within thirty days of
16 the occurrence of any of the following: the suspension, restriction,
17 termination or curtailment of the training, employment, association or
18 professional privileges or the denial of the certification of completion
19 of training of an individual licensed pursuant to the provisions of
20 title eight of the education law or of a medical resident with such
21 facility for reasons related in any way to alleged mental or physical
22 impairment, incompetence, malpractice or misconduct or impairment of
23 patient safety or welfare; the voluntary or involuntary resignation or
24 withdrawal of association or of privileges with such facility to avoid
25 the imposition of disciplinary measures; notification by the hospital or
26 facility, to any entity providing personnel to perform professional
27 services to such hospital or facility, that the entity may not assign a
28 particular individual to provide such services to the hospital or facil-
29 ity, for reasons related in any way to alleged mental or physical
30 impairment, incompetence, malpractice or misconduct or impairment of
31 patient safety or welfare; or the receipt of information which indicates
32 that any professional licensee or medical resident has been convicted of
33 a crime; the denial of staff privileges to a physician if the reasons
34 stated for such denial are related to alleged mental or physical impair-
35 ment, incompetence, malpractice, misconduct or impairment of patient
36 safety or welfare.

37 § 7. This act shall take effect immediately and shall be deemed to
38 have been in full force and effect on and after April 1, 2025; provided,
39 however, that the amendments to paragraph (a) of subdivision 10 of
40 section 230 of the public health law made by section two of this act
41 shall not affect the expiration of such paragraph and shall expire ther-
42 ewith.